5 Annual report of the RCP Council

Membership of the RCP Council – from the AGM 2023 to June 2024

President	Dr Sarah Clarke (resigned 20 June 2024)
Senior censor and vice president for education and training	Dr Mumtaz Patel (also acting as RCP president, including chair of Council – interim arrangement, in line with Bye-law 25.1, from 20 June 2024 and approved by Council on 3 July 2024. Arrangement in place until the next presidential election)
Clinical vice president	Dr John Dean
Academic vice president	Professor Ramesh Arasaradnam
Treasurer	Professor Simon Bowman
Registrar	Professor Cathryn Edwards (until March 2024) Dr Omar Mustafa (interim, from April 2024)
Vice president for Wales	Dr Hilary Williams
Vice president – Global	Dr Mumtaz Patel (until September 2023) Dr Omar Mustafa (from October 2023)
Representatives of the censors	Dr Tun Aung Dr Helena Gleeson
Elected members	Dr Toby Hillman (until October 2023) Dr Eileen Burns Dr Helena Gleeson Professor Rowan Harwood Professor Partha Kar Dr Khin Swe Myint Dr Ananthakrishnan Raghuram Dr Ganesh Subramanian Dr Victoria Tippett Dr Louella Vaughan Dr Ajay Verma
Representatives of the regional advisers	Dr Christopher Roseveare (England) (until June 2023) Dr Anita Banerjee (England) (until November 2023) Dr Benjamin Chadwick (England) (from December 2023) Dr Anita Jones (from December 2023) Dr Vivek Goel (Wales) Dr Philip Johnston (Northern Ireland) (until January 2024) Dr Stella Hughes (Northern Ireland) (from February 2024)
Representative of the Faculty of Occupational Medicine	Professor Steven Nimmo
Representative of the Faculty of Pharmaceutical Medicine	Dr Flic Gabbay
Representative of the Faculty of Physician Associates	Mr Jamie Saunders (resigned 6 June 2024)

Representative of the Faculty of Public Health	Professor Kevin Fenton
Representative of the Faculty of Forensic and Legal Medicine	Dr Bernadette Butler
Representative of the Faculty of Intensive Care Medicine	Dr Daniele Bryden
Representative of the Royal College of Emergency Medicine	Dr Adrian Boyle
Representatives of the New Consultants Committee	Dr Katie Honney Dr Kailash Krishnan (until September 2023) Dr Aidan O'Neill (from October 2023)
Representative of the Specialty and Associate Specialists Steering Group	Professor James Read (until December 2023) Dr Somaditya Bandyopadhyay (from January 2024 until April 2024) Dr Naeem Aziz (from May 2024)
Representatives of the Trainees Committee	Dr Melanie Nana Dr Megan Rutter
Representatives of the specialist societies:	
British Geriatrics Society	Professor Adam Gordon
Association for Palliative Medicine	Dr Sarah Cox
British Thoracic Society	Dr Paul Walker
British Society of Gastroenterology	Professor Andrew Veitch (until June 2024) Professor Colin Rees (from July 2024)
British Association of Dermatologists	Professor Mabs Chowdhury (until June 2024) Dr Tamara Griffiths (from July 2024)
British Society for Rheumatology	Dr Jo Ledingham
British Cardiovascular Society	Professor John Greenwood (until June 2024) Professor André Ng (from July 2024)
Society for Acute Medicine	Dr Tim Cooksley (until October 2023) Dr Nicholas Murch (from October 2023)
Association of British Neurologists	Dr Richard Davenport
Diabetes and Endocrinology	Professor Stephanie Baldeweg (from December 2023)
RCP Patient and Carer Network	Mr Eddie Kinsella (until March 2024) Ms Samantha Mauger (from April 2024)

Council is also attended by other RCP officers, not listed above, and RCP staff. Guests are invited as appropriate to each agenda and may only attend part meeting.

Introduction

This report of Council follows the report given to the meeting of fellows on 5 September 2023. It includes meetings of Council held from July 2023 – June 2024 (inclusive). The report is based on the minutes from each meeting with some compression. It is important to remember that the minutes represent a point in time, that some issues may be ongoing, and that opinion may change over time. A summary of the major decisions taken by Council during this period is included at the start of this document to give an overview.

Council moved to a thematic format in July 2021 which allows for scheduled update and discussion across key areas of RCP activity to aid planning and flow. Provision for urgent items for discussion is maintained within each agenda as necessary. The Council agenda is presented in two

sections – items for discussion and items tabled for report – to allow as much time as possible for debate. The latter are not discussed unless members of Council raise specific issues.

In January 2022, the RCP published a 3-year strategy, which underpins all Council deliberations. Its three overarching priorities are:

- educating physicians and supporting them to fulfil their potential
- improving health and care and leading the prevention of ill health across communities
- influencing the way that healthcare is designed and delivered.

President's reports and RCP boards

The RCP president Dr Sarah Clarke, until 20 June 2024, and thereafter the senior censor/vice president for education and training Dr Mumtaz Patel, reported regularly to Council through discussion of agenda business. At each Council meeting, the president or senior censor responded to questions by members of Council on any aspect of activities. Council also received regular reports and/or minutes from RCP boards and committees. At each meeting, Council received a list of the responses that had been made to consultation documents and external requests for RCP representation since the previous meeting. Council also noted the appointment of RCP external representatives progressed via the Nominations Committee.

Main decisions of Council – July 2023 to June 2024

The following summary of Council decisions is limited to major decisions only. Meetings at which no major decisions were taken have not been included.

July 2023

- Council accepted the recommendations of the Delegated Sub-Group of Council (DSGC) on the election process and wider constitutional issues and agreed to continue their work on the suggested scope of constitutional review during the forthcoming 18 to 24 months.
- The majority view of Council was that it would be unwise to make an **immediate** statement of intent regarding the Medical Act 1860 and RCP Charter. Rather, further debate would be had as part of the constitutional review endorsed by Council and this review would consider recommendations on a future act amendment and on the timing of any related public statements. A vote was duly conducted post-Council which reflected the consensus *not to move* to an **immediate** declaration to pursue an act amendment, by 27 to one.
- Council accepted the recommendation of the DSGC to undertake reform of RCP canvassing rules for the election cycle in 2024.
- Council approved RCP signing contracts with Elsevier to provide a paid open-access model for *Clinical Medicine* and *Future Healthcare Journal*.
- Council approved a draft discussion paper – *The shape of medicine: the future of the workforce, education and training* – for publication in September 2023.
- Council approved the listing of college officers and senior roles 2023/24.
- Council approved amendments to the standing orders of the Faculty of Forensic and Legal Medicine.
- Council approved the publication of the revised and co-badged guidelines – *Evidence based guidelines on physical signs of child sexual abuse*.

September 2023

- Council agreed that the Faculty of Physician Associates (FPA) and the RCP would produce: 'Guidance on titles and introductions' for the PA membership clarifying the PA role and that it was not part of medical training (professionalism document); Careers progression narrative in time for the launch of WTE's Career Framework in October 2023; and a co-created document with the Trainees Committee on 'supervision' building on the comments

on supervision in the published information to the British Medical Association's *The Doctor* magazine.

- Council approved the draft workplan and timelines for election bye-law and wider constitutional review.
- Council approved the UK Kidney Association and the Faculty of Sport and Exercise Medicine joining as full voting members of Council (a single nominated representative from each organisation).
- Council approved the reinstatements of two subscribing RCP members post-(GMC) suspension and later return to the medical register.

October 2023

(additional meeting, to consider a tabled letter on the role of physician associates within the NHS under Bye-law 1.2 and to formulate Council's response)

- Council agreed that:
  - a letter would be drafted to fellows who had requested the meeting to summarise discussion
  - further enquiries regarding GMC plans for register nomenclature would be made
  - further outputs on scope, supervision and career progression would continue
  - explanation of role of PAs to patients and carers was required
  - stakeholder collaboration with RCGP would continue.
- Council was asked (post meeting) to consider approving a consensus statement based on discussions and noting that a few individual Council members will hold views distinct from that consensus.

November 2023

- Council agreed the final draft of the new consensus statement (produced following additional meeting of Council in October 2023) and action points which would be sent to the RCP fellows and members of the Doctors Association UK, who were signatories to a recent letter of complaint to the RCP regarding the expansion of PA roles.
- Council approved the publication and distribution of the RCP elections candidate code of practice.
- Council approved the statement of support for the incumbent president to serve a 4-year term ending in 2026.

January 2024

- Council agreed to convene an extraordinary general meeting (EGM) on the role of physician associates (PAs) subject to clarification over the wording of the current motion for presentation at the EGM (later agreed as five separate motions). An online ballot of fellows would take place post EGM with a survey undertaken to seek views from across the subscribing membership.

May 2024

- Council gave consensus approval to 15 of the 16 recommendations within the report of the post-EGM short life working group (SLWG).
- Council failed to reach a consensus decision regarding the recommendation to 'Close the PA managed voluntary register (PAMVR) to new members...' Subsequently, a post-meeting vote took place with 18 members to 17 voting against the recommendation.
- Council approved amendment to the terms of reference of the Nominations Committee.

A virtual meeting of Council was held on 26 July 2023

1. Welcome, taking of the Faith and declaration of interests

New members of Council

- Dr Bernadette Butler

Thanks and farewell

- Senior censor and vice president for education and training – Professor Áine Burns
- Vice president for Wales – Dr Olwen Williams
- Elected councillors – Dr Tun Aung, Dr Angshu Bhowmik, Dr Mark Temple, Dr Rob Wright
- Censors – Dr Manish Gautam, Dr Catherine Sargent
- Executive director, education – Professor Della Freeth

There were no declarations of interest.

2. Minutes of the Council meeting held on 17 May 2023

The minutes of the Council meeting held on 17 May 2023 were agreed as a true and accurate record.

3. Action log review from May 2023 Council

Item no	By	Action
4	Clinical vice president	To provide an options appraisal to inform RCP policy, focusing on specialty workload, patient pathways and providing potential solutions to current challenges in the service. **Completed** (Dr Dean had conveyed that the RCP policy team would be informed as part of its work on urgent and emergency care, outpatient care, specialism and generalism, and job planning.)
4	All	To publicise current vacancies for RCP censor posts. **Completed**
6	Professor Turner-Stokes	To update Council on the formation of a joint RCP/BSRM guideline development group. **In progress**
7 (b)	Registrar	To oversee the formation of a delegated subgroup of Council to examine potential changes to the RCP's constitution, bye-laws and electoral processes. **Completed**

Matters arising: None

4. President's update

- The RCP had published the findings of the UK 2022 census of consultant physicians on 5 June 2023 and had reiterated the need for long-term strategic planning to grow the medical workforce and for robust retention policies to reduce the pressure on existing staff. It highlighted vacancies and rota gaps that continued to negatively impact patient care. Academic vice president Professor Arasaradnam highlighted that analysis had revealed disparities in research participation by gender and by UK regions. An article summarising the results would be published in *Clinical Medicine*.

- The NHS Long Term Workforce Plan had been published on 30 June 2023. It laid out the government's plans for expansion in medical training and proposed changes in practice, which aimed to improve workplace culture and provided supply and demand scenarios for projected increases in the workforce. The RCP had begun to analyse the plan and would focus on the issues of workforce retention and facilitating consultants who wished to retire and return to the service to allow their expertise to ease workforce shortages and to assist in training and service improvement.
- Industrial action had had a significant negative impact on the service and junior doctors planned to take further action in the coming weeks.
- Work had been undertaken with the Royal College of Emergency Medicine to highlight shortcomings in the urgent and emergency care pathway. The RCP had produced a statement summarising its concerns and suggesting key evidence-based interventions. The RCP was liaising with NHS England (NHSE), and the national clinical director for urgent and emergency care had spoken at an RCP Medical Specialties Board meeting on 14 June 2023. The RCP Care Quality and Improvement Directorate (CQID) and NHSE's Outpatient Recovery and Transformation Programme were working jointly to develop a new strategy for outpatient care. The RCP had held clinical summits focusing on stakeholder engagement, accessing quality care and future models of care – all had defined outputs accessible via the RCP's Medical Care web portal. Ms Latchem introduced Dr Theresa Barnes, who had taken up the role of RCP outpatients clinical lead.
- The vice president for education and training Professor Áine Burns noted that industrial action had caused the cancellation of some exams, but displaced candidates had been offered new dates and disruption had been minimised thanks to the support of colleagues who had ensured their availability to examine, often at short notice. The introduction of PACES 2023 was progressing with examiners undertaking additional training for the new exam format. The Education directorate were actively encouraging more women to become examiners to address a gender imbalance with the aim of making them more representative of the RCP's wider membership. Professor Burns thanked colleagues in the Education directorate for their support during her term of office.
- Global vice president Dr Mumtaz Patel noted the Global vice president's role had been advertised and that international membership continued to grow. Fellowship panels and international adviser meetings for the second quarter of 2023 had been completed. The president thanked Dr Patel for her hard work in leading the RCP Global team and noted the increased activity it now administered.

Discussion

- Dr Temple noted that the next 2 years would be key in implementing the NHS Long Term Workforce Plan with the likely disruption of a general election and potential change in government. He expressed concern about the availability of subsequent funding beyond initial expenditure and highlighted the 2-yearly review process included in the plan. The RCP, in tandem with sister royal colleges and the Academy of Medical Royal Colleges, should collect feedback from practitioners to show whether implementation of the plan had been successful at that point. The president thanked Dr Temple for his comments and the need to maintain momentum to ensure the plan was successful.
- Members expressed frustration at the lack of progress in NHSE's implementation of the urgent and emergency care recovery plan, particularly considering forthcoming winter pressures on the service.

5. Membership and fellowship

- The registrar highlighted work undertaken by the Membership Support and Global Engagement (MSGE) directorate in developing the RCP's membership and fellowship offers in

light of socio-economic change and to remain a relevant and relatable membership organisation.

- Ms Jennie Finn (deputy director, MSGE), Dr Alastair Gilmore (deputy registrar) and Dr Jamie Read (RCP SAS lead) provided a presentation on the consistent growth in membership during the past 8 years (2015–present). The current membership breakdown being: fellows 18,597, collegiate members 13,680, associate members 5,523 and physician associate members 4,869.
- Revisions to the application process for fellowship had been made during the past 2 years for transparency and inclusivity, supported by a streamlined online application process, which had increased proposals for fellowship significantly. A register of fellows was planned to aid identifying potential nominees by cohort.
- A revised marketing plan would be introduced to ensure the RCP was relevant and visible to members who were working with insufficient resources and the RCP would reposition its approach to membership within strategy delivery.
- Work continued on development and mentoring to support transition between career stages to build long-term careers, as well as reflecting the changing constitution of the NHS workforce by continually improving diversity and inclusion and bringing transparency to the RCP.
- Ms Finn noted that the global plan for membership engagement was working well, and the importance of the RCP being relevant and inclusive to an international audience.
- Growing SAS physician membership would provide this group with a distinct community within the RCP. The General Medical Council had predicted that SAS doctors would be the largest category of physicians on the Medical Register by 2030. SAS doctors were not a homogenous group and careful work should be undertaken to analyse their roles and skills to inform the RCP's membership offer to them.
- International medical graduates (IMGs) would constitute a large proportion of SAS doctor members and focusing on enhancing cultural competence alongside a broad educational offering would aid inclusivity.
- Ms Finn concluded that there was a need to provide exclusive tangible benefits for fellows, with focus on growing the SAS category, offering support for IMGs and building on global work through membership engagement. Collaboration across the RCP was a vital component for this.

Discussion

- The registrar informed Council that the amended fellowship process had seen acceptance rates rise to above 90%. Eligible candidates were now approached by the RCP and actively encouraged to apply for fellowship. Peer recognition of members' professionalism had been a strong driver in boosting the value of fellowship.
- The president observed the importance of providing phased membership offers at key stages in members' careers. This would become increasingly important as the workforce continued to grow in the coming years.
- Members highlighted the need to increase fellowship uptake among female members. There was evidence that this is changing but the reasons were complex and multi-factorial: the need to be nominated or encouraged, the need for modelling a bespoke offer around women's fellowship and making a case for relevance.

6. Election process and wider constitutional reform

- At its previous meeting on 17 May 2023 RCP Council had requested an options appraisal to inform its thinking around RCP presidential and other elections, the wider constitution and legal options to reform any or all of these issues, in the short, medium and longer term. A delegated subgroup of Council was formed (DSGC).

- The options appraisal (DOC 23/51) was an amalgamation of the recommendations of four group meetings. The entire DSGC met on 9 June 2023 with subsequent workstream meetings on the constitution and on elections respectively, on 23 and 29 June. The discussion content of these workstreams inevitably overlapped providing opportunity to sense check deliberations within and between groups. A voting exercise by email was carried out after the final ratification meeting on 7 July.
- The three main areas which emerged from discussions were:
  - The formal requirement to hold an RCP presidential election every year, and whether any steps could be taken in the short/medium term to mitigate the potential disruption and instability of an unplanned challenge to the essential business of the RCP.
  - Whether the election of the RCP president and/or other senior officers should be extended to RCP members (rather than restricted to RCP fellows).
  - The rules concerning canvassing activities ahead of an election and what constituted an appropriate use of social media and other communication channels, with a view to avoiding negative campaigning and potentially disruptive behaviour. This was in response to claims about inequitable exposure of presidential candidates to the electorate.
- The options paper provided weighted recommendations of the whole group following point by point voting after the final ratification meeting. This was achieved by email polling of all members. All meetings were held via MS Teams. High attendance rates were achieved. The voting completion rate was 94%. All fellows and one lay trustee were invited to vote. Senior staff advisers were present and participated in all meetings but were not included in the voting. Legal opinion had been provided by the RCP's legal representatives, DAC Beachcroft.
- The registrar noted the most challenging aspect to be debated regarded the timing of any declaration of intent to amend the Medical Act and, by definition, the RCP Charter.

Council commended the work of the DSGC and its sub-groups and agreed that they should continue their work on the suggested scope of constitutional reform.

- The registrar explained issues related to defining the scope of a wider constitutional review short of amendments to the Medical Act and RCP Charter.
- Mr Land, RCP head of professional governance, explained potential resource implications for the RCP should it decide to change its election processes and undertake wider constitutional reform:
  - Increased work across RCP directorates (eg surveys/ballots of membership would require significant administrative support).
  - Substantial impact on the workload of the registrar, trustees and elected councillors.
  - Substantial legal costs likely over many years (unknown timescale).
  - Increased financial cost of running elections with a wider electorate.
- The registrar highlighted that both the fellowship and Council would be asked to approve any outcomes of a constitutional review, which would necessarily cover electoral processes, bye-laws and membership categories (and their associated privileges), the relationship between Council and the Board of Trustees and democratisation of the wider organisation.
- External and internal stakeholder validation would be sought in order to sense check any constitutional review. The existing steering group would continue to lead the work.

Council accepted the recommendation of the DCSG to undertake a constitutional review during the forthcoming 18 to 24 months.

- The registrar noted that dissatisfaction had been expressed regarding rules on canvassing in the 2022 and contested 2023 presidential election. It was proposed that rules would be

established to allow canvassing as part of a standard operating procedure beneath the bye-laws. Candidates' use of canvassing and social media would be monitored carefully.

- Organisation of hustings in the 2022 presidential election had proved costly and time consuming, although the lack of hustings in the contested 2023 presidential election had drawn some criticism from the membership. Several proposals for the format of future hustings would be provided subject to the approval of Council. Members expressed a preference that the format of hustings be more limited for elections held outside the 4-yearly cycle.

Discussion

- Members discussed the potential negative organisational impact of elections held outside the 4-yearly cycle and how this could be mitigated without the need for amending the RCP constitution.

Council accepted the recommendation of the DCSG to undertake reform of RCP canvassing rules.

- Widening the electorate to the non-fellowship community could help to democratise RCP electoral processes. The registrar suggested increased non-fellow representation on RCP Council could help in achieving this aim.
- She noted that Council had voted in favour of widening the electorate for election of VPET/senior censor, AVP, CVP and VP Wales roles and elected councillors, and that collegiate members should be able to vote for and stand as elected councillors as part of proposed medium-term reforms of the RCP's electoral processes.
- Concerns were expressed regarding the vetting of presidential candidates and the discrepancy in the number of nominations required between a sitting president and a challenging candidate. The registrar noted the number of nominations was equal to those required to trigger an extraordinary general meeting. The registrar referred to DAC Beachcroft's legal guidance and explained that candidates for vice president were subject to vetting as part for their application process and introducing a similar procedure for presidential candidates would provide consistency.

Council made no objections to the recommendations described in votes 3 and 4, and which had been approved by the DGSC. A final document would be produced, which would provide sequencing and a schedule for delivery of the recommended changes to the RCP's electoral process.

Amendments to the Medical Act and RCP Charter

- The registrar requested that Council should vote on option 1:
- Council should recommend to college to declare immediately the intention to amend the 1860 Medical Act (and 1518 charter) with the purpose of:
  - Redefining the voting electorate for the future
  - Embed 4-year presidential term in regulations and remove the statutory requirement for the annual presidential cycle.
  - Considering other relevant issues, eg set date for the election of a president; requirement for in-person voting for the president.
- An electronic vote would be held post-Council meeting. Council's decision would be subject to the approval of the whole fellowship.* [see below]
- The majority view of Council was that it would be unwise to make an immediate statement of intent regarding the Medical Act and RCP Charter. Rather, further debate would be had as part of the constitutional review endorsed by Council and this review would consider recommendations on a future act amendment and on the timing of any related public statements.

- It was acknowledged that there was an ambition for change, but this should be sequenced and further discussed before taking matters to a vote of the fellowship. Communications would need to be actively and carefully managed.
- *A vote was duly conducted post-Council which reflected the consensus *not to move* to an immediate declaration to pursue an act amendment, by 27 to one.

Standing agenda items

7. a. Communications, Policy and Research

I. RCP – Elsevier partnership for RCP journals

- The academic vice president provided a presentation on the RCP's plans to expand and develop its publishing model for *Clinical Medicine* and *Future Healthcare Journal*.
- After taking independent advice, RCP had approached a commercial partner, Elsevier, to provide a paid open-access model for *Clinical Medicine* and *Future Healthcare Journal* in keeping with other medical and scientific journals. Member benefit would include free publishing and free access to content for both journals.
- Moving away from the current in-house publishing model would bring some challenges (involvement with a big external commercial partner, concern from some of the membership about commercial involvement), which would need careful messaging and emphasis on potential benefits.
- The RCP would retain editorial independence regarding content, commissioning, acceptance and editorial board appointments.
- *Clinical Medicine* would be published under a gold open access model, where an article publishing charge (APC) would be levied from authors in exchange for the final published version to be freely and permanently available online.
- *Future Healthcare Journal* would remain free to publish and read (platinum open access model).
- Annual savings of circa £115,000 per year would be made compared with current publishing costs.
- Professor Arasaradnam requested Council's support to sign the contracts with Elsevier by the end of July 2023. Once the contracts were signed, the RCP would move into a transition phase with comprehensive communications to plan, and a lot of processes and context to transfer between platforms. The RCP will continue to publish the journals in-house for the rest of 2023 and expect the new model to be fully in place for 2024.
- A minority view was expressed by a trustee councillor post-meeting, by email, that this significant change for RCP's journals should have been brought at an earlier stage in discussion to Council as the professional governing body of the organisation.

Council approved RCP signing contracts with Elsevier to provide a paid open-access model for *Clinical Medicine* and *Future Healthcare Journal.*

II. EDI metrics/update

- Ms Rachel James, RCP learning and culture people partner, provided a presentation on EDI metrics for RCP membership, which is summarised below:
  - RCP membership diversity data would now be published annually on 1 September.
  - Council had achieved an 86% completion rate in 2022. A link would be issued for new members or those members who hadn't completed the online EDI form to do so.
  - EDI data completion for the whole membership (excluding honorary and retired members) was 22%. (RCP census and CRM data combined).

III. For approval: The shape of medicine: the future of the workforce, education and training

- RCP chief executive officer Dr Ian Bullock noted the RCP's history of making high impact statements related to public health and health policy.
- The paper introduced a discussion paper regarding what the RCP thinks about and intends to do with respect to the future of the medical workforce, education and training. On the tenth anniversaries of the publication of the Shape of training review and the RCP's Future Hospital Commission (FHC) report, the RCP was seizing the opportunity to take stock and make sure it was well prepared to both shape and respond to developments that included:
  - A lack of investment in training, the NHS, public health and social care had hindered more doctors and services being placed outside the hospital.
  - Because of the pressure of service and training, an increasing number of trainees were choosing to do things differently, with a growing number opting out of the traditional training route.
  - If current trends continued, we would have more SAS and locally employed doctors than trainees or consultants.
  - Changes to registration requirements were going to introduce different but equally valid routes to the specialist register. The RCP needed to better support the growing number of doctors who were not on the traditional training pathway or the specialist register, and members of the wider medical team working in extended roles: healthcare was changing, and so must the RCP.
- Mr Sumners thanked those Council members who had contributed to the production of the paper.

Council approved the draft discussion paper for publication in September 2023.

- The president thanked Mr Sumners for his hard work in producing the discussion paper.

b. Professional governance

I. For information: annual general meeting 2023

- The RCP annual general meeting would be held on Tuesday 5 September 2023 at 17.00. It would be preceded by an in-person Council meeting (10.00–13.00) and the annual FitzPatrick Lecture (15.30).

College officers and senior roles 2023/24

- Document 23/54 listing college officers was provided for approval. Members were asked to check the document for accuracy and to report any errors. Subject to any comment the document was approved, in principle.

II. Faculty of Forensic and Legal Medicine standing orders

- The Faculty of Forensic and Legal Medicine standing orders were submitted to Council for approval. Council approved amendments to the standing orders.

III. Evidence-based guidelines on physical signs of child sexual abuse

- Dr Rogstad introduced the new guidelines and noted they had undergone a rigorous review process and recommend their publication to Council.
- The original guidance, *Physical signs of child sexual abuse*, was an RCP publication issued in 1991, as the RCPCH had not yet formed as a separate entity. It was based on professional opinion. In 1997, an evidence-based guideline was produced by the RCPCH, the RCP and the Faculty of Forensic and Legal Medicine of the RCP. This resulted in a significant change in the recommendations and has provided guidance for social care and care proceedings, and legal proceedings related to child sexual abuse. The evidence base was reviewed in 2008 with an updated literature search, and for these guidelines the American Association of Paediatrics

was involved. The new guidance includes a further literature search and the additional involvement of the Australian Paediatric Society. The new guideline would be an online resource.

Council approved the publication of the revised guidelines.

IV. Nominations for RCP medals 2023

> Nominations for the following medals were requested:
Ambuj Nath Bose Prize
Baly Medal
Moxon Medal

V. RCP Nominations Committee meeting minutes

> A list of the latest nominations approved by the Nominations was included for Council's information.

8. Items tabled for information

a. Policy, campaigns and media updates
b. RCP responses to consultations since May Council
c. RCP nominations since May Council
d. Federation Board minutes, 6 December 2022
e. Board of Trustees minutes, 23 March 2023
f. Medical Specialties Board minutes, 19 April 2023
g. CQID Board, 11 May 2023
h. Research and Academic Medicine Committee, 16 May 2023

A physical meeting of Council was held on 5 September 2023 at the RCP at Regent's Park

1. Welcome, taking of the Faith and declaration of interests

New members of Council

> Dr Mumtaz Patel (senior censor and vice president for education and training)
> Prof Ganesh Subramanian (elected councillor)
> Dr Tun Aung (censor)
> Dr Harriet Gordon (censor)
> Dr Joanna Ledingham (British Society for Rheumatology)

Welcome

> Dr Anita Banerjee (censor)

Guests

> Prof David Croisdale-Appleby (chair, RCP Board of Trustees)
> Ms Anne Marie Millar (lay trustee)
> Ms Katie Smith (lay trustee)
> Mr Dominic Whittle (lay trustee)

Observers

> Ms Amy Donaldson-Perrott (Faculty of Physician Associates)
> Mr Chandran Louis (Faculty of Physician Associates)

There were no declarations of interest.

2. Minutes of the Council meeting held on 26 July 2023

> The minutes of the Council meeting held on 26 July 2023 were agreed as a true and accurate record with the following amendment:

Item 7a) I. RCP – Elsevier partnership for RCP journals

The following paragraph:
A minority view was expressed by a trustee councillor that this significant change for RCP's journals should have been brought at an earlier stage in discussion to Council as the professional governing body of the organisation. This was followed up by an email to the registrar expressing this view.

should be amended to read:
A minority view was expressed by a trustee councillor post-meeting by email that this significant change for RCP's journals should have been brought at an earlier stage in discussion to Council as the professional governing body of the organisation.

3. Action log review from July 2023 Council

Item no	By	Action
3 (6)	Professor Turner-Stokes	To update Council on the formation of a joint RCP/BSRM guideline development group. **Completed**
6	Registrar/DSGC	To undertake a constitutional review during the forthcoming 18 to 24 months. **Completed**
6	Registrar/DSGC	To produce a document which would provide sequencing and a schedule for delivery of the recommended changes to the RCP's electoral process and to include reform of RCP canvassing rules. **Completed**
6	Registrar/DSGC	To hold an electronic vote to decide whether Council should recommend to college to declare immediately the intention to amend the 1860 Medical Act. **Completed**
7 (a(II))	Committee manager	To identify those members of Council who had yet to submit their EDI data and provide them with relevant details to enable completion. **Completed**
7(b(I))	All	To check the list of college officers and senior roles 2023/24 (DOC 23/54) for accuracy. **Completed**
7(b(II))	Committee Manager	To inform the secretariat of the Faculty of Forensic and Legal Medicine of Council's approval of the amendments to their standing orders. **Completed**
7(b(IV))	All	To provide nominations for RCP prizes and medals for 2023. **Completed**

Matters arising: None tabled.

4. President's update

- The president observed that ongoing industrial action to improve pay and conditions remained a key issue for the trainee and consultant workforce, with both groups planning further industrial action in September and October 2023 and to strike simultaneously for the first time on 20 September 2023. The RCP Trainees Committee is writing to the chief medical officer Professor Chris Whitty to advise on non-pay issues which should be addressed alongside pay. Dr Melanie Nana, co-chair of the RCP Trainees Committee, explained that industrial action had afforded an opportunity to identify and flag a range of non-pay related issues that would help to improve doctors' experience of training.
- The president highlighted the issue of workforce shortages impacting on the service and the need to ensure trainees were content within their roles. She asked Dr Nana whether the letter could be distributed to Council members for information after it had been sent. Dr Nana agreed.
- Discussions had been held with government regarding the mitigation of winter pressures on the service, but few solutions had been identified. Significant issues remained across patient pathways.
- The president informed Council of the death of Professor Linda Luxon CBE, former RCP treasurer (2010–16) on 2 September 2023. She expressed her gratitude for the hard work undertaken by Professor Luxon on behalf of the college and expressed her and the college's sincere condolences. These would be formally conveyed by the RCP to Professor Luxon's family.

Discussion

- Council noted that discussion of wider issues pertaining to working conditions could potentially distract from the primary issue of restoring doctors' pay to previous levels. The negative impact of industrial action on trainees' progression and potentially on patient safety were raised as significant issues.
- Some members cautioned that raising the issue of patient safety could be misconstrued by RCP members as placing pressure on doctors to reconsider their stance on taking industrial action.
- Others raised concern of the long-term impact of strike action on training delivery and therefore the provision of workforce.
- Council members were uncertain as to the number of consultant colleagues involved in the strikes and how that translated to RCP membership numbers.
- It was suggested the RCP's focus should remain on encouraging engagement between government and the British Medical Association (some members were cautious about this angle too) with both trainees and consultants.

The president would request the matter be discussed at the next meeting of the Academy of Medical Royal Colleges (AoMRC) and would provide feedback to Council on outcomes at its November meeting when further Council debate would be possible.

5. Academic vice president's update

Professor Arasaradnam provided the following update to Council:

- The RCP Communications, Policy and Research team was working on its agenda to provide sustainable plans for workforce and would provide a presentation on the NHS Long Term Workforce Plan later in the meeting.
- Membership of the UK Health Alliance, established by the RCP, had now risen to 230 organisations and consequently had increased its voice and ability to influence government health policy.

- The RCP's 2021 report *Double or quits: a blueprint for expanding medical school places* had been adopted by the Labour Party as part of its health policy.
- RCP was working with the Academy of Medical Sciences (AMS) and the National Institute for Health and Care (NIHR) Research Academy to promote academic training pathways which had recently been subject to attrition.
- To this aim, the AMS had launched its 25th anniversary programme, 25 and up: the Academy for the next generation, which highlighted the needs and priorities of emerging research leaders.
- Professor Arasaradnam thanked Dr Logan, director of the RCP Medical Workforce Unit, for providing a snapshot of the 2022 workforce census related to research activity. Further granularity would be added to this data in coming years and results would soon be published on the RCP website.
- Work by the RCP's new advisory group on sustainability in healthcare and climate change continued apace with collaborations being established with the Australian and Canadian medical colleges.
- This year's RCP annual conference, Medicine 2023, was themed on sustainability and climate change and opened with a session on NHS sustainability. A position paper was launched at the conference: *RCP view on healthcare sustainability and climate change,* which set out recommendations to improve the sustainability of healthcare and reduce the health impacts of climate change.
- RCP was working with the Greener NHS programme to provide a definition of a 'green physician' and an output document would be brought to Council for approval in the future.

Discussion

- Dr Gabbay, president of the Faculty of Pharmaceutical Medicine (FPM), asked Professor Arasaradnam and the RCP president to participate in discussions with the FPM on research topics related to NIHR collaborations and positions rotating in and out of the Medicines and Healthcare products Regulatory Agency. Dr Arasaradnam agreed that such discussions would be useful.

6. Education and training update

- Dr Mumtaz Patel (senior censor and vice president for education and training), Mr Tom Baker (executive director of education) and Ms Jane Ratford (deputy director for education) provided a presentation on work undertaken by the Education directorate, which is summarised below:
  - The education portfolio contributed to the RCP's three strategic themes: educating, improving and influencing. Key enablers were membership engagement, working with patients, diversity and inclusion, governance and stakeholder engagement, and sustainability.
  - RCP aimed to develop clinicians as educators, leaders, career-long leaners and improvers, and researchers by providing high quality education programmes and learning resources, supporting high quality assessment and examinations, consultancy and bespoke packages, curriculum development, credentialling, supporting implementation of quality improvement, and developing clinician researchers.
  - Dr Patel was reviewing current directorate activity and meeting with all teams.
  - Wide consultation was underway with key internal and external stakeholders to plan for future activity.
  - A new education strategy and operational plan would be developed for the next three years and would be aligned to the broader RCP strategic aims.
  - The education portfolio would meet changing demands and be relevant, relatable and sustainable to all stages of RCP membership in the UK and internationally and would build

on and strengthen partnerships with greater collaborative working. Clear metrics of impact of activity would be developed.
- In person education workshops and longer courses would continue to be delivered across the education portfolio, in London, Liverpool and in trusts and health boards.
- International education was increasing post-pandemic, with programmes delivered in multiple sites across India, Pakistan and Switzerland.
- The online portfolio continued to be delivered via a 'virtual classroom' which supported interactive learning and breakout in small groups.

Ms Ratford provided an update on the MRCP(UK) PACES exam, which is summarised below:

UK PACES
- There had been a return to consistent pre-pandemic delivery:
  - 2,445 candidates had been examined at 74 RCP MRCP(UK) PACES centres
  - 60% of UK spaces had been offered through the RCP.
- Industrial action and examiner availability had led to a loss of exam spaces limited to 77 candidates.
- PACES examiner training was back on track with 80 new PACES examiners trained, with a focus on improving the gender balance in the examiner pool.
- All UK-based candidates had been offered a PACES space in the past 12 months.

International PACES
- Increase in places on offer in current centres with Islamabad and Lahore to run 5 days each, three times a year.
- New Delhi, Trivandrum and Bengaluru to add extra days each.
- New centres added in 2023:
  - Pune (India) would offer 90 additional places each year.
  - Johor and Kuching (Malaysia) would offer 70 places each year.
- Fact finders 2023:
  - Kathmandu, Nepal – April 2023
  - Dhaka, Bangladesh – June 2023
  - Bahrain – June 2023
  - Abu Dhabi – October 2023 (planned)
- This would add a total of 500+ additional places for PACES by the end of 2023/early 2024.
- Total number of candidates examined during 2023 = 3,191. Female UK examiners in international centres = 15% (approx) Non-white examiners = 50% (approx).

10c) V. Faculty of Physician Associates Board recommendations

This item was moved forward from item 10 of the agenda given the importance of the topic.

A debate on the current landscape around physician associates was held and is summarised below:
- Council members were supportive of PA colleagues and the clinical role they provided. Issuing clearer, more detailed explanations of the scope of their role would help to dispel any negative views held among senior colleagues. Careful communication was needed to ensure that their role in a multidisciplinary team was understood and to explain that they were critical to successful workforce expansion.
- The FPA, through the RCP, should engage with its trainee membership and deliver a clearer definition of the provision of educational supervision. This would help to avoid conflating frustrations expressed over PAs roles with the current issues of industrial action and concerns regarding pay and conditions. The RCP Trainees Committee was considering providing specific guidance on foundation year 1 trainees' working relationship with PAs and optimising rotational experience, and welcomed input from, and potential co-badging with the FPA.

- Council members noted that some specialties were using PAs inappropriately and that this was negatively impacting perceptions of safe practice and exposed PAs to risk which could prove professionally damaging. A questionnaire had been issued to primary care providers to assess levels of supervision for PAs. The registrar reassured Council that two recent cases of misrepresentation had been dealt with via the FPA's own conduct process.
- Guidance on how PAs should introduce themselves to patients would help to provide them with a positive professional identity. Mr Louis highlighted that work was being undertaken to provide a career pathway to provide increased definition to entry-level and more established PA roles.
- Members questioned whether PAs had access to career development. The registrar informed Council of the NHS Careers Framework that would launch in 2023 and would provide details of how PAs could achieve more senior grades and medical roles. The RCP was providing the ePortfolio to support career progression and evidence of continued professional development.
- The registrar summarised discussions and Council's views for next steps.
- Council registered its support for PAs as part of the physician community's multidisciplinary workforce.
- Council agreed that clarification through publication on three key areas of uncertainty would help dispel the current factual inaccuracies around the PA profession.
- With some urgency the FPA and RCP would produce:
    - Guidance on titles and introductions for the PA membership clarifying the PA role and that it was not part of medical training (professionalism document). This should be dealt with urgently (noting the recent complaints against PAs on the lack of clarity).
    - Careers progression narrative in time for the launch of WTE's Career Framework in October 2023.
    - A co-created document with the Trainees Committee on 'supervision' building on the comments on supervision in the published information to the British Medical Association's *The Doctor* magazine.
- At the end of the debate, a verbal update on the position of anaesthesia associates was reported by the RCP CEO.

7. Election process and wider constitutional reform

- In May 2023 Council requested the formation of a delegated sub-group (DSGC) to perform an options appraisal for constitutional reform. This was subsequently endorsed by a formal vote at July's Council meeting.
- The document (DOC 23/70) provided a draft workplan and timelines for election bye-law and wider constitutional review with the aim of bringing back decisions to the RCP annual general meeting in September 2024.
- Workstreams would need to expand to include internal and external validators and a wider consultation exercise would be required among the RCP fellowship who bore constitutional responsibility for the running of the college.
- The registrar requested Council's views on the viability of the work plan.
- Council approved the workplan and timelines for election byelaw and wider constitutional review.

8. Board of Trustees update

- Professor David Croisdale-Appleby, chair of the RCP Board of Trustees, noted the financial strains placed on the RCP by its recently opening offices at The Spine in Liverpool and that these were compounded significantly by the COVID-19 pandemic. The Board of Trustees' aim was to ensure good governance of the RCP in all non-clinical aspects of its functioning. He stressed the need for financial prudence to ensure that the RCP remained solvent (providing a

financial surplus year on year) and could fulfil its obligations both to its staff and membership so they could carry out its mission. Professor Croisdale-Appleby welcomed comments from Council post-meeting via email.

9. Clinical updates

a) Position statement on hospital at home and virtual wards

- The position statement complemented the RCP's work on urgent and emergency care it was undertaking with other specialties, the NHS Hospital at Home project, the Getting It Right First Time (GIRFT) programme and other partner organisations to alleviate current pressures on the service. RCP was looking to improve delivery of care in the home setting, enabling better discharge of patients and improving working relationships with colleagues in social care.
- The paper clarified what was meant by virtual wards, ie *a specific group of patients managed at home by a clearly defined and consistent multi-professional team working together for the patient, through the use of 'ward routines'.*
- The clinical vice president welcomed comments on the position paper from Council post-meeting via email.

Discussion

- Members observed the importance of education in the project and that delivery of integrated care was properly understood by the primary and secondary care workforces with the need for key competencies to underpin training and for an emphasis on effective escalation and response mechanisms.
- The registrar noted the LUCID (Leicestershire, and Rutland Chronic Kidney Disease Integrated Care Delivery) Project that had been developed and piloted in 2022/23 in four primary care networks.
- Further discussion of integrated care projects with examples of best practice and requisite training needs would be considered for discussion at the November 2023 Council meeting.

b) Outpatient care clinical summits and possible RCP-led outputs

- The RCP was working closely with NHS England to develop a 5-to-10-year strategy on outpatient care. The work would be informed by clinical summits, three of which had been held thus far:
  - Discovery workshop
  - Accessing quality care
  - Future models of care
- The summits had involved clinicians, patients, managers and stakeholders from across all specialties (medical and non-medical). Key themes were patient experience, digital accessibility and literacy, health inequalities and behavioural change.
- The RCP's recent publication, *Modern outpatient care: principle and practice for patient-centred outpatient care* would inform the project, as would the RCP's web portal, Medical Care – driving change, which would be used to capture data to help identify opportunities for transformation.
- The current outpatient care model was outdated and required fundamental redesign with care delivery being adapted to patients' personal needs. Health inequalities, particularly access to care, needed to be addressed. Multi-model, multi-professional care needed to be commissioned.
- RCP outputs would be focused on:
  - Training in modern outpatient care
  - Measuring the effectiveness of outpatient care (including coding)
  - A needs-based approach to clinic templates (linking to wider job planning)

- The clinical vice president welcomed comments on the position paper from Council post-meeting via email.

c) AKI, brain workforce and other potential clinical summits

- RCP clinical summits were an emergent method of working and aimed to bring clinicians together to discuss key clinical and service issues. The UK Kidney Association would hold the next clinical summit which would focus on acute kidney injury. Outcomes of the summits would be fed back to Council and the RCP Medical Specialties Board.

10. NHS Long Term Workforce Plan – RCP Policy positions

- Mr Sumners thanked the elected councillors for their feedback on the policy positions paper.
- He noted that concerns remained regarding the introduction of apprenticeships and about proposals to shorten the length of training. There was some scarcity of detail in the plan regarding both these policies. The RCP awaited more detail and would respond formally when pilots were launched.
- There was also a lack of detail regarding specialist training places and the RCP would continue to offer to provide NHS England with relevant data from its workforce census.
- Mr Sumners thanked Ms Louise Forsyth (RCP head of policy and campaigns), who had conducted much of the analytical work upon which the accompanying paper (DOC 23/72) was based.
- The president thanked Mr Sumners for his outstanding work on this policy paper.

11. Professional governance

a) RCP committees: renal/Faculty of Sport and Exercise Medicine

- The registrar informed Council that in a recent review of Council's composition the Faculty of Sport and Exercise Medicine had, with Council's approval, formed themselves into a UK faculty and consequently should receive a seat on Council as a voting member.
- The registrar informed Council that 12 seats were available to accommodate the larger medical specialties. Currently 10 seats were occupied. It had been noted that renal medicine had dissolved its joint specialty committee on becoming a broader conglomerate of organisations upon the formation of the UK Kidney Association (UKKA). Its interface with the RCP was now via a limited senior officers meeting which took place twice a year. It was therefore proposed that the vice-president of the UKKA would now sit as a voting member on Council.
- Council approved the UK Kidney Association and the Faculty of Sports and Exercise Medicine joining as full voting members.

b) RCP Nominations Committee

- RCP Nominations Committee minutes were noted for information. The following appointments of RCP regional advisers had been made:
  - Dr Imran Mannan – Central and North-East London
  - Dr Simon Saunders – Mersey
  - Dr Onesi Ogedengbe – North-West
  - Dr Rehan Qureshi – North-West
  - Dr Jane Democratis – Oxford and Thames Valley
- The registrar informed Council that the original appointment to Central and North-East London had been made in error (due to a candidate application error and a team error in not recognising this). The error had been corrected and the candidate encouraged to apply for a position later in the year.

c) Miscellaneous matters

I. IBD Registry

> The registrar informed council that in 2018 RCP had agreed to become board members of the Inflammatory Bowel Disease Registry, which had previously been hosted by the British Society of Gastroenterology (BSG). A review of the governance and membership of the Board was in progress. Professor Veitch, BSG president, informed Council that the registry was managed by three constituent organisations through a private company limited by guarantee. The viability of the registry was being reviewed, as well its utility to IBD patients. Collaborative decisions on its governance would be made in the near future and further information would likely be reported to Council at its next meeting in November 2023.

II. Conduct update

> An individual had launched an appeal against his suspension of fellowship previously ratified by Council. An appeal panel had sat to consider the appeal and had adjudicated that the suspension should stand. The RCP would communicate this decision to the individual via his solicitors in due course.

III. Resignations

> Dr Catherine Mummery, RCP elected councillor, had decided to resign her role in her final year of tenure due to increased workload from taking on the role of the National Institute for Health and Care Research Dementia Translational Research Collaboration (D-TRC). She no longer felt that she could fulfil her RCP role as diligently as she would wish to. The registrar had accepted Dr Mummery's resignation on Council's behalf and had written a letter expressing her thanks for her work during her time as an elected councillor.

> Dr Karen Rogstad had resigned as the chair of the RCP's Young Adults and Adolescents Steering Group. The registrar noted that Dr Rogstad had performed exceptionally as the group's chair. The registrar had accepted Dr Rogstad's resignation on Council's behalf and had written a letter expressing her thanks for her contribution to the RCP.

IV. Deputy registrar role EOI

> Dr Alastair Gilmore's tenure as deputy registrar would end in November 2023. A role description had been approved for circulation and the role would be advertised in the near future. The registrar asked the specialty groups to share the details of the role widely to help ensure a competitive field for the next appointment to the role. She thanked Dr Gilmore for his support and for his hard work and commitment in helping to redevelop the RCP fellowship nomination process.

V. Faculty of Physician Associates Board recommendations

> See above.

VI. Reapplication for subscription membership of RCP

> The registrar reported that Dr Joanna Sykes, RCP censor, had assisted in governance of the RCP's disciplinary procedures in response to sanctions imposed on RCP members by the General Medical Council. An established process had been in place for processing reapplications for fellowship following suspension by the GMC. A new process had now been introduced for reapplication of subscribing members. A form had been produced that allowed the member's medical director to endorse their reapplication for membership. This also included confirmation of the member's declaration of good standing.

> On completing such forms two individuals had now been reinstated as RCP subscribing members post-suspension. Council approved the reinstatements.

d) Confirmation of support for the incumbent president and statement of support for the incumbent president for the calendar year 2024/ election arrangements 2024 canvassing

- The registrar requested Council declare its support the re-election of the current president, Dr Sarah Clarke, as stipulated by the Medical Act (1860). Although a 4-year presidential term was recognised by decision of Council since 2001, a notional annual re-election process was mandated by the Act, the result of which would be announced on College Day (25 March 2024).
- Given the difficulties posed by a contested election in 2023 it was important that Council issue a statement of position re the continuation of the 4-year term that is to say that an elected president should continue in role for the full 4-year tenure of office.
- Council was asked to consider whether it wished to give this support to the current incumbent.
- A brief statement was made by a senior elected councillor which was echoed by councillors unanimously, and that was to continue to support the president, Dr Sarah Clarke. Council then reviewed the wording of a proposed statement of support which was traditionally issued with the call for nominations at the end of the year. Council then reviewed the wording of the statement of support (DOC 23/78) and requested that the recommendation of the DSGC be accepted by Council at its July meeting and be included in the letter, namely:
- That the number of fellows standing in support of a presidential challenger in the 'non contested' years of the 4-year cycle would be 20: a number consistent with the number of fellows in the bye-law required to support a motion for an extraordinary general meeting.
- Council then approved the statement of support.

12. Any other business

Lucy Letby case

- The clinical vice president noted the recent conviction of Lucy Letby, a nurse at the Countess of Chester Hospital, who had attacked a total of 13 babies on the hospital's neonatal ward between 2015 and 2016. Seven babies had died as a result and Letby had been found guilty of their murder on 18 August 2023.
- Dr Dean emphasised the importance of reporting erratic data (not solely relating to mortality) as part of regular clinical practice. Members could need guidance on how to speak up and advice on how to broach such findings with colleagues in the multidisciplinary team.
- As a result of the Letby case, the government would likely make statements about the medical examiner role, the coroner role and coroners' reports to encourage more consistent and collective working. They would also likely mention potential changes to the mechanisms by which patients' families could raise concerns should they feel they were not being listened to.
- RCP was working on acute deterioration and provision of mechanisms to help families raise awareness of a patient's condition – some of which were now being piloted in the NHS. The introduction of Martha's Rule was likely and would allow the legal right to a second medical opinion. (Martha Mills died aged 13 in 2021 after failures to identify and properly treat a case of sepsis that developed while she was in King's College Hospital in London).
- Dr Dean observed that doctors should embrace a listening culture – listening to colleagues, patients and their family members. Further discussion of these issues could inform an RCP position paper and further discussion related to professionalism and patient safety at a future Council meeting.
- The registrar noted that elected councillors had requested a debate on the outcomes of the Letby case and its implications for the membership and fellowship. It was agreed that a full debate would be held at a future Council meeting (November 2023). Input would be requested from the RCP Invited Review team and the debate considered from a number of angles.

13. Items tabled for information

a) Policy, campaigns and media updates
b) RCP responses to consultations since July Council
c) RCP Nominations since July Council
d) Federation Board minutes, 29 March 2023
e) UKSA new strategy launch
f) ME/CFS NHSE draft report

An additional virtual meeting of Council was held on 25 October 2023

1. Welcome, taking of the Faith and declaration of Interests

New members of Council

- Dr Omar Mustafa (RCP Global vice president)
- Prof Rowan Harwood (elected councillor)
- Prof Partha Kar (elected councillor)
- Dr Cara Hendry (British Cardiovascular Society) – delegated representative, BCS
- Dr Katie Vinen (UK Kidney Association) – documented via Teams chat during the meeting

Observers

- Prof David Croisdale-Appleby (chair, RCP Board of Trustees)

Delegated representative

- Dr Cara Hendry (British Cardiovascular Society)

- The president welcomed Council members to the additional meeting which provided extra time to discuss a tabled letter from Dr David J Nicholl FRCP, Professor Trisha Greenhalgh FRCP and Professor Martin McKee FRCP on behalf of 47 other fellows of the college. The letter had expressed ongoing concerns about the expanding role of physician associates (PAs) and anaesthesia associates (AAs) within the NHS and had been supported by The Doctors' Association UK (DAUK), a separate campaigning and lobbying organisation.
- The president reminded Council members that in accordance with bye-laws 30.8 and 33.1, the proceedings papers and discussions of Council and other meetings of the college would be assumed confidential and not divulged further without Council's agreement and permission.

There were no declarations of interest.

2. To consider the tabled letter on the role of physician associates within the NHS under Bye-law 1.2 and to formulate Council's response.

Bye-law 1.2 *(previously Bye-law 2)*
(1) Any Fellow or Fellows wishing to propose a motion for consideration by the Fellows for the enactment of a new Bye-Law or Regulation, or the alteration or repeal of an existing Bye-Law or Regulation or any other purpose shall do so by giving written details of any such motion to the Council.
(2) *The Council shall decide whether, when and in what manner such motion may be presented to the Fellows for vote or, if appropriate, referred to the appropriate Board or Committee for advice or review. The decisions and any consequent review process shall be*

completed without undue delay. The Fellows concerned shall be kept regularly informed and shall be notified of the Council's decision.

- The registrar introduced the briefing paper, provided a summary of points and the purpose of the meeting, namely: to clarify the RCP's position on PAs and to examine whether it could and should do anything further to articulate its position more clearly. The registrar drew Council's attention to page 3 of the briefing document, final two paragraphs.
  'Council *should be clear that the purpose of the debate is not for RCP to support or align with any particular group. Council's task is to clarify the RCP's position on PAs (and the FPA) and to produce a clear and comprehensive response to a group of fellows who have tabled written questions on Physician Associates.'*
- The registrar outlined that issues of training, governance and scope of practice would require detailed debate. These aligned with the five areas of concern outlined in the tabled letter except for item 5 – 'pay disparities' as it was not in RCP's remit to discuss remuneration for this or any other professional group (the latter point made by PRCP).
- The registrar noted the extensive paperwork, including the background documentation on Council's work to establish the FPA, circulated as part of booklet 1. Additional tabled booklets provided written feedback from specialties and councillors not in attendance. (**NOTE:** this was complete at time of sending but additional JSC minutes from the stroke physician community and FFLM documentation on specific court scenarios were not included in this bundle). No challenge to the historic details presented were made.
- The CEO informed the meeting that in order that the concerns of the fellows who had submitted the letter could be best represented at this meeting of Council, he and senior college representatives had met with David Nicholl, Trish Greenhalgh and Martin McKee to identify where the RCP could and could not influence and to establish factual accuracy around areas of uncertainty. The co-chair of DAUK was an observer at this meeting. This was a closed meeting.

Minute note for accuracy: *There then followed detailed discussion on matters concerning patient safety, professional titles, regulation and liability, and professional jurisdiction. As many of these topics were interrelated, a summary consensus of the topics is recorded here for ease. As a point of accuracy, comments may therefore appear in the minutes outside of chronological order but aligned to the theme of discussion.*

Patient safety

- The PRCP noted that PAs had to undertake the Physician Associate National Examination (PANE), which involved knowledge-based assessment and objective structured clinical examination (OSCE) before they could join the Physician Associate Managed Voluntary Register (PAMVR). Once employed, they should undergo the necessary local induction, supervision and appraisal that enabled them to practise safely. Regulation was planned for the end of 2024 through the General Medical Council (GMC), but currently they (PAs) developed their skills and scope of practice over time in response to the service in which they were working and were managed at an employer level, and within a wider clinical team.
- NHSE is leading on developing a MAPs Career Development Framework, providing a career structure for MAPs and will show what requirements are necessary for an individual to progress through the MAPs profession. Pre-qualification curricula would be regulated by the GMC and all practising PAs post qualification will be expected to adhere to the GMC's professional standards laid out in Good Medical Practice (2024).
- The president noted Manchester University NHS Foundation Trust's *Physician Associate Governance Framework* as a good example for employers in the pre-regulatory landscape. Dr Cara Hendry (representing the British Cardiovascular Society), employed by the trust, explained that PAs had been employed there for 6 years working at a basic level in varied roles. PAs were closely supervised and managed by the postgraduate medical education

department. They had integrated well into clinical teams and their work was valued by colleagues. Their career development and acquisition of extended skills had necessitated several revisions of the framework in line with trust policies to ensure safe practice. Extended skills assessments were required for PAs switching specialties with preceptorships being served.

Discussion

- Council members noted the need for greater definition of the supervision required for PAs and the need for employers to ensure safe staffing levels were achieved. Dr Hendry noted 0.25 programmed activities per job plan had been assigned for those acting as educational supervisors for PAs – in line with the amount provided for those supervising junior clinical fellows. Council noted the utility of this approach and suggested that the RCP could play a role in advising employers to adopt this model in job planning.
- General concern was expressed regarding the potential impact training of PAs was having on learning opportunities and the quality of training for doctors in training, locally employed doctors (LEDs) and international medical graduates (IMGs). Professor Sue Carr, GMC deputy medical director, noted that doctors' training opportunities should be protected and, considering the expected significant workforce expansion in the coming years, the organisation was lobbying for increased time and capacity for educators and supervisors. She noted that Health Education England's Core Capabilities Framework provided detailed guidance for supervisors of medical associate professions (MAPs). There was debate on what further the RCP could do to improve support to trainees. The discussion is captured below.
- Members of Council noted that all clinicians could make errors when practising and that there was no body of evidence to suggest that properly supervised PAs were any more likely than other clinicians to make errors and were similar to other roles across the specialties, eg advanced nurse practitioners who worked semi-autonomously under supervision. Endoscopy was cited as a specific example with a highly trained nurse practitioner workforce routinely undertaking procedures while subject to supervision and ongoing review of key performance indicators. Dr Dean stated that there are currently 42 PAs training in the Clinical Endoscopist Training Programme* and there have been no concerns.
- The BSG president expressed generalised specialty support for PAs, but this should not negatively impact on specialist training of doctors. He stated that that JAG-accredited endoscopy training is one of the highest quality and most rigorously assessed in the world, and that post-accreditation continuous monitoring of KPIs continues throughout an endoscopist's career whether from a medical, nursing or physician associate background.
- Dr Ajay Verma, elected councillor, stated his personal opposition to PA endoscopists noting that, unlike nurse endoscopists, PAs are not a regulated profession and that there is more to the endoscopy pathway than the procedure itself (eg managing complications, deciding appropriateness, counselling and consent)
- Dr John Dean noted that many consultant physicians were told to stand down supporting programmed activities (SPAs) so that they could tackle backlogs in elective and non-elective care, highlighting the wider demands of consultant-delivered care as opposed to consultant supervised care. This theme came up repeatedly in the meeting. He suggested that the RCP workforce census should ask members how much protected time was provided for supervision in job plans compared to the amount delivered in practice. This could highlight and document the demands placed on the consultant workforce and recognise disparities between the two demands. Dr Sarah Logan, director of the Medical Workforce Unit, confirmed that questions relating to time for supervision and what sorts of supervision were included in this year's royal colleges census.
- Difference in the scope of practice would define the nature of supervision provided to different practitioners (eg PAs, advanced clinical practitioners, and doctors). Dr Dean noted PA roles with other employers, notably general practice, and that the RCP would need to monitor mechanisms for their supervision in this area. Concerns around PAs should be raised

through the appropriate mechanisms – ideally through contact with the Faculty of Physician Associates (FPA), which manages the PAMVR. This would aid accrual of data related to patient safety and standards of practice.

- The issue of patient understanding / perception of PAs was raised by Prof Rowan Harwood, elected councillor. The registrar noted that work was ongoing with the RCP Patient and Carer Network (PCN) to provide an infographic clarifying the PA role that would be distributed to all hospitals.
- The PCN chair made several summary comments on this and the wider issue of PAs noting that the PCN had worked closely with the faculty since its inception. He commented that removing PAs from the workforce at a time of significant workforce crisis would impact negatively on patient outcomes, as backlogs in elective care increased. This would have impacts in itself for patient safety should regulation be delayed. It was noted that the PCN have a representative on the FPA board. Mr Kinsella confirmed that he wanted to see the medical workforce (doctors) expand.

*This is an established programme and is a collaboration between HEE and JAG.

Ambiguity of professional titles

- The FPA had recently published (October 2023) 'Physician associate title and introduction guidance for PAs, supervisors, employers and organisations' to provide clarity around the role of PAs. It provided practical examples of how physician associates should describe their role and was aimed at increasing understanding for patients, employers, other healthcare professionals and the public. This document had been broadly welcomed (note 5 September Council decision on the mandated key areas of information need: titles and scope, supervision and career progression – see briefing paper for this meeting)
- The PRCP noted media coverage concerning suggested changes to the PA title that could potentially provide clarity to their role. Professor Carr noted that a change of title was unlikely. While the term 'doctor' was not a protected title it was unlawful to misidentify as a medical doctor. The GMC would only be able to take appropriate action against PAs doing so once they became subject to regulation. Until then such instances would need to be reported to the FPA. The PRCP noted that the RCP had an important role in ensuring public understanding of the PA role. Professor Carr informed Council that the Department of Health and Social Care planned to legislate to make 'physician associate' a protected title.

Discussion

- Members observed that ambiguity persisted within the service around the perception of the PA role pertaining to whether they were autonomous practitioners or provided a supporting role. It was hoped that a planned future FPA document describing scope of practice would help to address any such misunderstanding. Council was clear that PAs provide a supporting role as dependent practitioners and are under the supervision of a GMC registered consultant or GP.
- Members suggested that stratifying PAs according to their progression through training, as per medical trainees, would help to promote their heterogeneity as a distinct group of clinicians. Professor Simon Bowman suggested that stratifying PAs could help to define their heterogeneity and required level of supervision, tolerating a level of heterogeneity in the MAP community because individual capability would determine their level of autonomous practice. Dr Katie Vinen stated that there was risk to variable supervision practice in not clearly defining PAs career progression and future training and felt that this was an area that the RCP could influence. Note that 'career progression' is one of the mandated documents being produced.
- Dr Louella Vaughan, elected councillor, disagreed with tolerating heterogeneity and talked about the experience of the NMC, which was set up to regulate different types of professional practice at different levels of autonomy, and that there was learning from the ANP literature and community. She stated that new legislation is needed to protect the public because the risk of harm increases as practitioners become more independent.

- Mr Jamie Saunders, FPA president, informed Council that work was continuing with the FPA, RCP and NHS England (NHSE) to provide a career development pathway for PAs that would define different levels of PA and provide explanations of these roles for the profession alongside definitions for scope of practice and supervision. The FPA's objective was to achieve a national consensus between themselves, NHSE and employers.

Implications for professional jurisdiction

- The RCP Trainees Committee had written a letter (September 2023) to the chief medical officer for England, Professor Chris Whitty, regarding non-pay related improvements to working conditions for trainees. Further to this, guidance for trainees working alongside PAs would be welcomed to ensure positive relationships between those in these clinical roles. The Trainees Committee co-chairs expressed a view that where trainees have a poor training experience, it usually correlates with a poor experience for PAs and reflects a suboptimal training culture and environment.
- Council members noted the need for equitable provision of supervision across all training categories to avoid the disenfranchisement of certain groups. Similarly, access to all levels of training from the general to the specialised should be guaranteed for all trainee categories to ensure all gained as wide a skill set as possible, making them well equipped to deal with patients with multiple health conditions. Friction could occur where trainees lacked access to compulsory elements of their generalist training and procedural based competencies that had been assigned specifically to PAs. Council members reflect on current pressures in the system and how workforce shortages directly impact on this. Professor Partha Kar, elected councillor, raised at several points throughout the discussion that there is not sufficient time for supervision in job plans and that he believed the RCP should provide direction to consultants/senior colleagues on prioritisation when it comes to supervising the different professions.
- The pressures of the NHS workforce crisis could mean PAs found themselves performing roles inappropriate to their level of training. The notion of delegated responsibility with supervision could risk PAs being seen as cheap labour to solve the workforce shortages. NHS employers needed to be reminded of their responsibility in this regard.

Regulation, supervision and liability

- Doctors who supervised a PA or AA must ensure that the PA being supervised was adequately skilled to carry put the tasks performed allocated them by delegation. The named supervising consultant was legally liable in this regard, although individual PAs were responsible for their actions.
- Council members expressed concern about the lack of awareness around adverse events caused by PAs' practice and where liability would ultimately fall. Consideration should be given to whether the legal representatives of NHS trust were aware that unregulated staff were performing medical procedures. Published data from the USA on outcomes from procedural activity by PAs was cited (colonoscopy). This showed no difference between adverse events in the PA group compared with medical endoscopists. Dr Vaughan noted data from the regulation of nurse practitioners highlighting the increase in adverse outcomes as a new professional group expands.
- Professor Kar highlighted that many locally employed doctors (LEDs) were working without supervision and were often lacking career progression. He suggested that addressing this issue should be prioritised over the supervision of PAs. This point was made more than once during the debate. Professor Kar also expressed his view that regulation of PAs should not be undertaken by the GMC.
- The PRCP noted that the training and retention of all colleagues was important to address current shortages in the workforce. CEO Dr Ian Bullock noted concerns around the roles of LEDs and that the subject of international medical graduates (IMGs) could be brought to a future RCP Council meeting with input from the RCP Global vice president and RCP Global

team. He stated that the RCP has developed a high reputation in supporting IMGs through our Medical Training Initiative (MTI) programme. The precise nomenclature to be used for PAs on the GMC register would also be explored. Members cautioned against conflating the issue of PA regulation with that of career progression for LED doctors. It was noted that the current shortage of training and educational opportunities was exacerbating tension within the profession.

- Mr Jamie Saunders, FPA president, noted that PAs were currently working under the GMC's delegation clause – that a consultant delegates workload to a PA with that PA being responsible for any acts or omissions as part of that work – akin to other unregulated roles within the NHS. The delegating doctor would be responsible for ensuring that the individual to whom they were delegating work was adequately trained and had the required knowledge and skills to undertake that work. Employer governance was crucial. The FPA was working with NHSE to ensure all employers' governance procedures were rigorous with regard to the work of PAs and other MAPs.
- Professor Kar noted that regulated PAs would have achieved all objectives within the career development framework and would work within defined professional standards. PAs would be subject to the GMC's fitness to practise guidance. Robust local governance would also be required to ensure PAs competence. PAs would be subject to revalidation to ensure that they continued to work within professional standards. The GMC is not planning to regulate on postgraduate education standards for PAs.

3. Summary

- The PRCP asked the CEO Dr Bullock to summarise. The CEO thanked members for their contributions to what had been a meaningful debate of the key issues regarding the role of PAs and their regulation. The RCP would continue to focus on areas that were within its control. It would continue to support both the trainee and the PA communities. Professional guidance for PAs would continue to be developed with particular focus now being placed on the forthcoming supervision and scope of practice documents with the aim of adding confidence and clarity to the role. An inclusive approach would continue and see the RCP working with external partners to support the PA workforce through to regulation.
- The meeting had provided an open and full debate that would serve to inform a response to the letter the fellows had written to the college. The registrar noted that the RCP response would be private. It would explain what was in the RCP's control regarding the PA role and how it could further expand its work in supporting the move to regulation.
- The president thanked all for their attendance and contributions and described next steps and actions.

Actions

- Draft letter to fellows – Action: registrar
- Further enquiries re GMC plans for register nomenclature – Action: Professor Kar (complete)
- Agreed: further outputs on scope, supervision and career progression – Action: FPA/RCP
- Explanation of role of PAs to patients and carers noted as desirable: infographic already in production as described in minutes – Action: FPA/RCP/PCN
- Census – date on supervision versus delivery of care challenges – Action: committee manager to check this year's census questions
- Continue stakeholder collaboration with RCGP – Action: senior college officers

Summary consensus of discussions

In the light of the recent meeting, Council is asked to consider approving a consensus statement based on discussions and noting that a few individual Council members will hold views distinct from that consensus.

A virtual meeting of Council was held on 21 November 2023

1. Welcome, taking of the Faith and declaration of interests

New members of Council

- Dr Nick Murch (Society for Acute Medicine)
- Dr Aidan O'Neill (New Consultants Committee)
- Dr Victoria Tippett (elected councillor)

Guests

- Mr Barny Leavers – director, NHS Workforce Plan
- Prof Adrian Brooke – medical director, Workforce Alignment, NHSE

Thanks and farewell

- Dr Tim Cooksley (Society for Acute Medicine) – *in absentia*
- Dr Toby Hillman (elected councillor) – *in absentia*
- Dr Kailash Krishnan (New Consultants Committee) – *in absentia*
- Mr Dan Sumners (deputy director, Communications, Policy and Research)

There were no declarations of interest.

2. Minutes of the Council meeting held on 5 September 2023

- The minutes of the Council meeting held on 5 September were agreed as a true and accurate record. A further amendment was made to the reference to the below relevant to discussions in July 2203:

Item 7a) I. RCP – Elsevier partnership for RCP journals

The following paragraph:

A minority view was expressed by a trustee councillor that this significant change for RCP's journals should have been brought at an earlier stage in discussion to Council as the professional governing body of the organisation. This was followed up by an email to the registrar expressing this view.

should be amended to read:
A minority view was expressed by a trustee councillor post-meeting by email that this significant change for RCP's journals should have been brought at an earlier stage in discussion to Council as the professional governing body of the organisation.

3. Action log review from September 2023 Council

Item no	By	Action
2	Committee manager	To amend item 7a) I of the minutes of the Council meeting held on 26 July 2023. **Completed**
4	Committee manager	To forward to Council members a letter from the RCP Trainees Committee to the chief medical officer, Professor Chris Whitty, re: improved working conditions. **Completed**

Item no	By	Action
4	President	To provide feedback to Council on RCP discussions with AoMRC on industrial action. **Completed**
4	Academic vice president	To discuss research topics related to NIHR collaborations and the MHRA with Dr Gabbay, president of the Faculty of Pharmaceutical Medicine. **Completed**
6	Registrar	To implement workplan and timelines for election bye-law and wider constitutional review. **Completed**
7	All	To provide comments on the role of the Board of Trustees to its chair, Professor Croisdale-Appleby. **Completed**
8(a)	Clinical vice president/ committee manager	To consider discussion of integrated care projects and examples of best practice at Council's next meeting in November 2023. **Completed**
8(a)	All	To provide comments on the RCP position statement on hospital at home and virtual wards. **Completed**
8(b)	All	To provide comments on potential RCP-led outputs from the outpatient care clinical summits. **Completed**
8(c)	Clinical vice president	To provide feedback on the outcomes of RCP clinical summits to Council and the RCP Medical Specialties Board. **Completed**
10(a)	Registrar/committee manager	To inform the UK Kidney Association and the Faculty of Sport and Exercise Medicine of their receiving seats on Council as full voting members and ensure necessary administrative tasks are completed. **Completed**
10(c) II	Registrar	To communicate the decision of the RCP appeal panel to the individual's legal representatives. **Completed**
10(c) V	FPA secretariat	To produce: • Guidance on titles and introductions for the PA membership clarifying the PA role and that it was not part of medical training (professionalism document). This should be dealt with urgently (noting the recent complaints against PAs on the lack of clarity). • Careers progression narrative in time for the launch of WTE's Career Framework in October 2023. • A co-created document with the Trainees Committee on 'supervision' building on the comments on supervision in the published information to the British Medical Association's *The Doctor* magazine. **Completed**

Item no	By	Action
10(d)	Registrar/head of professional governance	To issue the statement of support for the current presidential incumbent on behalf of Council. **Completed**
11	Registrar/ clinical vice president	To consider a debate on the outcomes of the Letby case and its implications for the membership and fellowship at Council's next meeting in November 2023. **Deferred**

Matters arising

Item 8(a)

> Dr Dean reported that further work would be performed by RCP on the integrated care record in 2024.

Item 8(a)

> Dr Dean thanked Council members for their comments that informed the RCP position statement on hospital at home and virtual wards, which had since been published.

Item 8(b)

> Dr Dean thanked Council members for their comments on potential RCP-led outputs from the outpatient care clinical summits. The RCP Outpatient Care Strategy would be discussed under item 5 (Care Quality Improvement Directorate update)

Item 11

> The registrar reported that this item would be brought back to a future Council under an item on clinical decision making and with potential input from the RCP Invited Reviews Service.

Retention of trainee workforce

> Mr Sumners recommended Council members review the recent General Medical Council's report: *The state of medical education and practice in the UK* regarding workforce retention – the number of trainees leaving the profession last year (in a return to pre-pandemic levels) was 9% lower than in 2018 (and those joining was higher by 17%). He noted that registrant numbers overall were increasing: 8% joined the registers last year, compared to 4% leaving, although headcount to full-time equivalent was 0.9%. There was no evidence of an exodus among specialists; the issue of many doctors nearing retirement persisted (as did rising demand). The president requested Council members' comments on the survey's findings by Friday 24 November 2023 to inform the RCP's response.

4. President's update

The shape of medicine

> Mr Sumners introduced the thought leadership paper: *Summary of response to The shape of medicine to date – November 2023* (DOC 23/103). He noted that feedback had been received from a small but significant number of RCP members. There had been consistency in comments expressing concern regarding the role of physician associates in the service. Feedback had also highlighted the need to examine the experience of training and its delivery. The RCP had subsequently met with the Joint Royal College of Physicians Training Board (JRCPTB) to discuss how the experience of training could be improved. The RCP Trainees Committee would also discuss this issue with input from the RCP Medical Workforce Unit (MWU).

> Mr Sumners noted that the RCP would continue to seek feedback from a wide audience on the paper in the meantime.

NHS Long Term Workforce Plan

- The president introduced Mr Barny Leavers (Director, NHS Workforce Plan) and Professor Adrian Brooke (Medical Director, Workforce Alignment, NHSE) to the meeting.
- Mr Leavers noted the plan aimed to provide a long-term, holistic direction for NHS workforce planning during the next 15 years. It constituted a package of measures that demonstrated a commitment for reform and innovation in the NHS. The Department for Education and the related Office for Students had been consulted on the provision of medical school places, and geographical variation in workforce and issues of capacity had been considered carefully. Implementation of the plan would be reviewed in a 2-yearly cycle via an update but not a substantial revision. The roles of SAS and LED doctors would be considered carefully alongside those of junior and senior colleagues.
- Professor Brooke noted current pressures and difficulties within the service, and the need for increased training places. Training would be distributed with careful consideration given to geographical location to ensure skilled care would be provided where it was needed. The establishment of networks to support this ambition would necessarily take a significant time to achieve. Professor Brooke highlighted that the plan stated that finance for postgraduate training would be tied to general practice and that there was no explicit promise of specialty expansion. However, funding had been achieved to this aim in the latest comprehensive spending review and it was anticipated that this marginal resource would be baselined and used where it best impacted patient care across the medical and surgical specialties. It was hoped this would increase capacity in specialty training, but this was difficult to assess at present. A framework was needed to help predict workforce demand. The ambition was to improve the distribution of services by matching geography and training pathways with supply.

Discussion

- Council members highlighted the conflict between the desire to expand training numbers with the difficulty of finding time to provide the necessary supervision. Council noted that:
  - the move to generalism had impacted negatively on the number of specialty training posts in the medical specialties
  - employers should be challenged and instructed to employ more specialty trainees if the implementation of the new internal medicine curriculum was to succeed
  - increasing medical school places without expanding higher specialty training could impact the educational opportunities for medical trainees. Providing necessary levels of supervision for trainees may also prove problematic as a result
  - issues around retention of staff at all levels in the service was concerning and should be addressed before any planned expansion of workforce
  - rotation of trainees should be reduced but not to the detriment of their training
  - using improved technology to free clinical staff from routine administrative duties would improve productivity.
- Mr Leavers stated that general practice had been prioritised for increased funding due to the current pressures in that part of the service. The plan only outlined funding until 2028. Expansion of the workforce would mean that future planning phases would need to consider expansion of foundation, core and specialty training places. Funding for supervision had been factored into the plan. Adoption of new technology and developing the skills of non-clinical workforce would aid workforce expansion.
- The president requested further questions be forwarded to Mr Leavers and Professor Brooke via the RCP and that a future update for RCP Council on the progress of the plan would be welcomed.

Vice president for education and training update

The president requested that Dr Patel's report be circulated to Council with meeting minutes.

Academic vice president update

- Professor Arasaradnam reported that the RCP Med+ 2023 conference had been held on 31 October and 1 November and had attracted circa 1,800 registrants (400+ on-site). The theme of the conference was specialism and generalism. Outputs were still being compiled but feedback on content had been overwhelmingly positive. More than 120 abstract submissions had been received. Lectures would be available on RCP Player until February 2024.
- Organisation of the Medicine 2024 conference (25–26 April 2024) was at an advanced stage. The planning committee would next meet in mid-December. Workforce would be the principal theme but there would be a focus on other aspects of medicine and learning workshops would be provided for all topics.

Elected councillors update

- Dr Raghuram noted three topics that had been discussed recently by the elected councillors – the scope of practice for physician associates and involvement of the medical specialties in widening their role, the precise details of GMC regulation of physician associates, and ensuring all doctors received appropriate levels of training and supervision. Dr Raghuram noted councillors' views that representation should be made to the Academy of Medical Royal Colleges who could then discuss resolution of these issues with the Department of Health and Social Care.
- The president noted the RCP had met with Amanda Pritchard (chief executive, NHSE) and Professor Steve Powis (medical director, NHSE) to discuss establishing a group to tackle these measures. She noted that a meeting between the AoMRC and the GMC to discuss these issues was taking place at the same time as the Council meeting. Feedback of outcomes would be provided in due course. Faculty of Physician Associate (FPA) president Jamie Saunders informed Council that the FPA was working to produce guidance on supervision of PAs for employers. A draft document outlining PAs scope of practice would be circulated to key healthcare stakeholders and the medical specialties for comment. In response to concerns raised regarding the supervision of international medical graduates (IMG) the registrar noted that their role would be discussed under an agenda item at the January 2024 Council meeting.

5. Care Quality Improvement Directorate (CQID) update

- Dr Dean highlighted the imminent publication of a joint RCP/ Royal College of Emergency Medicine document on winter pressures in the NHS and recommended Council members view the recommendations contained therein.
- The CQID team was continuing its work on specialism and generalism in the workforce. Dr Dean had spoken on the topic alongside the chief medical officer, Professor Chris Whitty at the recent RCP Med+ conference and he advised Council members to review the content online to provide context. A workshop would be held on the topic at the RCP offices in London on 13 December 2023, facilitated by the RCP Medical Workforce Unit.

Digital Health Strategy

- Dr Anne Kinderlerer (RCP digital health clinical lead) and Ms Teena Chowdhury (deputy director, CQID) provided a presentation on the RCP Digital Health Strategy, which is summarised below:
- Key priorities included:
  - developing or signposting to relevant content and innovative learning opportunities
  - supporting the implementation of curricula and training pathways
  - providing thought leadership in relevant policy arenas based on member engagement and feedback
  - undertaking a needs assessment for RCP members.

- Achievements thus far:
  - Provision of curated content around digital transformation had featured on the Medical Care – driving change web portal.
  - Delivered a workshop at Med+ to support members learning from excellence on patient-facing applications.
  - Awarded the RCP's first of 3 annual 'Fix IT in healthcare' prizes.
  - Provided advice and access to expertise for RCP led improvement activity.
  - Shaped position statements on emerging technologies that impact RCP members, eg artificial intelligence and a federated data platform.
  - Built strategic relationships nationally and globally with others leading on digital innovation and transformation.
  - Collaborating with AoMRC and the NHS Digital Academy on shaping the requirements for a digitally capable medical workforce.
- CQID had performed usability analysis of digital clinical systems used in clinical settings, which had reflected deficiencies in the usability and reliability of software and hardware. Medical staff had observed poorer user experience and lower training satisfaction compared to other roles in the service (eg nursing/administrative). A broad survey of RCP members and fellows' usage of and familiarity with digital clinical systems had reflected that most staff didn't think they were able to influence their design. The future promise of an electronic patient record that enabled access to all relevant information for patients using one login and one patient hospital ID number seemed distant to many.
- To help remedy some of these issues RCP planned to form a digital network, hold events on digital curricula and provide a focus on key areas, eg artificial intelligence, usability issues and digital safety.

Discussion

- Council members stressed the importance of improving usability and reliability and that dependence on multiple digital clinical systems could lead to multiple points of failure that had negative implications for patient safety and reduced productivity in the workforce.
- The introduction of remote and community-based working, and the virtual management of patients would rely on future-proofing current systems to ensure their interoperability and transfer of patient data in a common format.
- It was noted that industry should play a part in funding systems training in the workforce.
- Using data mining to identify patients requiring clinical intervention should ultimately evolve into predictive working, helping to identify patients at clinical risk.

Outpatient Care Strategy

- Dr Theresa Barnes, RCP outpatients clinical lead, and Ms Chowdhury provided a presentation on the RCP Outpatient Care Strategy, which is summarised below:
  - Development of the strategy had been undertaken with NHS England and the Patients Association.
  - Outputs from clinical summit meetings (held in May to September 2023) highlighted that:
    - Care navigation and coordination was needed for patients.
    - Digital innovation including patient portals would help, but required adequate infrastructure, and there was a risk of digital exclusion.
    - Administrative support was key and required redesign to match the changing system of care and training in customer care.
    - Job planning and appropriate support for all elements of outpatient care was required.
  - There was a need for a biopsychosocial approach, particularly for patients whose condition could not be helped by medical or surgical treatments, and for an intermediate level of care for common presentations, supported by the specialist team.

- The primary/secondary care interface needed to include the patient and provide an opportunity for more integrated care.
- Training in the multi-model elements of outpatient care for the multi-professional team was essential and should include time for supervision.
- Outcome based measurement, and evaluation of new models and modes of care was required.

> Ms Chowdhury reported that CQID was now engaged with NHSE and beginning to write the strategy which would come to Council for sign-off in early 2024. Key messages in the strategy would focus on best outcomes and ensuring personalised, positive experience for patients alongside the best use of NHS resources. 'Pioneer' sites would be used to design, test, iterate and evaluate new ways of working, eg payment systems, data capture and innovative technologies.

> Proposed RCP outputs included:
- Developing and shaping training for modern outpatient care
- Recommendation in RCP's Modern Outpatient Care report.
- Contributing to national thinking about the measurement of quality in outpatient care (including coding).
- Providing a needs-based approach to clinic templates (linked to wider job planning).
- Building on work with the Patients Association with resources for patients/carers.
- Co-producing work to support better interface working including shared ownership of risk.
- Shaping thinking about digital technologies and outpatient care.

Discussion

> Council members noted that members of the multi-professional clinical team would require different levels of supervision and how to provide this would require careful consideration. Ensuring support for all colleagues was vital. Dr Barnes noted that detailed discussion with representatives of the different elements of the workforce had taken place during the clinical summit meetings to ensure that appropriate training and supervision would be provided.

6. Physician associate consensus statement and action plan update (including minutes of additional Council meeting held on 25 October 2023)

> The registrar noted that the RCP was being asked for comment on the role of PAs by both the media and public at large, and there was an urgent need for the RCP to agree a final consensus statement and action plan on the regulation of physician associates (PAs) and other medical associate professions (MAPs).

> The registrar observed that the minutes from the additional Council meeting held on 25 October 2023 provided the basis for the consensus statement and requested Council members' formal approval of these. She informed Council that comments had been received on some elements of nuance and phraseology within the minutes, and on verbatim quotes from Council members, and that these had been considered in the production of a final version.

> **Council approved the minutes (DOC 23/105) as a final version and a true and accurate description of discussions at the Council meeting held on 25 October 2023.**

> The registrar welcomed Council members' comments on the consensus statement (DOC 23/104).

> She informed Council that the Association of British Neurologists had requested the following comment be removed from the statement: '*A balanced if guarded view was taken by Neurology which also stressed the additional risks seen in Primary Care.'*

> They had expressed concern about the negative connotations of this statement and that, in fact, the ABN as a body regarded PAs as important and useful contributors to and components of a modern healthcare team.

> Council members discussed the wording of the third bullet in the consensus statement:

'Council was supportive of improving the training experience of doctors in training and were also supportive of the RCP trainees' co-chairs pursuing their discussions with the CMO for England and NHSE National Medical Director in this regard, as well as the health leaders of the devolved nations.'

- Members suggested the need for a more inclusive statement that encompassed all grades of doctor.
- Following discussion, the following paragraph was agreed as an addendum to the above statement: '*Council equally recognised the importance of equity of access of support and supervision for all doctors including SAS and LED doctors and for healthcare professionals including PAs.'*
- The registrar asked Council whether the statements that concerned PAs were sufficiently supportive to reflect the wider view of Council as minuted at its meeting on 25 October. Council members noted heightened tensions around the issues being debated and noted its duty of care in supporting all members.
- Given the fact that the sentence of support had been balanced by all the above for equity of access to support and supervision, the sentence below was deemed superfluous and was removed from the consensus statement by agreement: '*Council's view was that support for PAs should continue but not at the expense of the support for doctors in training.'*
- Members expressed the need for a narrative statement at the beginning of the document to provide context for Council discussions and why debate had arisen, ie to ensure optimal patient care and to consider concerns around safety of practice for unregulated healthcare practitioners.
- The registrar noted the need for statements on support for PAs and their training to follow this explanatory text.
- The registrar suggested that the following bullet point should be moved to follow the statement on training: '*RCP should continue to advocate for physicians in all career stages, trainees, LEDs, SAS doctors and consultants, and from different training backgrounds.'*
- Council members approved this edit.
- The registrar asked Council whether the action points listed in the document remained congruent with the amended statements and whether they were realistic and achievable. Council members suggested moving the following action point to the head of the list: '*RCP will author collaboratively the agreed additional documents on supervision, scope and delegation (1–4 months).'*
- This was felt to be appropriate as the document would provide the most significant output of the project. Mr Saunders noted that the FPA had already published guidance in these areas and that future work to develop guidance would be performed in collaboration with input from colleagues from a range of medical career grades.
- The president suggested that showcasing the work of PAs would be helpful in highlighting positively the role they played in contributing to the service.
- The CEO noted the amended consensus statement would provide a single point of reference to inform any RCP response to media enquiries regarding PAs practice.
- The registrar stated that in the next 4 months the RCP would work to explain the role of a PA to the patient audience and engage with the medical workforce and NHS management across the UK, the RCP Patient and Carer Network and other key stakeholders.
- A final draft of the new consensus statement and action points would be sent to the RCP fellows and members of the Doctors' Association UK who were signatories to a recent letter of complaint to the RCP regarding the expansion of PA roles.
- At the end of the ratification of the consensus statement the registrar informed Council that a new email had been received from Dr David Nicholl and colleagues in which very specific calls/motions were put forward for debate. This communication had only just been received and the registrar was tasked to manage further correspondence with representatives of the Doctors' Association UK according to the process clearly set out in the RCP bye-laws.

Standing agenda items

7. Election processes 2024

a. RCP elections candidate code of practice

> The registrar highlighted the document *Candidate Code of Practice for RCP elections* (DOC 23/106), a revised version of the document that was presented at the meeting of Council held on 26 July 2023. The document had been reviewed and updated by the delegated subgroup of Council for constitutional and electoral reform. It set out the way candidates in RCP elections to senior officer (including president), officer and elected councillor roles must conduct themselves. It supplemented the RCP Code of Conduct that applied to all RCP members, fellows and other healthcare professionals when working for or representing the RCP and referenced the RCP values and RCP social media policy. It was recommended for Council's approval. Council approved publication and distribution of the document.

b. Letter for support for incumbent from Council (revised)

> The registrar requested Council's approval of the letter stating its support for the incumbent president serving the intended 4-year term of office. The election of the president would be held as required by Act of Parliament on the day after Palm Sunday: Monday 25 March 2024, as part of College Day. This recommendation had recently been re-confirmed by Council (July 2023) to ensure the smooth running of the Royal College of Physicians. Council also wished to clarify wider issues of governance relevant to the role of president and the associated election process. These were outlined in the letter and had been incorporated into standard operating procedures (SOPs). Council approved distribution of the letter.

c. Election timetable

> Nominations for elections for RCP academic vice-president and four elected councillor roles would open on Wednesday 22 November and close on 20 December 2023.

d. Wider constitutional reform update from the delegated sub-group of Council

> The delegated sub-group of Council for constitutional and electoral reform had held three meetings to discuss matters of constitutional and electoral reform for the RCP. The sub-group had produced the election materials and would now focus on the composition of Council and the role of governance boards within the RCP. Issues concerning electoral process and the RCP's royal charter would be the focus of its work in 2024.

8. Other governance

a. Discipline – suspensions/reinstatements

> The registrar noted that the fellowship meeting which preceded Council had concluded successfully. She highlighted the reinstatement of an individual whose fellowship had been suspended temporarily for disciplinary reasons.

> The registrar thanked the demitting deputy registrar Dr Alastair Gilmore for his support during her time in office and for his efforts in redesigning the RCP fellowship process. Dr Gilmore received a round of applause from Council members. Dr Verma also thanked Dr Gilmore for his work as a member of the RCP's New Consultants Committee.

b. Guidelines / potential guidelines

> Ms Forsyth, RCP head of Policy and Campaigns, informed Council that the RCP planned to publish a report on e-cigarettes on behalf of RCP Council. The report had been developed by the RCP's Tobacco Advisory Group (TAG) and provided an analysis of the current evidence relating to e-cigarettes and focused on key areas of the policy debate. The chair of TAG, Professor Sanjay Agrawal, would present the report to Council at its next meeting on 25

January 2024. Several members of Council would be asked to review the report in advance of that meeting and provide feedback to support its final ratification from RCP Council.

c. Boards and committees

> Dr Bullock reported that the RCP would undergo a restructuring of its internal governance to improve collaborative working in the organisation. Current directorate boards would be restructured as themed boards in line with the RCP strategic aims of improving, educating and influencing. Chairing of the boards would be provided by a collaboration of elected councillors, trustees and lay trustees. The new structure aimed to improve RCP's delivery of its core charitable purpose and provided an opportunity to strengthen the links between corporate and professional governance.

d. RCP lectures 2024 – call for nominations

> The registrar requested nominations from the medical specialties for the following RCP lectures to be delivered in 2024:
  - Croonian lecture
  - Fitzpatrick lecture
  - Samuel Gee lecture
> Deadline for nominations: 4 January 2024.

9. Finance update

> The treasurer provided an update on the RCP's financial position, which is summarised below:
  - In 2022 the RCP achieved an operating surplus of circa £100,000.
  - Operational challenges in 2022 had seen a circa £3 million reduction in reserves.
  - Inflationary pressure had also posed challenges to RCP finances in 2023 and a further deficit of circa £1 million was anticipated for the year.
  - Financial planning for 2024 intended to provide a break-even financial position for the RCP which would allow it to increase its reserves.
  - Longer-term planning would focus on rationalisation of the RCP's estate.
> The treasurer noted that the pressures on the RCP's finances were complex. He recommended Council members refer to a more detailed description of RCP finances provided in the 2022 annual report.

10. Nominations Committee minutes: 7 November 2023

> RCP Nominations Committee minutes were noted. The following appointments of RCP regional advisers had been made:
  - Dr Ajay Kamath – Eastern
  - Dr Mustafa Kadam – South London
> For information: Dr Katie Honney and Dr Aidan O'Neill had been elected as chair and deputy chair respectively of the RCP New Consultants Committee.
> The RCP Moxon Medal was awarded at the Harveian Oration 2023 to Professor Edel O'Toole
> for research on: Dermatology, atopic eczema in the British Bangladeshi population and rare genetic skin disorders.

11. Any other business

> None tabled.

12. Items tabled for information

a) Policy, campaigns and media updates
b) RCP responses to consultations since September Council

c) RCP Nominations since September Council
d) Committee on Ethical Issues in Medicine minutes, 19 April 2023
e) Education Board minutes, 3 May 2023
f) Federation Board minutes, 13 June 2023
g) Medical Specialties Board minutes, 14 June 2023
h) Board of Trustees minutes, 27 June 2023
i) Board of Trustees minutes, 3 October 2023

A virtual meeting of Council was held on 25 January 2024

1. Welcome, taking of the Faith and declaration of interests

New members of Council

- Dr Omar Mustafa (Global vice president)
- Dr Sam Bandyopadhyay (interim SAS lead)
- Professor Stephanie Baldeweg (diabetes and endocrinology)
- Dr Ben Chadwick (regional adviser, England)
- Dr Anita Jones (regional adviser, England)
- Dr Natasha Jones (Faculty of Sport and Exercise Medicine)
- Dr Laura Waters (patient involvement officer)

- The president noted that Professor James Read had changed his role from SAS lead to deputy registrar.

There were no declarations of interest.

2. Minutes of the Council meeting held on 21 November 2023

- The minutes of the Council meeting held on 21 November 2023 were agreed as a true and accurate record.

3. Action log review from November 2023 Council

Item no	By	Action
3	Registrar	To identify a Council meeting in 2024 to discuss the outcomes of the Lucy Letby Case with input from the RCP Invited Reviews team. **Completed**
3	All	Council members to email RCP deputy director, CPR Dan Sumners with comments on the General Medical Council's report: *The state of medical education and practice in the UK* by Friday 24 November 2023 to inform the RCP's response. **Completed**
4	Committee manager	To forward further questions from Council members to Mr Leavers and Professor Brooke regarding the NHS Long Term Workforce Plan. **Completed**

Item no	By	Action
4	Committee manager	To circulate the vice president for education and training's update to Council members. **Completed**
6	Executive director, CPR/committee manager	To produce and circulate a final version of RCP consensus statement on physician associates to representatives of the Doctors Association UK. **Completed**
6	Registrar	To complete and send documentation to Dr David Nicholl on the debate and consensus statement on physician associates. **Completed**
7	Registrar	To manage further correspondence with representatives of Doctors' Association UK according to the process in the RCP bye-laws. **Completed**
7	Representatives of the medical specialties	To provide nominations for named RCP Lectures 2024. **Completed**

Matters arising

> None tabled.

4. President's update

General Election

> The president reported that a general election would likely be held in the latter part of 2024. The RCP had engaged with the three largest UK political parties regarding the health policy agenda and would continue to do so while their political manifestos were developed.

Medicine 2024

> The president called on Dr Dean, clinical vice president, to provide an update of the planning of the RCP's Medicine 2024 conference to be held at the college and online.
> Dr Dean, informed Council the theme of the conference would be the future of medicine with particular focus being placed on sustainability and workforce. Councillors would be contacted regarding input into developing the programme for clinical aspects of the conference.

RCP journals

> Professor Arasaradnam, academic vice president, provided an update on RCP journals. Contracts for the publication of RCP journals had been signed with Elsevier in August 2023. The ScienceDirect web platform was now available to accept back catalogues of *Clinical Medicine* and *Future Healthcare Journal*. The first edition of *Clinical Medicine* in 2024 was also available on the platform and would be Professor Emmanuel's final edition as editor-in-chief. Professor Arasaradnam thanked Professor Emmanuel for his hard work in improving the journal during his term of office. Professor Ponnusamy Saravanan had been appointed as new editor-in-chief for *Clinical Medicine*.
> An author processing charge would be implemented for *Clinical Medicine*, but this would be waived for RCP members and fellows as a member benefit. *Future Healthcare Journal* would remain free for all to read and make submissions.

RCP lectures 2024

> The president requested an update on nominations for RCP named lectures in 2024. The registrar informed Council that nominations had been received and were being ranked by

members of the RCP Nominations Committee. The results of this process would be issued to Council by email for ratification in the next week.

5. Extraordinary general meeting motion for debate

- The registrar highlighted document 24/03, which described the background to the request to convene an extraordinary general meeting (EGM) on the role of physician associates (PAs), and which would guide Council as to the potential implications of holding such a meeting.
- She thanked Mr Land, RCP head of professional governance, and Mr Constable, former RCP deputy chief executive and now acting as a governance adviser in an honorary capacity, for their work in compiling the document.
- The document contained the necessary RCP bye-laws relevant to the calling of an EGM and a verbatim description of the motion proposed by the petitioners.
- The registrar identified two key questions the petitioners had posed to Council:
  - Whether Council accepted the petition to move to an EGM to debate the motion(s) as drafted.
  - To agree which motions should be laid down in the ballot and agree Council's response to the motions.
- The registrar welcomed a full and inclusive debate from members of Council.

Discussion

- Members highlighted the public nature of the debate regarding PA regulation and the potential reputational risk this could pose to the RCP. There were legitimate concerns within the profession regarding PA regulation and some parts of the medical establishment were viewed as not having been as responsive as they could have. Moving to an EGM would be a logical step to allow members to express their views directly to the RCP.
- Others suggested that providing the petitioners with clear responses to the points made in the proposed motion could help the RCP to avoid calling an EGM which, if not managed carefully, could pose its own reputational risks. The RCP could benefit from making a clear statement on several key areas of concern: that PAs were not a replacement, nor a substitute for doctors; that further scope of practice would be published in due course; that the GMC register should clearly distinguish between PAs and doctors; and that consideration should be given to changing the term 'physician associates'.
- The registrar noted differentiations made within the document: points a) and b) and the final paragraph provided calls to action which could be considered as three separate motions, whereas points c), d) and e) could be considered as points to note.
- Council members noted that Council, as the professional governance body of the RCP, had clearly stated its position and plan for action in the consensus statement *Summary consensus of Council discussions and action plan to address Council priorities,* which was issued after the previous Council meeting in November 2023.
- The GMC will be responsible for registration but setting standards for clinical practice sits with the RCP and Faculty of Physician Associates (FPA) and it would not be within the RCP's gift to pause activities in general. Therefore, more clarity was required in the wording of the call to action or motion on specifically what procedures the RCP could pause. As stated in its consensus statement, RCP would continue to work with the GMC on transition to regulation and to support the safe practice of PAs within multidisciplinary teams. Placing this work on pause would further delay the RCP and GMC's collaboration and would controvert the request made in the motion.
- Mr Constable noted that in any EGM, Council would have a right to place its position in response to the motion to allow fellows to make an informed decision as to whether to support the motion or not based on that information.
- Dr Vaughan believed the challenged presidential election in 2022 had provided a subversion of democratic process and caused some reputational harm to the RCP. She commented that

the call for an EGM, while unfortunate, could cause further reputational harm to the RCP. She cautioned against RCP deferring an EGM to seek further clarity on the motion with any response potentially increasing demands on the RCP and making the process more onerous. Dr Vaughan believed that the petitioners were seeking a pause on further expansion of the PA workforce. Dr Bullock stated that the call for an EGM was an entirely separate issue to the 2022 presidential election and would have arisen regardless of who held that office.

- Mr Constable confirmed that the bye-laws did not prohibit Council seeking further clarification of the request made in the petitioners' motion. There would be no ability to amend the motion on the floor during an EGM.
- The registrar noted the potential opportunity cost to the RCP if discussions over rewording of the motion became protracted and impaired essential business.
- Dr Bullock explained that the notion of the pause could be perceived in two separate contexts: the GMC moving to be the formal regulator for the PA workforce and the further expansion of the PA workforce. He observed that the RCP could influence neither, particularly the latter, as it involved commercial agreements with educational institutions, HEE and NHSE. Legal liability should be carefully considered should any action be taken in this regard.
- The registrar urged Council to consider what is possible, pragmatic and would not deliver perverse outcomes to the objectives Council was trying to support.
- Members questioned whether an EGM's purpose could be to debate and amend the motion that would then be voted on post-hoc. This could enable the RCP to provide a clear statement on the ballot paper explaining its aims and intentions to the membership in response to the several points raised in the motion. Mr Constable explained this process would be possible and was outlined in Bye-law 1.2 (2): '*The Council shall decide whether, when and in what manner such motion may be presented to the Fellows for vote or, if appropriate, referred to the appropriate Board or Committee for advice or review. The decisions and any consequent review process shall be completed without undue delay. The Fellows concerned shall be kept regularly informed and shall be notified of the Council's decision.'*
- Dr Bullock confirmed that a ballot paper would contain both the motion and a clear statement from RCP outlining its position based on Council's discussions and informed by the consensus statement already released by the RCP in November 2023. A draft ballot paper would be issued to Council for review prior to any EGM being held. In response, Dr Vaughan proposed that any position statement to be made by Council remain separate from the ballot paper and instead be included in a comprehensive information pack provided to all fellows prior to an EGM. The president stated that the protocol in any election allowed all candidates to provide a supporting statement and that statements for both parties should appear on the ballot paper.
- The treasurer noted the practical limitations of any call for the RCP to pause its activity as it had legal responsibilities regarding the role of the PA. Notably, it was mandated to deliver the Physician Associate National Examination (PANE).
- In summary, the president noted the potential legal complexities the RCP could be subject to should the petitioners' motion succeed. She noted that expansion of the PA workforce had been carefully planned by NHSE and the service would not see an immediate, significant increase in these roles. The RCP was a key stakeholder in the development of the PA workforce and would be consulted on any future expansion in their numbers.

ACTION: RCP acknowledged the petition and by the consensus agreement of Council decided to call an extraordinary general meeting of fellows.

Post-meeting note: *Ballot to be online only and supported by Civica. The voting platform would contain all necessary supporting information to inform fellows before they submitted a vote.*

- Mr Constable provided Council with details of how the EGM voting process would be undertaken:
  - The vote would take into consideration the position Council had chosen on behalf of the RCP and could be perceived by some as a vote of confidence in its ability to represent the membership. Council should, therefore, be able to provide a position statement to inform the electorate.
  - As described above, points a) and b) and the final paragraph in the petitioners' motion should be considered as three separate calls to action. These were the possible motions as presented by the petitioners:
    (a) Consider that whether the proposed implementation of the GMC register of PAs/AAs contradicts the RCP's current strategy of "educating physicians and supporting them to fulfil their potential, improving health and care and leading the prevention of ill health across communities and influencing the way that healthcare is designed and delivered".
    (b) Considers whether the proposed GMC register of PAs/AAs fails to protect the public as the GMC "won't regulate or set standards for any training that PAs and AAs might undertake after joining the register" nor will it "regulate or set standards for any training" as it does for doctors. Further the GMC will not set limits on scope of practice. The GMC proposes having an identical 7-digit registration number for doctors and PAs, leading to confusion as to who is and who is not a registered doctor. Concerns shared by, amongst others the Academy of Medical Royal Colleges.
    (c) As such this meeting calls on the RCP to pause these matters (as others such as the BMA) have done until the medicolegal issues of supervision and scope of practice are addressed, in order for the RCP to implement its strategy.
- Mr Constable advised that within the ballot information the petitioners' motion should be presented verbatim, along with a statement from Council, allowing fellows to make a reasoned decision accordingly.
- Council members noted the need for clarity in the question being put to the fellowship by the petitioners. If the motion was presented verbatim, it should be made explicit that the text had been produced by the petitioners themselves and not the RCP. Some members noted the need for more clarity in the motion – whether it constituted one call for action or three separate calls. Lack of clarity in the motion could lead to difficulties with post hoc interpretation of outcomes once a result had been achieved.
- It was suggested that the RCP should negotiate with the petitioners to produce a clearer form of words that accurately described their aims in a single motion. Whether this should take place during the EGM, allowing fellows' input, was also considered. It was noted that there was potential for discussions at the EGM to achieve a consensus, which would remove the need for a ballot. Council members also highlighted the potential for lack of agreement during any such discussion and the potential for subsequent complaints regarding process. The logistics of managing those contributing online would be particularly difficult. Mr Constable made reference to Bye-law 1.2. (2) noting it was Council's role to approve the motion that was to be voted on which could result in a further meeting of Council post-EGM prior to any ballot being held.
- The registrar noted the need to clarify the motion, regarding which specific activities the petitioners wanted RCP to pause. A conversation between the RCP and the petitioners would be arranged to achieve clarity on this point and request a single motion for discussion at the EGM.

- The registrar would work with Mr Constable and Mr Land to produce a position statement and a resolution for Council to be presented at the EGM in response to the motion received from the petitioners. To ensure accuracy, clarity and balance, Council would be able to review this statement in due course prior to the EGM.

ACTION: Registrar to contact petitioners to seek clarification over the wording of the current motion and request a revised single motion for presentation at the EGM. (Post hoc note: this was carried out by the PRCP).

Post-meeting note: *Petitioners returned nine motions following the PRCP's clarification request, not one. At a follow-up conversation with the petitioners, the PRCP and the deputy registrar discussed the importance of maintaining EGM integrity by only taking forward motions that were directly linked to the original request for an EGM. Subsequent to this, the number of motions was further agreed by the petitioners and reduced to five. At a post-meeting ballot of Council members held between Thursday 8 February and Monday 12 February on whether a single motion or the five presented by petitioners should go to the EGM of fellows, Council voted in favour of multiple motions (petitioner motions 1, 3, 4, 5 and 6). Papers would be produced for the EGM on the basis of these five motions. These would be made available to fellows on 28 February.*

ACTION: President, governance and policy teams to produce a position statement describing the RCP's standpoint on the role and scope of practice of the physician associate workforce, and the motions, for presentation by the president at the EGM.

- The registrar requested Council's views on electoral eligibility for the EGM. She noted that the bye-laws proscribed non-fellows from voting at a meeting
- Mr Constable explained that any vote at an extraordinary general meeting was restricted to the fellowship.

Discussion

- Council members suggested that collegiate and other junior members of the RCP should also be involved in the meeting even though they would be unable to vote. Non-fellow colleagues were impacted by the issues subject to discussion and should therefore be allowed to contribute to the debate.
- An indicative vote of the non-fellow membership alongside the definitive vote of the fellowship could be held to ensure the wider views of the whole membership could be indicated. The registrar noted such a vote would be informative and provide a wider view of current feeling of the RCP membership but would require further discussion by Council external to the current meeting. She noted that all RCP communications on the issue of the PA role had aimed to be inclusive as possible and aimed to engage with the wider membership.
- In contrast, other Council members cautioned against deviating from normal electoral procedure for reasons that due process must be seen to be accomplished. Potential unforeseen legal consequence could arise if the RCP did not adhere to procedure laid out in its bye-laws.
- Dr Bullock confirmed that non-fellow members and junior members of the RCP would not be able to attend the EGM as defined in the RCP bye-laws. An indicative vote could further raise the expectations of those currently unable to vote and could dilute the vote of the fellowship, which would provide the definitive decision on the professional position of the RCP on the issue.

Post-meeting note: *It was subsequently agreed there would only be a vote of the fellows, but a survey would be undertaken to seek views from across the entire subscribing membership and results would be discussed by the president at the EGM.*

ACTION: Communications, policy and research team.

6. Membership groups

International medical graduates

> Due to limited time remaining in the meeting the registrar requested this item be deferred to the Council meeting to be held on 13 March 2024.

7. Tobacco Advisory Group -e-cigarettes report

> To be circulated via email post-Council.

8. RCP lectures 2024

> RCP Nominations Committee members were in the process of scoring applications for 2024 and a list of recipients would be provided at the next Council meeting.

Standing agenda items

9. Election nominations 2024

> The registrar noted nominations received for the roles of academic vice president (seven nominations) and elected councillor (nine nominations).
> Members noted that the role description for academic vice president referred to the requisite competencies of the candidates and asked whether their nominations were to be assessed according to these. The registrar explained that Council was not expected to comment on the competencies of the candidates but to raise any concerns regarding their probity or practice prior to them formally entering the electoral process. She confirmed that nominees' good standing was also checked prior to their nomination being processed.
> Mr Land referred Council to Bye-law 5.3, noting that Council should consider their suitability for the roles, rather than their capability:
(*1) The Senior Censor and Vice President for Education and Training, the Clinical Vice President, and the Academic Vice President shall be elected in the following manner:*
(a) When a vacancy arises, or is planned to arise through completion of the term of office, the Council shall invite nominations from Fellows within a stated deadline and this invitation will be accompanied by a current description of the role.
(b) The Council shall consider the nominations received together with the candidates' Curriculum Vitae to ensure that the candidates have the necessary experience or knowledge as required by the role description. The Council will then nominate Fellows from whom the Senior Censor and Education and Training Vice President, the Clinical Vice President, and the Academic Vice President shall be elected. The Council may choose not to include candidates who it decides are not suitably qualified.
> The names of nominees for both roles would be made public in early February 2024 with voting commencing on 23 February 2024.

10. Any other business

> Dr Verma requested clarification as to whether there was a specific RCP membership category for PAs. The registrar explained that PAs were members of the FPA and that, unlike the other RCP faculties, the FPA was not independent and, therefore, PAs were considered members of the RCP. Dr Vaughan highlighted that PAs were not listed as a membership category of the RCP on its website and asked that this be rectified.
> Dr Dean noted that comments had been made on social media regarding the finance of the FPA and whether external funding had been provided to the RCP by NHSE. Dr Bullock

explained that while the financial affairs of the FPA were confidential, the RCP would share this information with Council members provided this confidentiality was maintained.

11. Items tabled for information

a) Policy, campaigns and media updates
b) RCP responses to consultations since November Council
c) RCP Nominations since November Council
d) Medical Specialties Board minutes, 18 October 2023
e) Education Board minutes, 15 November 2023
f) CQID Board minutes, 30 November 2023

A physical meeting of Council was held on 13 March 2024 at the RCP at Regent's Park

1. Welcome, taking of the Faith and declaration of interests

New members of Council:

> Dr Tamara Griffiths (British Association of Dermatologists)

Thanks and farewell

> Dr Jo Szram (trustee councillor) – *in absentia*
> Mr Eddie Kinsella (chair, RCP Patient and Carer Network)

> Mr Kinsella received a round of applause in appreciation for his contribution to the RCP during his tenure.

There were no declarations of interest.

2. Minutes of the Council meeting held on 25 January 2024

> The minutes of the Council meeting held on 25 January 2024 were agreed as a true and accurate record.

3. Action log review from January 2024 Council

Item no	By	Action
5	President	To call an extraordinary general meeting of fellows. **Completed**
5	Registrar	To contact petitioners to seek clarification over the wording of the current motion and request a revised single motion for presentation at the EGM (post hoc note: this was carried out by the PRCP). **Completed**
5	Registrar and RCP Governance team	To produce a position statement describing RCP's standpoint on the role and scope of practice of the physician associate workforce for presentation at the EGM. **Completed**

Item no	By	Action
5	Communications, Policy and Research team	To explore the possibility of performing a survey of the entire RCP membership prior to the EGM. **Completed**
5	Membership Support and Global Engagement team	To organise a ballot of Council members on which specific motion/s should go to the EGM. The decision of the ballot would inform EGM meeting papers. **Completed**
6	Committee manager	To move the agenda item on international medical graduates to the Council meeting on 13 March 2024. **Completed**
7	Committee Manager	To circulate the RCP Tobacco Advisory Group's report on e-cigarettes to Council members, for approval. **Completed**
8	Committee Manager	To provide details of recipients of RCP lectures in 2024 at the Council meeting on 13 March 2024. **Completed**
10	Membership Support and Global Engagement team	To check membership categories listed on the RCP website include the physician associate category and amend if necessary. **Completed**
10	CEO	To provide Council with details of the financial position of the Faculty of Physician Associates. **Completed**

Matters arising

- None tabled.

4. President's update

Extraordinary general meeting

- The president noted that an extraordinary general meeting of the RCP fellowship would be held that evening at 17.30. She highlighted the paper *How the RCP works: Matters of professional governance,* which had been distributed to Council on 11 March 2024 and set out the established system of decision making for matters of professional governance at the RCP.
- Head of professional governance Mr Simon Land introduced the paper. He reminded councillors that the RCP was a membership organisation established by royal charter, based on its fellows. Through time the fellows had devolved aspects of responsibility to the Council as the RCP's professional governance decision-making body. The RCP bye-laws provided high-level guidance on the function and powers of Council and RCP officers. The document aimed to provide supplementary detail for clarification. Council also noted that the RCP was a chartered body, a registered charity, and a membership organisation and each of these contributed to its structure.
- Council's membership was broad – with 51 voting members at full contingent – with representation from senior RCP officers, elected councillors and specialty representatives among others, each with equal voting rights. With members-in-attendance (non-voting Council), attendance could exceed 70 individuals.
- Council's function was to act as the professional governance body of the RCP and provide a clinically led direction to professional strategy decisions made by the organisation. Senior officers were responsible for implementing decisions in the context of this advice and it was noted that the 'position of the RCP' was often based on one of longstanding policy. In this

context senior officers had always been entrusted to take decisions on behalf of Council, eg approving formal consultation responses and written evidence, representing the RCP on external bodies to the media. Day-to-day operational decisions were also carried out by the senior officers in their operational leadership roles.

- It was noted that the RCP was already undertaking a review of its constitution and electoral procedures and any arising recommendations for change would be subject to Council approval.

Discussion

- Council members noted that while senior officers acting on Council's recommendations was often agreeable, when contentious issues were discussed, a consensus could prove more difficult to achieve. Some members felt that more frequent use of voting by councillors could be considered in future to ensure a consensus position. Mr Land observed that consensus decisions were commonly achieved through verbal agreement rather than voting.
- Councillors requested clarification of potential actions related to the following excerpt from the EGM papers under 'Motion 5: caution in pace and scale of roll-out': *If this motion is passed, RCP Council and the Board of Trustees will consider the legal and financial risks and implications of what limiting the roll-out of the PA role might mean for the college*.
- The registrar highlighted Council's role as a forum for debate and its advisory role in organisational decision making. Councillors noted that this advisory role was separate to the process of official oversight and sign-off for decisions undertaken by the senior leadership team, with potential approval from the Board of Trustees regarding legal and financial risk.
- Dr Bullock clarified that there was no threat to the financial stability of the RCP whether the Faculty of Physician Associates (FPA) remained within the RCP or not. RCP accounts were externally audited, and reputational and fiduciary responsibility lay with the Board of Trustees due to the RCP's charitable status. RCP had received advice on the potential legal consequence of decisions arising from the EGM.
- It was noted that the RCP had to ensure a balance between its professional position and reputational and financial risk. The chief executive and senior leadership team made decisions of this nature with devolved responsibility from the Board of Trustees. Consequently, any decision on the future administration and placement of the FPA would need to be reviewed by the Board of Trustees.
- Councillors expressed concern that there had been a lack of discussion regarding the RCP's consensus decision to advise on which way fellows should vote on the five motions to be presented at the EGM. Dr Bullock noted that the motions had been discussed at the November and January Council meetings in order to equip the president with a response to inform discussions with the petitioners regarding which of the final motions would be included at the EGM. The registrar noted that motions one to four were consistent with current RCP policy. However, the fifth motion, pausing the roll-out of the PA role, would contradict the RCP's commitment to the NHS Long Term Workforce Plan and the General Medical Council's (GMC) *Shape of training review,* which had influenced related RCP policies during the previous decade.
- Members noted comments on social media platforms regarding the debate concerning the PA role had proved unhelpful. Further consideration should be given to the potentially negative impact public debate of contentious issues could have on the medical profession. The registrar noted that members' future use of social media could provide the basis for future debate at Council.

5. International medical graduates

- Dr Omar Mustafa, RCP Global vice president, addressed Council. His presentation is summarised below:

- The RCP Global strategy aligns with the RCP strategy and focuses on educating physicians to their full potential, improving and influencing how clinical care is delivered, and supporting the international workforce (inclusive of the Medical Training Initiative (MTI)).
- The MTI was a mutually beneficial scheme that provided junior doctors from all over the world with the opportunity to work and train in the UK, while giving hospitals a high-quality, longer-term alternative to using locums to fill rota gaps.
- Medical royal colleges were running individual MTI schemes, offering support for doctors and facilitating GMC registration. Quality assurance processes had been provided to ensure that both the doctors and MTI posts met the criteria of the scheme.
- There were two ways in which applicants currently joined the scheme run by the RCP:
  - Route A: the doctor secured a post directly with an NHS trust (either via NHS Jobs or via a personal/institutional contact),
  - Route B: the RCP team interviewed candidates, then matched them with available posts submitted to the RCP by NHS trusts.
- As of December 2023, there were 228 MTI doctors in post on the RCP MTI scheme.
- Some doctors joined the scheme with home institution/government funding (34% MTI doctors appointed in 2023).
- Top five nationalities of MTI doctors joining the scheme (2023): Sri Lankan, Indian, Egyptian, Singaporean and Pakistani.
- Top five specialties of MTI doctors joining the scheme (2023): haematology, respiratory, cardiology, general medicine and neurology.

MTI: the case for change

> Potential improvements to the MTI scheme were listed:
  - Phase out Route B: improved NHS international recruitment awareness and a reduction in NHS trusts coming forwards with MTI-suitable posts, had resulted in significant challenges matching eligible doctors held on the RCP database to posts. Doctors were either placed after considerable time periods or secured alternative posts before being matched. Of doctors appointed in 2023, 95% were through route A.
  - GMC registration sponsorship: there were increasing numbers of GMC sponsorship options for international doctors. To remain competitive, the RCP planned to update its registration sponsorship to offer the service to a wider group of doctors.
  - Improve application processes: Experience and feedback suggested current processes were long, complex and unreliable thus improving efficiency and accessibility was a priority.
  - Grow the education and engagement offer: to include support with induction and relocation, bespoke IMG events such as an annual conference and an online platform for doctors/supervisors to access resources and best practice guides.
  - New branding: the MTI scheme would continue to form part of the services offered by the team, but its proposal sought to overcome some of the challenges of the existing MTI scheme and to provide more agile and accessible support to internationally qualified doctors and international partners.
  - Exploration of the utility of an MTI alumni network: working closer with its team of physicians outside of the UK (international advisers), an alumni network could help strengthen international partnerships and links while also formalising NHS-based learning upon their return home.
  - Programme financial review: the fee structure for doctors joining the MTI scheme would be subject to review.

Discussion

> Councillors discussed the role of the MTI and the following observations were noted:
  - Members questioned the need to phase out Route B when the service was facing the challenge of workforce shortages and whether there were issues in the way it was being

promoted to IMGs or with the financial and human resources required by RCP to perform the necessary 'matching' exercises and interviews.
  - An increasing number of NHS trusts were adopting the GMC registration sponsorship model to recruit IMGs. RCP was overseeing agreements between international bodies and NHS Trusts regarding the employment of IMGs.
  - The RCP had learnt much in running the MTI scheme. However, more definition regarding the roles of local employers, NHS England and the GMC in the scheme would be helpful as would providing IMGs with experience of the different components of the healthcare system. Providing educational programmes for IMGs which NHS trusts could adapt to their needs would prove useful for their development.
  - IMGs were a growing part of the workforce and educational offerings tailored to their needs would be developed. RCP had a role to play in ensuring safe supervision for IMGs and would encourage further support for this group from NHSE.
  - Professor Kar highlighted his role as GMC clinical adviser, international medical graduates. He had undertaken visits to NHS trusts to examine induction processes for IMGs and their supervision. He noted there were opportunities for the RCP to work collaboratively with the GMC in providing trusts with guidance on managing the IMG role.
  - Dr Rutter highlighted debate on whether the MTI scheme increased competition for training posts. IMGs' ineligibility to access dual curricula training had caused an increase in applications for internal medicine training.
  - Members expressed concern over restrictions on IMGs' immediate relatives being allowed to enter the UK.
- The registrar noted the strategic challenge of managing a community of doctors with diverse skills and requiring differentiated support. Better understanding would be achieved by gathering data on doctors' locations, employment contracts, and job descriptions. Collecting such data would allow targeted interventions. Professor Kar informed Council that the GMC had begun work on a data collection project for IMGs.

6. NHSE outpatients strategic vision

- Dr Dean introduced document 24/16 – Beyond appointments: a strategic vision for outpatient care (V6.6 – Draft)
- He thanked those Council members who had helped to provide RCP input into this NHSE project. The RCP Medical Specialties Board had also provided input.
- He noted the document was still in draft form and work continued with NHSE and other partner organisations to provide a final strategic vision for outpatient services. NHSE had made changes to headline themes, notably regarding interaction with patients and the work undertaken by clinicians outside of appointments. Consequently, the RCP had asked for further review of the guidance. It was hoped a final version could be circulated to stakeholders soon and this would be distributed for Council's approval. Once this was achieved, the RCP would continue its input in the implementation phase of the project.

Discussion

- Dr Tippett noted reference to the increased demand for respiratory care during winter. While the document provided a strategic vision, there was no explanation of how the need for increased staffing would be met during periods of high demand for services, notably in during the winter. Dr Dean noted the need for an annualised approach that considered varying demand and hoped mechanisms provided in the strategy would help services to achieve this. Linkages would necessarily be made to the NHS Long Term Workforce Plan as part of the implementation plan.
- Professor Solomon suggested an executive summary would prove a useful addition to the document. He welcomed the inclusion of comments from patient groups and believed comments from clinicians may also help provide further context. Ongoing evaluation beyond test sites should also be considered.

> The registrar noted the need to ensure careful distillation of the practicalities of implementation that were specific to the RCP's membership. Dr Dean highlighted the role of Dr Theresa Barnes, RCP clinical lead for outpatients, who would oversee the development of an outcomes framework to examine the potential impact on clinical teams and patients.
> Council members cautioned against placing doctors in a supervisory role overseeing the work of a multidisciplinary team and that doctors should still be central to the decision-making process regarding patients' treatment. Concerns were expressed regarding increased risk threshold related to patient-initiated follow-up. Dr Dean noted that the RCP had discussed issues related to clinical risk with the Royal College of General Practitioners. Providing greater data granularity through improved clinical coding of outpatient activity would aid service improvement.

7. Items tabled for information

a) Policy, campaigns and media updates
b) RCP responses to consultations since January Council
c) RCP nominations since January Council
d) Federation Board minutes, 27 September 2023
e) Committee on Ethical Issues in Medicine minutes, 9 November 2023
f) Research and Academic Medicine Committee, 14 November 2023
g) Medical Specialties Board minutes, 13 December 2023
h) Board of Trustees minutes, 14 December 2023
i) Nominations Committee minutes, 9 January 2024
j) Medical Specialties Board minutes, 21 February 2024
k) Nominations Committee minutes, 29 February 2024

8. Meeting dates for 2024 and 2025

> Meeting dates for 2024 and 2025 were noted.

9. Any other business

RCP equality and diversity review: 3-year progress report

> The president noted that the RCP equality and diversity review: 3-year progress report had been circulated to Council for comment. She thanked Professor Kar for his input into the report.

BMA safe scope of practice for medical associate professionals (MAPs)

> Council members noted the British Medical Association's publication of its S*afe scope of practice for medical associate professionals (MAPs)* on 7 March 2024. The registrar informed Council that the RCP was developing its own guidance on scope of practice and was examining the evidence base through examination of data and discussion with the medical specialties regarding the creation of a national framework for credentialling of PAs so they could demonstrate competencies and achieve career progression. PAs did not have a postgraduate regulated framework of practice. She noted work to provide scope of supervision was at a more advanced stage than that to provide scope of practice. Work to provide an evidence base for scope of practice had been expanded to ensure as large an evidence base as possible could be considered to inform guidance. An oversight group had been established to monitor the progress of these documents to publication. The FPA and Council would need to review final drafts prior to them entering a stakeholder consultation phase.

- Professor Kar raised the issue of contingency planning should the BMA recommend its members withdraw their supervision of PAs. The registrar highlighted the importance of any consultation of stakeholders on scope of supervision and practice being as inclusive as possible to ensure agreement on their role and to avoid any deconstruction of the existing service provision.

An additional virtual meeting of Council was held on 21 March 2024

1. Welcome, taking of the Faith and declaration of interests

- The president read the Faith to Council and reminded councillors of the need for confidentiality and that their discussions should remain confidential.
- Professor Harwood requested clarification over whether subjects of discussions rather than their specific details could be provided to third parties. Mr Land, head of professional governance, advised against disclosing any details of Council's discussions. Details of Council's deliberations would be released to the wider fellowship and membership at specific points in the year – through the work of the Communications, Policy and Research directorate and at the RCP annual general meeting held in September.

There were no declarations of interest.

2. Extraordinary general meeting held on 13 March 2024

Post EGM discussion

- The president explained the purpose of the additional meeting of Council was to allow members to share reflections on the outcomes of the extraordinary general meeting of fellows held on Wednesday 13 March 2024, and to unite Council members as the result of the EGM ballots would be shared among the membership later that day.
- The breakdown of these results was as follows:
- In summary:
  - Motion 1 on **scope of practice** was passed with **96.9%** of the vote.
  - Motion 2 on **accountability** was passed with **95.6%** of the vote.
  - Motion 3 on **evaluation** was passed with **96.1%** of the vote.
  - Motion 4 on **training opportunities** was passed with **95.9%** of the vote.
  - Motion 5 on caution in **pace and scale of roll-out** was passed with **78.7%** of the vote.
- Turnout was 31.9%. The number of votes cast was 4,398.
- The president informed Council that the deputy registrar, Professor James Read, had resigned his position after the EGM. The RCP registrar, Professor Cathryn Edwards, had resigned earlier that day, and the following statement was read by the president:
- *'The role of the RCP registrar is crucial to the running of the college. The current registrar has discharged her duties over three years effectively and with integrity. In order that her successor can now take forward the work of the registrar, Professor Edwards, had agreed to bring forward her declared intention to end her tenure by six weeks.*

  I reiterate, as president of the Royal College of Physicians, my thanks and appreciation to Cathryn for her service to the college. It has become apparent that populist politics and social media have created an atmosphere in which the delivery of the work of the organisation has been weaponised against individuals. As a Council we may hold a broad range of views on policy, but I know that you will agree with me that the targeting of individuals is inappropriate and contrary to our values as a college. I will be making no further statement on this matter.'

- The president apologised for the presentation of data related to the membership survey at the EGM. RCP was commissioning an independent review. The aim had been to provide, in good faith, supplementary information to reflect the membership view, particularly of trainees, due to bye-laws preventing their attending the meeting. There was no intention to confuse or mislead the membership. Unfortunately, the raw data was not scrutinised widely, and this was not acceptable. The president noted the reputational damage to the RCP and there is a need to rebuild trust with the membership. The senior leadership team took collective responsibility and the president apologised to Council on their behalf.
- The EGM had been complex to manage due to the strongly held views of fellows. The level of hostility shown by some audience members had led the RCP senior leaders on the panel to adopt a more defensive approach than one of acceptance of the challenges faced. The president thanked those members of Council who had sent messages of support to the senior leadership team. Views shared on social media had proved distressing to some members and the president had offered support to these individuals. She urged members to use caution when posting on social media and to consider the impact on others. She referred members to the GMC guidance: *Using social media as a medical professional*.
- Regarding the results of the ballots, the RCP are committed to look at what slowing the roll-out of the PA role means and will work with NHS England, Council and the Board of Trustees on taking this forward. Work on developing PA scope of practice and supervision guidance would continue. The RCP would continue to host the FPA and oversee the move to regulation of PAs. An additional meeting of Council would be held on 10 April 2024 to provide the opportunity for constructive discussions regarding its future work in this area.
- The president highlighted the importance of working together to support trainee colleagues in relation to their working conditions, training and supervision.
- The president called on all Council members to work together as one team to deliver the RCP's work on behalf of all its members and fellows in training, education, research and service improvement and to take collective responsibility with clear accountability. The RCP should continue to influence widely in a general election year.
- The RCP would adopt an open recruitment process for the roles of registrar and deputy registrar.

Discussion

- Members requested that any review be caried out by an independent party and that its results be published and made available to the membership and fellowship. The president confirmed that this would be the case.
- Members noted that the RCP's support for the NHS Long Term Workforce Plan (LTWP) should now become conditional on the assurance that there would be a return to its original aims to help resolve workforce challenges. The RCP should also be clear on the timeline for transition to a non-managed faculty to be achieved. The president informed Council she had a scheduled meeting with NHSE to discuss the RCP's position on implementation of the LTWP.
- Members highlighted the need to restore the fellowship's faith in the senior leadership team and the future need for it to be more representative of the fellowship and wider membership. The president informed Council that she had already met with Dr David Nicholl to explore how the RCP could work cooperatively with the signatories in addressing the issues they had raised at the EGM.
- Members commented that RCP's communications on the issues of scope of practice and patient safety could have been clearer. The president highlighted the ongoing work of writing groups in these areas. Mr Kinsella stated that the RCP Patient and Carer Network supported the FPA and the PA role.
- Members commented that providing answers to common questions would be helpful. Clarity was required on the differentiation between the roles of PAs and doctors, their role within the multidisciplinary team and which organisation, be it national, specialty-based or local, would determine PA scope of practice. How PAs were deployed in the service was a key issue.

Ideally, they would complement a team's performance rather than generating additional workload for colleagues. Forthcoming guidance on PA supervision would change their working and locally defined practice would need to be replaced with a centralised approach.

- Dr Raghuram suggested the current situation could provide an opportunity for RCP to broaden organisational involvement and invite the Academy of Medical Royal Colleges (AoMRC) and the medical specialties to discuss their role in developing PA scope of practice. The president informed Council that informal discussions on PA scope of practice had been held with AoMRC partners and had proved useful in informing current debate.
- The outcome of the ballot had highlighted the need for a pause for reflection, particularly over the impact the introduction of the PA role had had on the trainee workforce. Members raised concerns over clinical interactions between PAs and trainees which had resulted in an increased supervisory workload for the latter. RCP should ensure that trainees were protected and not negatively impacted by the introduction of the PA role.
- Trainees Committee co-chair Dr Rutter thanked Council members for their supportive comments and expressed disappointment at the behaviour of some fellows during the EGM. She highlighted the unprofessional nature of some social media posts on the topic (this was also raised by other Council members and attendees present), including those from senior colleagues, which had contributed to an atmosphere of animosity. The RCP had frequently consulted its Trainees Committee on the development of the PA role and senior officers had discussed related issues at length at committee meetings. The Trainees Committee had taken the decision not to comment on issues related to the PA role on social media as they didn't believe it would promote thoughtful debate. This had meant its communications had not been circulated further than the RCP membership. Consequently, the Trainees Committee would consult its membership and publish a position statement on PA regulation in the coming weeks. Trainees Committee co-chair Dr Nana noted there were genuine concerns regarding the PA role among the trainee workforce and that the Trainees Committee would work proactively to ensure these were represented and addressed appropriately.
- The president noted the issue of disillusionment among the junior doctor workforce regarding working conditions. The RCP had held discussions with NHSE leadership and was working jointly to resolve key issues around workforce and the modernisation of medical training. RCP would take a multifactorial approach to address this issue.
- RCP should work to dispel the view that the RCP was supporting the FPA for financial reasons and should provide information to reassure the fellowship and membership that this was not the case. Dr Bullock assured Council that the RCP's financial stability was not linked to the sustainability of its relationship with the FPA. RCP's finances were signed off by the Board of Trustees who were responsible for corporate financial governance. RCP accounts were independently audited and were reported in an open and transparent way.
- RCP's communications strategy leading up to the EGM was discussed. Some criticism of the RCP's messaging prior to the EGM was expressed. The RCP now needed to listen to its membership but should respond robustly to its critics to avoid further reputational harm. Taking external advice from communications experts should be considered. Dr Bullock commended the work of the RCP Communications, Policy and Research directorate and emphasised the hard work of its staff and the commitment they had displayed in preparation for the EGM. Dr Logan noted the support provided by the directorate's staff for the Medical Workforce Unit. Their assistance in helping to present and publish the RCP's workforce survey data was appreciated.
- The president thanked Council members for attending the meeting and providing their honest opinions. She noted that discussions had been helpful and would help to shape forthcoming Council agendas. RCP would now prioritise areas of action regarding the PA role and would consult Council members on its next steps – holding additional Council meetings would be considered to facilitate discussion and improve participation. Further comments post-meeting were welcomed.

An additional virtual meeting of Council was held on 10 April 2024

1. Welcome, taking of the Faith and declaration of interests

- The president announced that Dr Omar Mustafa had agreed to undertake the role of registrar in an interim capacity. An open and transparent advert for the substantive registrar post would be advertised in the summer with an appointment being made by September 2024.
- She read the Faith to Council and reminded councillors of the need for confidentiality and that their discussions during the meeting should remain confidential.

There were no declarations of interest.

2. Extraordinary general meeting held on 13 March 2024

a. RCP response to EGM

- The president informed Council that a formal letter had been received from the Faculty of Physician Associates (FPA) on 5 April 2024. The president requested the letter be circulated to Council members.
- She read the following excerpt to Council: *Following the discussion and vote at the FPA Board on Wednesday 27 March 2024, I write to inform you of the decision of the FPA Board in relation to the following matters:*
  - *The FPA Board welcomes the RCP's previous plans for the FPA becoming a non-managed faculty of the RCP. Given the complexity of this process and the RCP's history in assisting previous faculties from a managed to non-managed status, the FPA Board invites you to begin immediate discussions about the planning for this in order to develop a clear timeline for the planned non-managed faculty of the future FPA.*
  - *The FPA Board will consult its qualified members on the FPA Board decision to begin discussions and pursue non-managed faculty status of the FPA, to ensure our membership helps to inform the FPA Board discussions and decisions.*
  - *The FPA will discuss these matters at our planned annual general meeting on Monday 29 April 2024, using this opportunity to act in place of a call from the FPA to hold an EGM of the FPA membership.*
    The FPA would like the opportunity to communicate to RCP Council the intention to begin discussions and formulate a timeline of the non-managed faculty status at the next RCP Council meeting on Wednesday 10 April 2024.
- Mr Saunders noted the FPA Board had called for an extraordinary general meeting to discuss the outcomes of the RCP extraordinary general meeting held (EGM) on 13 March 2024 and the next steps for the FPA.
- The FPA Board recognised the commitment of Council, from its approval of the establishment of the faculty in 2015 to the present, and the RCP in supporting the profession. Discussions between the FPA and RCP on a future timeline for the transition of the FPA to an independent faculty had now been necessitated.
- Dr Bullock highlighted the sensitivities around the process of transition, particularly considering its current administration being performed by RCP staff, and requested Council's confidence in any discussions they may be party to regarding the process. RCP would manage any concerns expressed by staff carefully. Completion of the process of transition had been estimated at 9 to 12 months and would be undertaken by the RCP Project Management Office.
- The president outlined the following steps:
  - Commissioning of an external independent review examining the background to the EGM and survey data.
  - Establishing a group to prioritise the detailed actions in delivering the ballot outcome for each motion.
  - Detailed discussion of proposals and options against each motion.

  - Inviting contributions and thoughts from Council.
- The president reiterated her commitment to delivering the outcome of the ballot, refocusing the RCP on supporting and empowering its current and next generation of doctors, and restoring its strong reputation. The organisation was listening and, going forwards, would engage more with its fellowship and membership so it could represent their voice.
- She understood that many doctors and PAs were feeling demoralised and unsupported, and the RCP would focus on the task ahead and deliver the changes that were needed.
- RCP had engaged internally with its representative committees, the FPA and the signatories of letter calling for an EGM. Externally it had consulted the Academy of Medical Royal Colleges, NHS England, the General Medical Council, NHS Employers and the British Medical Association.
- Openness and transparency would be shown in all future communications. The RCP would listen to and work with the wider workforce and patients to deliver high-quality care and outcomes and hold others to account for their responsibilities.
- Ms Burroughs informed Council that there would be an email communication to the membership on 11 April, which would summarise the outcomes of Council discussions and arising actions and announce the independent review. This would be shared with trade media and stakeholders and be complemented by a social media campaign. A new communications and engagement strategy would be developed and would better utilise officers and members as ambassadors for the RCP.
- The independent review would be provided by The King's Fund and would examine the background to the EGM and the presentation of the membership survey data. It would aim to provide a report within 10–12 weeks. A final draft report would be available by mid-July for peer review. The final report would be delivered to Council and the Board of Trustees at the end of July. Council members would be surveyed and interviewed as part of the project's research cycle.
- A short life working group (SLWG) would be formed to recommend to Council proposed immediate, mid- and long-term actions relating to the five motions.
- An initial report would be sent to Council at its next meeting (21 May 2024). Its draft objectives were listed:
  - To review current activity against the five EGM motions
  - Identify immediate and long-term actions to deliver the five EGM motions.
  - To consider how best to implement the actions
  - To identify other learning for the RCP that comes to the fore during discussions
  - To present an agreed outline of proposed actions for discussion at and support from Council on 21 May 2024
- The SLWG membership would be comprised of senior officers, elected councillors, regional advisers, relevant committee and faculty chairs. RCP would consult with representatives of the Scottish medical colleges. Two signatories of the letter requesting an EGM would also be invited to join the group. The president welcomed open discussion of the issues at hand but noted the need for confidentiality among its membership.

Discussion

- Members noted that AoMRC representation on the SLWG should be considered due to the broad nature of the topic and to ensure the challenge was shared by all medical royal colleges.
- The recommendations of the independent review should be made publicly available.
- Dr Bullock informed Council that the RCP was still to determine the final process for selecting members of the SLWG and AoMRC membership would be considered. He advised that the recommendations of the independent review should be made public, but that RCP Council and the Board of Trustees would need to discuss them prior to their release in their role as the professional and corporate governance bodies of the RCP.

- Ms Mauger requested that patients' involvement be considered as part of the review process. Dr Dean agreed the patient voice would be included in the review and that all SWLG members would need to consult their constituents.
- Dr Nana suggested the inclusion of an internal medicine training (IMT) representative in the SLWG as training opportunities had been impacted in this career stage.
- Dr Raghuram noted a single, coherent RCP statement on the transition of the FPA was required.

b. Physician associates: actions on five motions / patient safety concerns

- Dr Dean highlighted the need for a framework to guide the RCP and other stakeholders' work to address patient safety concerns and to establish clarity of responsibilities for patient safety for PAs and all doctors in training at national, local and individual levels. Such an approach would guide the work of the SLWG and RCP's interactions with other stakeholder organisations.
- The RCP Patient Safety Committee had provided its views on safety concerns regarding the deployment of PAs. They had noted that concern largely related to their scope of practice and supervision but should be viewed in the context of safety concerns regarding the entire service at present. The evidence regarding PA practice was mostly qualitative from early adopters.
- The benefit of PAs to the service had been noted in regions where there were established systems and processes for their supervision and training. GMC regulation would be key to enable standardisation of the PA skills set and accountability in practice.

c. Supporting trainees and other early career doctors

- Dr Patel acknowledged the concerns of trainees with respect to the PA role and the impact on their training – particularly that of IMT trainees. RCP was working with its Trainees Committee to discuss the PA role and wider issues in UK medical training with key stakeholders: Federation, the chief medical officer and NHSE directors. In its meeting of 19 March 2024, the Trainees Committee agreed to:
  - Provide a position statement on the role of PAs.
  - Provide region and specialty specific qualitative data on PA roles (with the assistance of the AoMRC Trainee Doctors Group).
  - Work with key stakeholders to develop a targeted SMART action plan which would be solution focused to address these concerns.

Discussion

- Professor Kar highlighted the training and supervisory needs of specialty and associate specialist (SAS) doctors and locally employed doctors (LEDs) should also be considered alongside those of trainees.
- Dr Vaughan raised issues regarding wrongdoing and potential illegality in the ordering of diagnostic tests by PAs that exposed patients to ionising radiation. Dr Dean stated that such practice should be reported so that the appropriate reporting mechanisms could be actioned to ensure patient safety and that organisational learning should stem from such episodes.

The five motions presented at the EGM were presented alongside additional considerations provided by the RCP:

Motion 1: Scope of practice

- At the EGM the RCP committed to:
  - Developing, consulting on and publishing scope and supervision documents.
  - Better understand the MDT experience of our fellows and members and define the role of the MDT in delivering evidence based and better care for patients.
- Additionally, the RCP would consider:

- Encouraging medical specialties to adopt and develop scope beyond the point of PA qualification.
- Define what was meant by 'rota' and update *Safe medical staffing* to clarify the role of PAs.
- Encourage other colleges to develop scope beyond the point of PA qualification.

Motion 2: Accountability

- At the EGM the RCP committed to:
  - Write to all fellows and members to remind them that they remain responsible for any prescribing decisions made by others that they may be asked to endorse, as per GMC Good Medical Practice guidance.
  - Write to all trusts and health boards to remind them of their responsibilities and ensure that local governance systems and processes do not allow PAs to work outside of their scope of practice.
- Additionally, RCP would consider:
  - Establishing the need for guidance for prescribing via the RCP Medicines Safety Group (including prescribing radiation).

Motion 3: Evaluation

- At the EGM the RCP committed to:
  - Asking UK governments and the NHS to work together to develop and publish an evidence base and evaluation framework around the introduction of PAs.
  - Contributing actively to this work (and any other relevant stakeholder work) as an individual royal college and through the Academy of Medical Royal Colleges to ensure that the physician voice is represented.

Motion 4: Training opportunities

- At the EGM the RCP committed to:
  - Campaigning to ensure that senior doctors had protected time in job plans to supervise doctors in training, as well as SAS doctors and LEDs, and other members of the MDT such as PAs.
  - Engaging with doctors in training to better define the impact the PA role had on their training opportunities including the scale and nature of this impact. To use this qualitative data to inform action plans to address areas of concern identified.
  - Work with Federation, AoMRC, medical royal colleges and NHS, doctors on formal training pathways, SAS doctors and LEDs to look at the structure and delivery of training.
- Additionally, the RCP would consider:
  - Updating RCP job plan guidance.
  - Publishing a position statement from the Trainees Committee.
  - Undertaking further engagement with members and fellows around the *Shape of medicine* paper.
  - Contributing to the GMC review of supervision standards and guidance.
  - Ensuring strong links with Federation and AoMRC Trainee Doctors Group.
  - Actively engaging with and influencing NHSE and NHSE Workforce, Training and Education reviews of training, to ensure that the views of physicians were heard.

Motion 5: Caution in pace and scale of roll-out

- At the EGM the RCP committed to:
  - Hold governments across UK to account on increasing medical school places, expanding specialty training places and protected time for supervision as per LTWP.
  - Work with the General Medical Council to ensure a smooth transition for the role of PA to regulated profession status.
- Additionally, RCP would consider:

- Seeking clarity and maintaining pressure on NHSE to provide more detail on commissioning and timelines for expanding specialty training places.
- Seeking clarity from NHSE on their response to positions adopted by multiple colleges in relation to the role of PAs and implications for the delivery of the LTWP.

Discussion

> Members expressed concern regarding employers defining PA scope of practice and whether any consequent illegal prescribing performed by PAs could make them subject to legal action. Dr Bullock noted that the FPA was a membership body and did not have a regulatory role with relation to clinical practice. In time, this role would be provided by the GMC. However, the FPA did have a conduct process and held the Physician Associate Managed Voluntary Register (PAMVR). Mr Saunders highlighted that only physician associates who were fully qualified and approved would be listed on this register. The FPA wrote regularly to NHS employers reminding them to only employ PAs who were listed on the register. The president informed Council that Dr Dean had discussed this issue with NHSE representatives and would do so again. The RCP Patient Safety Committee would also discuss the issue at a future meeting.

> Members recommended consideration be given to the role of a PA in the MDT setting as part of their scope of practice. Providing senior doctors with time in their job plans for the supervision of junior colleagues was proving challenging.

d. RCP response to GMC consultation: Regulating anaesthesia associates and physician associates – consultation on proposed rules, standards and guidance.

> Dr Dean informed Council that the response to the GMC consultation would afford the RCP an opportunity to raise concerns about matters discussed during the meeting, notably around conduct issues and scope of practice. While the RCP would respond to the consultation, individuals were also able to respond. The RCP had also forwarded details of the consultation to the medical specialties for their response. The deadline for responses was 19 April 2024. The RCP's comments would be circulated to Council members.

3. NHS Long Term Workforce Plan

> Dr Dean highlighted the RCP position statement on the NHS Long Term Workforce Plan (LTWP), which was ratified by Council in September 2023 and its current policy position was described in the attached paper *Long term workforce plan – RCP policy positions* (DOC 24/30).

> The RCP was reviewing its current position on the LTWP. Dr Logan noted the RCP had raised concerns regarding NHSE's commitment to implementing the LTWP's recommendations and Council's consideration should be given to whether it would now change this position. Work on stakeholder engagement by the RCP was ongoing.

> Council members questioned whether the passing of motion five in the recent EGM had mandated the RCP to review its position according to the current and additional actions described above. At the Council meeting held on 21 March, Council members had recommended the RCP's support for the LTWP be conditional until a review of its position had been undertaken.

> Dr Logan observed that the RCP position, as described in DOC 24/30, had been conditional. Influencing and engagement work with NHSE continued alongside RCP's scrutiny of the LTWP.

> Professor Kar noted that studies by the Institute of Fiscal Studies and the National Audit Office had highlighted weaknesses in data modelling for the LTWP and an associated fiscal risk. Such studies could provide leverage for the RCP to initiate a conversation with NHSE regarding the LTWP's integrity. Dr Dean observed that the policy position taken by the RCP in September 2023 could empower the RCP to request further discussion of NHSE's ability to deliver the objectives contained in the LTWP. While providing guarded support, the RCP had highlighted parts of the LTWP which required further detail and explanation.

4. Any other business

a. Announcement of election result for post of academic vice president

> The president informed Council that Professor Tom Solomon had been elected as academic vice president of the RCP. She congratulated Professor Solomon on his appointment and looked forward to working with him in the future.

b. Interim plans for RCP registrar appointment

> Dr Bullock noted plans to devolve some of the responsibilities held by the registrar and deputy registrar across the senior officer team. The changes would be provided in the minutes of the meeting.

POST MEETING NOTE: Job descriptions for the registrar and deputy registrar roles are still at the drafting stage and will be shared with Council once they are completed. Dr Omar Mustafa had agreed to act as interim registrar pending a substantive appointment later in the year.

A virtual meeting of Council was held on 21 May 2024

1. Welcome, taking of the Faith and declaration of interests

New members of Council

> Dr Naeem Aziz (SAS doctors lead)

Observers

> Dr Rebecca Houghton (Emerging Women Leaders Programme)

> The following **observers** attended for the duration of item 5. *Report of the post-EGM short life working group*.
>
> - **EGM signatories' representatives:** Dr Nick Hopkinson and Dr Zudin Puthucheary
> - **Trainee representative:** Dr Mariyam Adam
> - **Co-authors – *Physician associates: Guidance for safe and effective practice:*** Dr Natalie King and Dr Ben Mearns
> - **Faculty of Physician Associates:** Mr Chandran Louis (vice president)

> The president informed Council that Dr Omar Mustafa (vice president Global) would also assume the role of interim registrar until a permanent appointment could be made later in the year.

There were no declarations of interest.

2. Minutes of the Council meetings held on 13 March 2024, 21 March 2024 and 10 April 2024

> No amendments were received from Council members. The president requested any amendments be sent to the committee manager by 28 May 2024.

3. Matters arising

> None tabled.

4. President's update

a. Academic vice president's update

Medicine 2024 conference

- Professor Arasaradnam noted that the conference had been successful. There had been 1,000+ registrants with circa-400 on site. Members of parliament had presented their view of future healthcare. Wes Streeting, shadow secretary of state for health and social care, had stated that any future Labour administration would work with the RCP to improve the NHS. Feedback from attendees had been positive and the format of the conference would be maintained for 2025.

Research

- The RCP continued to work closely with the National Institute for Health and Care Research (NIHR) and two joint RCP/NIHR prizes would soon be advertised for senior and trainee level medical research. Recipients of these prizes would be considered for presentation at future RCP conferences and for publication in *Clinical Medicine*.
- Concerns regarding changes to the specialist foundation programme had been raised through the RCP's Research and Academic Medicine Committee. The selection process had changed from a situational judgement scenario to a preference informed allocation. RCP was engaged with NHS England (NHSE) and was discussing the issue.

Sustainability

- As part of its work on sustainability in healthcare the UK Health Alliance on Climate Change, of which RCP was a member, had published a report highlighting the benefits of reducing the usage of fossil fuels: *A just energy transition for the good of health*. RCP had met with NIHR, the Medical Research Council (MRC) and the Wellcome Trust to seek external funding for further sustainable research programmes. The production of a 'green physician' toolkit was at a planning stage.
- The president thanked Professor Arasaradnam for his organisation of an engaging and enjoyable Medicine 2024 conference. She noted that through his work the RCP had now achieved a successful formula for its conference offering. She thanked those Council members who had attended the conference.

b. Consultations

I. NHS Constitution: 10-year review

- Dr Mustafa noted the consultation was ongoing and would close on 25 June 2024.

II. Regulating anaesthesia associates and physician associates: Consultation on General Medical Council proposed rules, standards and guidance

- Dr Mustafa thanked Council members for their contribution to the consultation exercise. A final version of the RCP response would be circulated to Council post-meeting. The Faculty of Physician Associates (FPA) had responded separately. He noted that the consultation did not cover:
  - whether AAs and PAs should be brought into statutory regulation, or whether they should be regulated by the GMC.
  - the content of the Anaesthesia Associates and Physician Associates Order, which includes the professional titles of 'anaesthesia associate' and 'physician associate'.
  - the scope of practice of AAs and PAs once they are registered.
  - rules relating to the proposed revalidation model for AAs and PAs.

c. Update on RCP constitutional review

- Dr Mustafa reported that the delegated sub-group of Council (DSGC) on constitutional reform was focusing on three issues:
  - Annual PRCP election voting rights and canvassing rules
  - Potential amendment of the Medical Act (1860) and Royal Charter (1518)
  - Amendment to bye-laws defining the presidential term, the process of nomination, widening the electorate and representation on Council.
- A paper would be issued to Council to allow their input into determining which options to adopt and the timelines for their implementation.

d. Future of the Faculty of Physician Associates

- The FPA Board had discussed the process for moving to an independently managed faculty. The process for this transition would be considered at the next FPA AGM.

e. RCP Trainees Committee position statement on physician associates

- The president noted the statement from the Trainees Committee and RCP Trainees Committee co-chair, Dr Megan Rutter, welcomed comments from Council. The statement had been produced with input from all Trainee Committee members and reflected a broad base of opinion. Publication of the statement on the RCP website was requested to increase its availability to the wider trainee community.
- Members suggested expanding the list of pressures that all trainees were currently subject to – from those in foundation posts to those nearing completion of specialty training. The junior doctor's role as both a decision maker and increasingly as a supervisor should be emphasised.

5. Report of the post-EGM short life working group

- The president thanked Dr Williams for chairing the short life working group (SLWG) that had been formed to recommend to Council how to deliver the outcome of the extraordinary general meeting (EGM) ballot on the five motions. She noted it had met six times in 3 weeks in order to produce its recommendations and commended the hard work undertaken by its members.
- Dr Williams noted the breadth of expertise in the group, which contained representation from RCP trainee and physician groups, the FPA, the RCP Patient and Carer Network and the EGM signatories' group.
- The RCP would publish an update and send out member communications as soon as possible after the Council meeting with the SLWG's recommendations and next steps agreed by Council, a statement clarifying the financial relationship between the RCP and FPA and an explanation of how/who the RCP would act/lobby to limit the further expansion of the PA role.

- **Motion 1: Scope of practice – recommendations**
  - Deliver a statement with stakeholders re RCP's change in policy position on support for the NHS Long Term Workforce Plan (LTWP)
  - Seek written clarification from the GMC on their role in the oversight of PA national scope of practice
  - Commission advice from medical defence organisations on the legal implications of prescribing on behalf of PAs
  - Consult on physician associates: national guidance for safe and effective practice
  - Limit the RCP's role to overseeing the scope and supervision of PAs working in the physician specialties
  - Ask specialist societies if they see a role for PAs in their specialty

- Dr Williams noted the RCP needed to change its policy position regarding the LTWP, notably its aim to increase the number of PAs in the service and the lack of training places provided for junior doctors.
- Scope of practice was currently being determined by individual NHS trusts and the RCP would seek clarification on the GMC's role in determining scope of practice. Further clarity would be sought over PAs prescribing with the aim of ensuring the protection of physicians.

- **Motion 2: Accountability – recommendations**
  - Acknowledge existing evidence of significant patient safety issues
  - Write to the GMC for written clarification on delegation of prescribing by a PA and if PAs become prescribers will it be under 'NMP' remit
  - Proactively advise fellows and members that they should follow legal and regulatory advice and only agree to supervise other health professionals where appropriately job planned and funded
  - Through the Medicines Safety Joint Working Group, work with Royal Pharmaceutical Society (RPS) to ensure clarity on the role of PAs regarding prescribing medication and Royal College of Radiologists (RCR) in respect of ordering ionising radiation
- Dr Williams highlighted there had been significant debate around the informal arrangements for PAs requests for prescriptions of ionising radiation which had led to inconsistent practice. The potential involvement of the RPS and the RCR alongside the RCP would be helpful in achieving clarity in this area.

- **Motion 3: Evaluation – recommendations**
  - The RCP should commission an external provider to develop and publish an evidence base, economic analysis, and evaluation framework around the introduction of PAs, including the impact on patient safety and doctors in training
- A formal evaluation of the PA role was welcomed and would be prioritised.

- **Motion 4: Training opportunities – recommendations**
  - Establish a cross-college project group to work collaboratively with other workstreams to support and empower the next generation of physicians
  - Run a national survey of trainee physicians and hold a series of focus groups to explore and document the impact on training opportunities of doctors resulting from the introduction of PAs
- Members noted that the RCP had a duty of care for its trainee members and a survey would hopefully yield impactful data regarding their current working conditions.

- **Motion 5: Caution in pace and scale of roll-out – recommendations**
  - Confirm to RCP members and relevant stakeholders that limiting the pace and scale of the roll-out of PA roles is now RCP policy
  - Deliver a statement with stakeholders re the RCP's change in policy position on support for LTWP
  - Close the PA managed voluntary register (PAMVR) to new members, while offering support to existing registrants through the transition period to regulation, noting that FPA, CQC and NHS Improvement support mandatory MVR registration for employment in the NHS
- The contentious nature of closing the PAMVR was discussed. Consideration should be given to the role it could play in ensuring patient safety during the 2-year transition to GMC regulation for PAs.

- **Summary**
  - Our patients deserve to be treated by regulated healthcare professionals with clear professional standards and boundaries

- The current confused 'landscape' risks patient safety; lack of clarity of competence – risk for trainees, PAs and supervisors
- The RCP has a critical role advocating for our current and future workforce
- The RCP future role linked to the PA workforce is to be determined

> Dr Williams thanked the SLWG members for their valued opinions and their open and collaborative working.

Discussion

Motion 1: Scope of practice

> Members noted the key issue of guaranteeing patient safety. PAs had a role to play in the service, but this varied according to specialty and clinical setting. Pausing the roll-out of the PA workforce would allow careful consideration of their role and competencies and lessen the impact on junior doctor colleagues. It was important that doctors determine PA scope of practice and judge which activities could legitimately and safely be delegated.

> Dr Verma suggested RCP should now state that its support for the LTWP would be conditional as an outcome of the vote at the EGM to slow the pace and scale of roll-out of the PA workforce. Some Council members suggested a more nuanced approach to the recommendations in the plan would be more appropriate, but shared concerns over the lack of formal engagement that had been promised by NHSE.

> Dr Dean suggested that the RCP could provide additional guidance to medical directors regarding the replacement of doctors on rotas. Some elements of PA scope of practice were contained in the draft copy of *Physician associates: national guidance for safe and effective practice,* which had been distributed to Council for review prior to the meeting. He shared concerns around confusion over PAs' ability to prescribe medicines and noted that prescribing could not be delegated and should only be performed by the appropriate medical staff in line with RPS and British Pharmacological Society guidance. Current guidance on PA prescribing and medicines assessment should be revised and legal advice should be sought to provide advice on its practical implementation.

> Professor Gordon noted the collective effort required by the specialties and royal medical colleges to provide their own definitions of the PA scope of practice and that these should be complementary and not conflict with each other.

> Professor Harwood highlighted inconsistency in role descriptions for doctors and PAs in recent published guidance and suggested that providing a precise definition of a doctor's role would help to differentiate that role from the role of the PA.

> Dr Chadwick explained that *Physician associates: national guidance for safe and effective practice* had been produced in a short timeframe (circa 4 weeks) and welcomed Council's comments and feedback. The guidance clearly stated that supervision of PAs should be undertaken only by senior colleagues (consultant/GP/associate specialist roles) and they would oversee any medicine assessment performed by PAs. The interface between primary and secondary care and the roles PAs undertook in these areas would require further consideration.

Motion 2: Accountability

> Council members expressed further concerns regarding the potential safeguarding risks associated with delegated prescribing by PAs seeking approval from early career doctors. Concern was also raised over PAs undertaking home visits in primary care due to the potentially challenging nature of the domestic environment in which a patient was assessed. Dr Dean noted the need for precise guidance on correct practice regarding prescribing to ensure only suitably qualified and regulated clinicians were able to do so – as outlined in the SLWG's recommendations. Dr Mearns noted that statements on this issue contained in the SLWG's recommendations could be strengthened further.

- Dr Cox requested more clarity regarding to whom PAs would be held accountable and the precise definition of supervision, particularly regarding its inclusion in job plans for those supervising PAs. She also noted concern over remote supervision – where a doctor would be available for real-time advice but not in-person review of a patient. If PAs were to work autonomously, akin to SAS doctors, a structure should be in place to enable them to achieve this competence.
- Mr Saunders informed Council that the FPA had spoken to the GMC regarding prescribing. GMC had clear guidance that a doctor can delegate assessment of a patient to another professional where the doctor is comfortable. Since 2006 (updated 2012) PAs had been trained to assess the patient, including their full medical history medication history, allergy status and then propose a medication to a prescriber. The FPA had been clear that PAs cannot prescribe. For those who had prescribing rights prior to becoming PAs (eg nurse practitioners) those PAs should not use those prescribing responsibilities as part of their PA role. He noted the GMC's guidance *Future prescribing and ordering ionised radiation* stated that*:* '*PAs and AAs can't legally prescribe or order ionising radiation, but they may propose or recommend medications for an authorised prescriber to review and approve.*' Further reiteration of this statement to the medical profession would prove helpful.
- Dr Puthucheary noted the need for guidance for early career doctors to ensure they undertook the necessary review of patients for which they were accountable. Dr Rutter acknowledged that while clear communication from the RCP was needed on this issue the GMC should also had a role to play in ensuring its guidance was disseminated to all early career doctors. Communication to trainee doctors via the Joint Royal College of Physicians Training Board should also be considered. Professor Harwood noted that greater definition of the prescriber role and those ordering non ionising radiation would provide useful context.

Motion 3: Evaluation

- Dr Vaughan noted that any such project to provide an evidence base, perform economic analysis and develop an evaluation framework would take considerable time and expertise to complete and require significant financial resource. Professor Gordon suggested it would be more appropriate for such work to be undertaken by NHSE which was driving policy in this area – or by the GMC, or through cooperation between both these organisations. Dr Dean noted that the RCP would have a role to play in determining the scope and requirements of any such project, but input would need to be provided by a wide range of stakeholders, including the medical royal colleges and other specialty organisations. Dr Bullock stated that the RCP should be a key stakeholder and collaborator in such a project but not a commissioner.

Motion 4: Training opportunities

- Dr Patel had held initial discussions with the Trainees Committee on establishing the cross-college project group and work would be undertaken to define its scope and outputs. It would aim to address key concerns regarding medical training, including the proposed expansion of the PA role – but would also examine the issues of numbers, recruitment and the design of training pathways and provision of support for those in non-training pathways.
- Dr Konda requested that SAS and locally employed doctors be included in the planned national survey as they would also have been impacted by similar issues.
- Dr Rutter welcomed the opportunity to collect detailed data from trainees on the impact of the PA role.
- Dr Vaughan recommended the RCP explore external commissioning of the survey to ensure its credibility. The use of focus groups should also be considered as part of the exercise.

Motion 5: Caution in pace and scale of roll-out

- Dr Waters highlighted that closing the PAMVR to new registrants would create a two-tier system for the administration of PAs. Such inequity could be detrimental to patient safety. Ms

Mauger noted the RCP Patient and Carer Network's support for the introduction of the PA role and its importance in UK healthcare provision.

- Professor Kar informed Council that the Fuller Report under review with the Royal College of General Practitioners was now likely to reassess the role of PAs in primary care. Pausing the addition of new registrants to the PAMVR would signal to NHSE that it should reconsider increasing the number of PAs in the healthcare system. He questioned whether transferring the PAMVR to the GMC in the near future could be considered.
- Dr Verma observed that current organisation of the PA role was flawed. Suspending membership of the PAMVR would provide time for medical royal colleges and the specialties to develop their own detailed scope of practice documents and to ensure appropriate arrangements were in place to ensure patient safety.
- Dr Puthucheary stated that the RCP's key role as a membership organisation was to support its physician members. There was a risk that dissatisfaction among the membership could see the RCP cede its influence to other representative medical organisations. The president and senior officers were asked for their views on the best course of action with regards to suspending the PAMVR.
- Dr Chadwick noted that while the RCP had to be seen to be accountable for its actions, any suspension of the PAMVR should see its administration move to the GMC, which would take responsibility for entering new registrants.
- Dr Rutter noted the PCN representatives' concerns that suspension of the PAMVR could negatively impact patient safety. With discussions during the meeting focusing on patient safety concerns re: the PA role it would not be consistent to make a decision that could subsequently place patients at risk of harm.
- Dr Dean highlighted that should the PAMVR be suspended there would be the potential for newly graduated but unregulated PAs to seek employment in the healthcare sector and that this could pose an increased risk to patient safety. In this circumstance a swift transfer of responsibility would need to be made. The RCP would also need to seek advice on the potential legal consequences of suspending the PAMVR with its Board of Trustees.
- Mr Saunders informed Council that the FPA had been lobbying the government for statutory regulation for over 10 years. The PAMVR afforded patients the ability to ensure they were being treated by an appropriately qualified PA who was subject to a code of conduct and mandated to undertake regular professional development. The GMC had set a 2-year transition period for all PAs to be regulated. The register would be open to new registrants from December 2024. There would need to be some time for PAs to apply, join and gain a GMC number. A process to transition the data from the PAMVR to the GMC was in process. Thereafter, those PAs would be invited by the GMC to register. The FPA would then plan to close the voluntary register. It was not in the GMC's gift to expedite transfer of the PAMVR, however, the GMC register would be open to new registrants from December 2024. The FPA did not endorse closing the PAMVR to new registrants.
- Ms Mauger noted the PAMVR provided reassurance for patients as they could seek confirmation that a PA had voluntarily agreed to be subject to a code of conduct.
- Dr Rutter noted that at the EGM, fellows had voted to limit the pace and scale of the roll-out of PA roles but had not explicitly requested the closure of the PAMVR to new registrants. The SLWG had considered contacting employers to advise a PA should not be employed without a holistic overview of the department they were entering and the likely impact of their role on current staffing. Adopting such an approach would slow the roll-out of PA roles.

Post-meeting note

- *Council failed to reach a consensus decision regarding the following recommendation under Motion 5: Caution in pace and scale of roll-out:*
  - *Close the PA managed voluntary register (PAMVR) to new members, while offering support to existing registrants through the transition period to regulation, noting that*

FPA, CQC and NHS [Improvement] support mandatory MVR registration for employment in the NHS.

- *Consequently, a decision was put to a vote of full members of Council on Friday 24 May 2024. The vote would close on Tuesday 4 June 2024 at 12.00.*
- *Subsequently, the outcome of the vote was 18 members to 17 voting against this recommendation under Motion 5.*

6. NHSE outpatient strategy: More than appointments: The future of outpatient care

- Dr Dean thanked Council for their comments and approval of the strategy that had been received in advance of the meeting. Publication of the strategy was now planned for June 2024. The RCP would provide additional contextual guidance for physicians, their teams and for patients. Work would be undertaken with NHSE to aid its implementation and understanding of its key principles.
- Members suggested broadening the scope of the strategy to include non-inpatient care delivered in a community setting. Dr Dean noted the need to add-value to the patient experience across all clinical settings and that the strategy would provide a stimulus for further discussion about how this could be achieved. Consideration should be given to the recruitment of patients into research in the newly developed clinical pathways.
- Dr Dean provided an additional update on work undertaken between the RCP and NHSE on urgent and emergency care (UEC). NHSE had communicated that year two and three of the UEC recovery programme would focus on reducing waiting times, ensuring appropriate interventions are made at the right time during the first 72 hours of care and consultation with social care colleagues to ensure appropriate and timely discharge. Subsequent documents would be published defining the 'hospital at home' care model. Council members highlighted the importance of improving care and support for people with frailty.
- Dr Dean informed Council that the RCP would begin a scheme of work to revise its guidance on job planning. This would need to be completed quickly to feed into planned NHSE work in the same area. Council members would be invited to participate.

7. Ambuj Nath Bose Prize: call for nominations

- Dr Mustafa requested nominations from the specialties for the Ambuj Nath Bose Prize, which focused on achievements in medical research.

8. Amendment to Nominations Committee terms of reference

- The proposed amendment to the terms of reference of the Nominations Committee described in DOC 24/38 was approved by Council.

9. Any other business

- None tabled.

10. Items tabled for information

a) Policy, campaigns and media updates
b) RCP responses to consultations since March Council
c) RCP Nominations since March Council
d) Federation Board minutes, 5 December 2023
e) Education Board minutes, 6 March 2024
f) Board of Trustees minutes, 20 March 2024
g) Medical Specialties Board minutes, 10 April 2024

An additional virtual meeting of Council was held on 19 June 2024

1. Welcome, taking of the Faith and declaration of interests

There were no declarations of interest.

Items for presentation, discussion and debate

2. To consider the letter to Council from the senior officer group calling on the president to resign

- The interim registrar explained the purpose of meeting was to discuss the critical issue of the letter to Council from the senior officer group calling on the president to resign and the implications both for the college and more widely. Members were reminded of the sensitivity of the issue and the Faith governing the meeting and were requested to keep content confidential. Members were advised that communications would be released immediately following the meeting. The chat functionality would be open for opinion and there would be an opportunity for discussion.
- The order of the meeting would be:
  - Statement from the president
  - Statement from the senior officer group
  - Statement from the censors
  - Open discussion
  - Any other business
  - Close
- Dr Dean advised members he would be chairing the meeting according to Bye-law 4.12 and invited Dr Clarke to make her statement.

- Dr Clarke gave a statement advising Council that she would be presenting her resignation to the Board of Trustees the following day.
- Dr Clarke left the room and the meeting continued with statements from the senior officer group and censors as below.

Statement (in full) on behalf of the senior officer group – Dr Mumtaz Patel
'We would like to begin by thanking Sarah for her dedication to the RCP and the cardiology community over a long and successful career. It's heartening to hear, Sarah, of the resignation. We called for our meeting as a senior officer team on the 9 June. That came as a great struggle, but we felt that trust and membership support had been lost.

The role of the PRCP is an elected one and thus reports to the RCP membership as a whole. Therefore, the position is only tenable if the president commands support and confidence from the senior officers, censors, Council and, most importantly, our members and fellows. Quite rightly our membership demands the highest standards from all of us, and particularly the president, and a voice which is agile, responsive and speaks for them and the patients they care for.

This is not a decision we have taken lightly but it was clear to us that sadly our membership had lost confidence in the PRCP over the RCP handling of the physician associates issue and wider emerging issues. As senior officers we needed to act quickly to fully recognise the breadth of challenges the RCP faces and begin to rebuild integrity and stability at this difficult time. At the heart of this was the lack of ability to rebuild after an extremely challenging EGM (March 2024).

I know many have questioned our actions and timing as senior officers, we feel we have supported our president as best we could, but it got to a place where we felt the voices of the membership, our fellowship and even ourselves within the senior officer team were not being

heard. A longer statement had been prepared but we feel it is not now necessary to go through the specific reasonings, this can be done in a separate meeting.

In conclusion, we appreciate that leadership failure is often a result of multiple interrelated factors, it's been an extremely challenging time for all of us and we've found it difficult to go through this journey with you. I think we fully acknowledge that this responsibility does not sit with the PRCP alone. We've inherited the challenge of the physician associates position as you mentioned quite rightly, and the likely agreed King's Fund review will need to identify the need, I'm sure, of wider change.

To me it was the trust and the wider issues of the membership voice not being heard. We felt there was a need for change. The pressures both within the NHS and wider are extremely difficult to navigate and we feel this would be better done with a leadership change at this stage. We're very sorry about the personal distress and uncertainty this has caused you, Sarah, and for our wider membership, but we must accept the membership has a breadth of views, the quieter voices as well as the louder ones must be heard, must be understood, and we must actively listen and act on the concerns of our membership.

Thus, we as senior officers, are committed to understanding and encompassing the views of our membership. It is important to move forward in a way which is open and transparent, we need more open discussion and to act on what our membership is telling us and there is a need for constitutional change. We are listening and are working towards that.

The direction needs to change and moving forward needs to happen with a new leader and that's why we came to our decision. We're very sad it's come to that and that is heartfelt from all of us, it's been a difficult time for us all, but I hope you accept our position and thank you all for listening.'

Statement (in full) on behalf of censors – Dr Harriet Gordon
'As censors, we accept Sarah's decision with deep regret. We want to thank her for her service and commitment to college having taken over at a very difficult and challenging time. As censors we are responsible for the reputation and continuity at the college which we'd like to continue to support. We have concerns about professional behaviour. The RCP Code of Conduct specifically asks for respect of RCP standards and rules. Recent documents from Council have been seen on social media, with voting Council, having taken the faith not to divulge activities from Council, we feel attention needs to be given to this going forward.'

Dr Dean then sought views and reflection from Council members and attendees. Members covering the various constituencies of Council were particularly encouraged to share their views.

- Prior to stating their opinions members variously thanked Dr Clarke for her decision, paid tribute to her work for the college, her engagement with trainees and the advice and support she had provided on trust visits and other engagements. Dr Verma wished to put on record his gratitude for Dr Clarke's service as RCP clinical VP, which spanned the COVID pandemic and also as PRCP. He thanked her for her personal kindness in all discussions over the years and wished her well for the future. This was echoed by other members.
- Some members extended their thanks to the senior officer group and censors, for their actions and courage in doing the right thing. Dr Dean informed the meeting he had not been a signatory to the letter due to process, believing the view of Council in the next step was paramount.
- Members variously articulated viewpoints and reflections as below:
    - There had been a loss of trust in the organisation and its processes. Concern was expressed that only the loudest voices had been heard and how truly representative they were was questioned.

- Some felt that the confidentiality breach was devastating and unprofessional and had caused significant damage where members, not necessarily in agreement, had become afraid to speak up for fear of repercussions on social media.
- At a time when patients were experiencing the most challenging access to the NHS, the RCP should be focusing on delivering care rather than fighting. It was hoped lessons were learned as the reputational damage would be hard to overcome.
- The timing of this conversation was devasting. With the approaching general election, concentration should be on engaging with those likely to form the next government. Concern was expressed that the significant voice of the RCP would be lost because of the focus on this issue. The RCP should stand together shoulder to shoulder in support of the NHS.
- Many of the issues around physician associates had been set in motion years ago, the RCP as an institution had failed to deal with these adequately to resolve the problems and protect the RCP's reputation. The damage needed to be repaired and issues resolved in a reasoned and pragmatic way over the next few months. A plea was extended for members to come together, to work collegiately and be respectful to one another.
- The resignation of the PRCP would not be sufficient to regain confidence in the college, particularly for trainee members if Council and senior role models could not act with integrity and professionalism within Council and on social media.
- Recommended as a priority, was the rebuilding of a safe space so members could speak openly. This was echoed by several members.
- A specialist society president informed Council that the relationship with the RCP having always been green on their risk register had moved to amber and had recently been on the verge of going red. This was due to the very substantial risk of reputational damage by association through the physician associate debate and the way it had been handled by the RCP.
- Two specialist society presidents questioned what specialist societies gained by having a seat on Council and whether having some distance might be better. This provided an indication of the difficulty and the conflict for society presidents whose primary obligation was to the members of their society. The role of the specialist societies as part of constitutional reform needed to be considered.
- It was important to find a way forward and to get interim leadership in place quickly and to show a clear change in approach to the management of the physician associate issue and thereafter to get democratically elected leadership in place.
- In contrast, the view that a period of reflection was necessary to allow people to move on from this was also articulated. That time was tight, and that decisions needed to be made quickly was recognised. However, there were many bruised people in the process from all sides and if people were going to come together, some of those bruises would need to heal.
- A view expressing uncertainty as to whether the fault lay with the PRCP as an individual, or whether others were similarly responsible was made. It was observed that if the actions of the college rested on one person this was perhaps not a safe place to be, and that there should be a significant look at the constitution around that.
- There was little trust that when a disputed opinion was expressed this would remain within the confines of the meeting. The degradation in psychological safety of working within Council since November was noted with some members stating they felt unsafe to speak. The consequence of this was decisions were being made by an increasingly smaller group of people. Without the views of wider discussion, it was difficult to understand the views of medicine as a whole. A review of the bye-laws and the rules surrounding the Faith and the consequences of it being broken was key. Unless rules were in place Council was futile and could not function in the way intended. This view was echoed. Noted was that the New Consultants Committee would be keen to be involved in this work.
- The toxic debate particularly on social media, which had also extended into emails to Council members, some of which had verged on bullying, was appalling. Certain members

did not feel happy with the college as representative of them as individuals and fellows, with some at the point of wishing to disassociate themselves.
    - Matters relating to the physician associate issue, the new 4-year medical school curriculum being proposed, and medical apprenticeships still needed to be resolved. The college should be on the front foot examining what these issues meant for the profession. Proactivity in such matters had been recently lacking. The RCP needed to quickly resume its role as a prominent voice on behalf of physicians in order to influence discussions on policy initiatives coming from a new government as well as being responsive to NHS England plans, which would be ready to run from the end of purdah.
    - The college needed to be less opaque. The discussion had reflected the fact that most members were not clear about processes or how the college worked, which was not good enough for those who were, as Council members, expected to be leaders in the organisation. A description of college structures and committees was needed as part of this.
- Dr John Dean thanked members for their openness and candour and noted the important messages received. These needed to be reflected on but also acted upon.

Questions from the chat function (noted and addressed as below):
Is the PRCP staying till September as agreed by senior team? Can this be clarified.

- Dr Bullock advised an agreement had been signed with Dr Clarke's hospital trust that it would be a 4-year secondment into the role of the presidency. Within the agreement was a 3-month period of notice which either party could exercise. There would be a transition period in terms of the senior officers exploring interim arrangements for presidential leadership. This did not mean that Dr Clarke would continue as the president. Dr Bullock asked for expressions of kindness, the RCP was an organisation that worked on values about taking care as well as learning and other values and to therefore appreciate there were sensitivities that needed to be managed in a professional way.
- The statement was released shortly after Dr Clarke left the meeting because it was important for the RCP to control what was going out into the media as this had not been possible to control previously. It was planned and had been shared with Dr Clarke, who had given her permission to do this.
- Noted was that in the immediate term, as per the bye-laws (Byelaw 25.1), the senior censor and vice president for education and training would take up the presidential duties supported by the interim registrar. The professional guidance and wisdom of Council would be further sought at the next planned meeting on 3 July.
- To conclude, Dr Dean emphasised that this had been an historic event, and it was important to recognise it as such.
    - This must be a flexion point for the college. The leadership would reflect on discussions from the meeting which would be structured into discussion for the next meeting of Council.
- As chair, Dr Dean thanked members for their openness and candour and for attending and on behalf of everybody, sought members ongoing support for the direction of the college and their wise counsel.
- Members were asked to inform any specific areas to highlight that could be built into the next meeting, to email the registrar.

Post-meeting note: *following Council, Dr Clarke met with the Board of Trustees on 20 June 2024 and confirmed her resignation with immediate effect – but would remain available until September to support interim presidential arrangements. The RCP public statement on PRCP resignation arrangements had been updated to reflect this.*

3. Any other business

- None tabled.