	First Name	Last Name	Category	Question 1) Do you agree that, where there is no significant dispute about the facts, we should explore alternative means to deliver patient protection, other than sending cases to a public hearing?	Question 1a) Please give reasons for your answer.
guest				No	This consultation shows lack of insight by GMC. GMC FTP procedures were designed in such a poor way that it resulted in overload of complaints. For example, there is prejudice that complaints from public bodies, and this usually means NHS directors is more serious. Professionals who are educated and know how the system works are far more capable of stitching up a doctor who is a whistleblower. GMC is misguided in their attacks on locums and doctors in private practice. Instead of having a fair approach to complaints where complainants would be expected to address the issues with the doctor in a professional manner, GMC has accepted extremly bad and damaging behavior from NHS. Radical suggestion: GMC to help look at the independent complaints procedures for cases of locum doctors and those in private practice. There is need for better contracting between locums and NHS and private patients and private doctors. That is all. GMC is asking completely wrong questions and forging ahead into ever more Human Rights breaches.

Code A

Question 2) Do you agree that it would be appropriate for the GMC to have discussions with doctors in order foster cooperation?	Question 2a) Please give reasons for your answer.	Question 3) Do you think that doctors (please select one answer):	Should be able to share information on a 'without prejudice' basis?	Should not be able to share information on a 'without prejudice' basis?
No	GMC already has biased approach with whom it has discussions. GMC definitely prefers NHS Medical Directors and is incapable of being fair now to another party i.e. the slave (doctor). There are other biases as well. Some people would agree to anything but further cross examination at FTP hearing may show the extent of malfunction. Alcoholics and drug addicts do say things which may appear as insight but are just a manipulative way to get rid of the pressure. Similarly, people claim mental illness when they do not have it in order to escape justice at GMC.		n	y

Should be able to share information on a 'without prejudice' basis where the GMC cannot directly use that information in a later hearing but can conduct further investigation and use any information uncovered by such investigation?	Question 3a) Please give reasons for your answer.	Question 4) Do you agree that we should consider ways to access practical facilitation skills to support constructive discussions with doctors?	Question 4a) Please give reasons for your answer.	Question 5) Do you agree with the approach for communicating with complainants about doctors?
n	As a general principle, I think openness is the best as well as responsibility for own actions both by GMC and doctors. However, GMC proposals are all wrong anyway.	No	GMC already has a list of corrupt Expert Witnesses who are psychiatrists and most likely to be used as facilitators. GMC never takes any action against their staff if the accused doctor complains. There is no accountability and this would result in further abuse of power.No facilitator would be held accountable by GMC unless GMC is not pleased themselves. Fairness and justice would not be protected at all.	No

Question 5a) Please give reasons for your answer.	Question 6) Do you think the term 'by mutual agreement' correctly reflects the outcome of discussions with doctors?	Question 6a) Please give reasons for your answer and if you do not think 'by mutual agreement' is the right term, what term would you prefer and why?	Question 7) Do you think that publication of the sanction accepted by the doctor will maintain public confidence in the profession?
GMC is completely and purposefully blind to the conditions under which doctors work. So if the agreed fact is, for example, that there was delay in seeing a patient, GMC would ignore the responsibilities of others in causing such a delay and quote the cases of ethnic minority doctors who got seriously damaged by GMC as justification for not taking circumstances in to the account. It is likely that doctor would be accused of poor team working rather than team being found incompetent. Political speak is all that matters to GMC.	No	I am aware that GMC is not transparent in its dealings with either the public or doctors. Doctors do not get information about the complaints or communications from complainants in full as it is. Therefore, there cannot be informed consent to be able to say there is mutual agreement. Voluntary erasure during FTP may reflect badly on GMC in some people's eyes, but this is also something GMC uses for its own advantage when it suits eg to discredit doctors who took voluntary erasure.	No

Question 7a) Please give reasons for your answer and are there other steps we should take?	Question 8) Do you believe we should publish a description of the issues put to the doctor?	Question 8a) Please give reasons for your answer.	Question 8b) What other information (mitigation taken into account, etc) should we publish?	Question 9) Do you think our proposals above are a reasonable way to deal with any risk of deterioration of evidence?
There are other people in the equation such as media who report on GMC cases. Confidence in the profession is a matter of perception which also depends on other things: independence and wealth of patients, freedom of expression, availability of alternative types of care and knowledge. This question is actually, can public trust GMC and is GMC performance equal to public confidence in profession. These are not the same things.	No	GMC already publishes things that are true and things that are not true. For example, GMC would publish that doctor needs a particular sanction when he does not and also defames doctors contrary to its own findings.	GMC FTP have selective memory when it comes to facts before them and so would the negotiators. That there is a pressing need to give reasons for each sanction has been recommended to GMC many years ago by Policy Studies Institute, but GMC never does that. As GMC does not want to think and reveal its thinking processes why should it have the power to destroy innocent doctors' lives? A depressed doctor may agree to anything. Some	No

Question 9a) Please give reasons for your answer and do you have any other suggestions?	Question 10) How do you think we might ensure that unrepresented doctors fully understand the implications of signing a statement of agreed facts?	Question 11) Are there cases which should be referred for a public hearing even where the doctor is willing to agree the sanction proposed by the GMC?
Because GMC does not really care about performance of doctors. Those NHS doctors who caused serious harm (death) have not been required to undergo performance assessments and neither have the experts reporting on them to GMC. Dr Jane Barton case. When doctors are allowed to voluntarily erase themselves GMC does not take any evidence of wrong doing discovered after that date even if evidence is well preserved (written). This has been the case with members of GMC council who later became FTP panelists. In other words when there is evidence of corruption (preferential treatment of some doctors over others)it irrelevant if even the facts are agreed as how these facts are translated into impairment is a	Informed consent means knowing all the relevant facts. GMC would have to provide evidence against itself which it is not wiling or emotionally capable of doing. Some people are quite simply hated by GMC investigators and case examiners: those who are critical of medical institutions or practice as well as political dissidents. Allegation of misconduct and admission of some of the facts out of the whole context can have very different implications. GMC does not want to understand that context matters and is perfectly incapable of informing the doctor. Therefore, this question shows a lack of insight into hostile proceedings and own conflicts of interests. One reason why doctors are unrepresented is that MPS and MDU run by doctors want to preserve their own reputation with GMC and fail doctors particularly women and those of ethnic minorities.	Yes

Question 11a) Please give reasons for your answer and if you have answered yes, what types of cases and what criteria should the GMC apply to identify such cases?	Question 12) Do you agree that there are some convictions that are so serious that the behaviour is incompatible with continued registration as a doctor and that there should be a presumption that the doctor be erased?	Question 12a) Please give reasons for your answer.	Question 13) Do you agree that the convictions we have identified are convictions which fall into this category?
All hearings should be public unless exceptional circumstances prevail. It is unsafe what GMC proposes as it is. GMC can decide that there is no significant dispute of the facts, it can also alter evidence, alter charges etc. It is altogether unsafe as it is. Mentally ill people could agree to anything and there would be some doctors in this category. It is really easy to bully ill people.	No	Because I have an open mind plus a lot of experience of the how the system does not work at times. Years ago I would have said yes to all. Now I know that it is easy to convict people in a corrupt system. GMC has not erased doctors who killed patients and in fact, impeded CPS being able to prosecute effectively after such decisions. Courts are prejudiced against foreigners. For example: a woman made false allegations of rape against English soldiers and was sent to prison for 18 months. Another woman made also false allegations of rape against Easter Europeans and also admitted she made false allegations and she was fined Â£80! So, who is naive now?	

Question 13a) Please give reasons for your answer.	Question 14) Are there any other convictions you think should fall into this category?	Question 15) Do you agree that doctors within our fitness to practise procedures who refuse to engage with our investigation, where we have made every attempt to seek their engagement, should be automatically suspended from the register?
I naturally do not approve of doctors offending in any way, but I also know GMC is tolerant of abuse against women but intolerant of criticism of men.I think the answers are obvious to GMC and it should not have to ask the profession these questions. Perjury (criminal offense)is common place at GMC and it is tolerated by GMC. Sorry, but I am well informed and well experienced. Truth does not matter to GMC.	Many more: perverting the course of justice, perjury, theft etc	No

Question 15a) Please give reasons for your answer.	Question 16) Do you think that these proposals will benefit or disadvantage any groups of people who are involved in our fitness to practise procedures?
Because GMC is overburdened it requests performance assessment as the alternative to finding the facts. It is more work for the investigator to find the facts than to order performance assessment (work done by others). GMC has hidden the figures for performance assessment from public view for that reason. Even when facts have been shown, FTP panels can and do make wrong decisions. Thus doctors have every right to disagree. Health assessments have been used as a tool to deal with whistleblowers and political dissent, so GMC as a regulator at times conducts what is known as "sham peer reviews". GMC is quite insightless about that. There is extensive scientific literature on the subject that GMC refuses to read. Doctors do have GPs to go and see like all other people. Similarly, they have specialists they can see. Health does not have to be a matter for the regulator. Doctors who have no mental illness have been alleged to have mental illness by psychiatrists when they are upset about something or have something to lose in their career (eg medical directors who underperform). GMC never took any action against those doctors who have exhibited poor standards of psychiatric knowledge when making false complaints of mental ill health against a colleague. It is very important that doctors who are right are not further damaged and with it lives of others. GMC is not always right.	Yes

Question 16a) If so which groups and why?	Question 17) Do you think these proposals will impact on the confidence in our procedures of any particular groups of people?	Question 17a) If so, which groups and why?
It would benefit those whose accents and faces GMC likes. Monitoring the process will be as ineffective as the world allows it to be. For example: one can count the dead ad infinitum. it does not matter as it is already known that procedures are faulty. the GMC dice is loaded from the start.	Yes	Women, plus ethnic minorities ie the majority of doctors when all is added.