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Regulating doctors  
Ensuring good medical practice

**To:** Peter Rubin  
Paul Philip  
Jackie Rowley  
Keith Pearson

**From:** Stephanie McNamara

**Copy:** Press team

**Date:** 6 July 2009

**Council Press Briefing 8 July 2009**

We are expecting Prisca from GP magazine and Mike from BMA News at the press briefing. We are not expecting any national journalists

The journalists will have a full set of Council papers however we are not expecting them to attend the Council meeting on the day.

Journalists have been asked to attend at 3.45pm for a 4pm start.

The briefing will be held in Peter's office.

**Running Order**

Jackie will chair the press briefing, welcome the journalists and introduce Peter. Keith Pearson will also attend the briefing and will take questions about Revalidation.

We have 40 minutes for the briefing.

- 1. Licensing:** Peter to update on the campaign
- 2. Revalidation:** Keith Pearson to give a short update on the work of the Revalidation Programme Board and take questions.
- 3. Merger with PMETB:** Peter to update (Press release)
- 4. Fitness to Practise:** Paul Philip to update on changes to rules.

**Peter**

**Update on the licensing campaign:**

The response to the campaign has been excellent and every day hundreds more doctors across the UK are telling us their decision.

We have begun a reminder campaign to those doctors who have yet to respond – the deadline to get back to us is the 14 August.

I'd like to thank those doctors who have responded – they need do nothing more. To those who haven't yet decided I would encourage them to do so – and if they have questions they should look at the new website which we have just launched.

**Note:**

We have been asked what happens if a doctor doesn't respond to the campaign. We have said that they will be issued with a licence BUT:

- There are a significant minority of doctors who may not require a licence to practise, such as researchers or academics and that's why it's important that all doctors let us know what their decision is.
- As part of the licensing campaign we are also asking doctors a number of questions about their medical practice. **The more information we can gather now the more straightforward we can make the future introduction of revalidation.**

## **Update on Revalidation**

**(covers paper 9)**

Keith Pearson to give an update on the work of the Revalidation Programme Board and then take questions.

Peter Rubin to support.

Key messages:

- We are continuing to make good progress towards readiness for revalidation.
- We have published an FAQ for doctors and this document will be updated as and when we have more information.
- We have made it clear that revalidation will be rolled out in a targeted and managed way – when local systems are in place and are robust enough to support revalidation.
- There is real momentum behind revalidation now – each of the four countries of the UK plans to achieve a state of system readiness within the next 18 months to two years. The RPB will be monitoring progress against the agreed targets at each meeting throughout 2009/2010.

## **Merger with PMETB – Joint press release with PMETB**

**(covers papers 6b, 7a, 7b)**

Progress towards the merger with PMETB continues to go well, today Council agreed the response to the DH(E) consultation on the Section 60 order on the draft legislation. The legislation, once in place will transfer the PMETB powers and responsibilities to the GMC.

The practical arrangements to merge the organisations continues to go well and we are on track for PMETB staff to be located in this building by April 2010.

Of most interest to your readers will be the fees for CCT, CESR and CEGPR:

There will be **no increase** in the level of fees charged for CCT in 2010 - 2011. The functions of the GMC and PMETB do not overlap which is why there will not be an immediate and material reduction in direct expenditure – we do however expect to make some savings which is why the fees won't be going up in 2010 – 2011.

### **Who is paying for the merger?**

The costs will not be born by doctors - the DH have agreed, in principle, to fund the cost of the merger subject to some additional work.

## **Changes to FTP rules**

**(covers papers 8)**

Paul Philip to detail the key changes:

- Vexatious complaints
- Rule 12

Key messages:

- The consultation was part of a regular review to make sure the rules are fair and transparent.
- The current changes are the result of a consultation which took place from March to May. There are currently two open consultations on hearings management and extending the use of consensual disposal.
- We had a good response to the consultation and the views of individual doctors and organisation has been very helpful.

Next steps:

- The order will be laid before the Privy Council and we expect the changes to come into force on 1 August.
- We will be communicating with all stakeholders effected by the change.

**Other issues (only if asked):**

**Code A** is a Jordanian doctor resident in the United Kingdom, who was a suspect arrested after the attack on Glasgow Airport on 30 June 2007. He was charged with conspiracy to murder and conspiracy to cause explosions, but on 16 December 2008 was found not guilty and acquitted on all charges. The doctor will be granted full registration on the basis that he has satisfied the GMC's registration criteria.

**If asked why the doctors has been granted registration:** As with all doctors who apply for registration, **Code A** has been asked to demonstrate that his medical skills are up to date and that he is fit to practise. He has satisfied the GMC that he has the appropriate skills and that his fitness to practise is not impaired. Because he meets the statutory requirements for registration he has been registered as a UK doctor.

On 16 December, following a court trial, **Code A** was acquitted of the terrorism charges against him.

**Health Select Committee report:** We have not been asked to comment on the health select committee report published Friday 3 July.

If asked whether we'll be reviewing TD in light of the reports findings:

- The GMC's Council has considered a new draft of Tomorrow's Doctors. The new guidance makes it clear that patient safety is a fundamental element of medical undergraduate education. The new guidance is also more explicit about what we expect medical students to know about pharmacology and prescribing. Importantly the new guidance will also require students to have more hands-on clinical experience before they graduate – this is to give students an opportunity to apply what they have learnt in the classroom to actual medical practice.
- The guidance also stresses the importance of non-technical skills such as communication and team working as well as technical skills like diagnosis.
- The draft guidance has undergone an extensive review, and takes account of input from medical professionals, employers, members of the public and stakeholders such as the BMA and the Royal Colleges. We also took into account the views of experts in a number of areas including pharmacology and prescribing.
- The updated version of the guidance is due to be published in late Summer 2009.

**OHPA:** We have not yet been asked to respond to the appointment of Walter Merricks as Chair of OHPA.

Agreed statement: Peter Rubin Chair of the GMC said: "I welcome the appointment of Walter Merricks as Chair of OHPA and look forward to working with him to set up the independent adjudication body. We are committed to a smooth transition to OHPA and are pleased that there will be a public consultation on the procedural rules later in the year. The establishment of an independent body to hear fitness to practise cases across the health professions will further reassure doctors and the public that cases are dealt with fairly and effectively."

**Remedy UK:** Remedy's application for judicial review into the GMC's decision not to take forward a complaint against those involved in the management of MTAS/MMC will be the subject of an aural hearing in the High Court in The Strand on July 27th.

We have not, so far, been asked to comment.

If asked: Complainants who are unhappy with decisions taken by the GMC can seek a JR of the decision in the High Court. Remedy are exercising that right and it wouldn't be appropriate for us to comment any further at this stage.

**Code A** (if asked): **Code A** has been granted permission for a judicial review of a Professional Conduct Committee determination made in 1987. As the judicial review has yet to be heard it would not be appropriate for us to comment any further.

**Code A**

**Code A** is currently suspended from the medical register by the Interim Orders Panel. This indicates we are investigating concerns and as a result the doctor could face a public hearing into his fitness to practise.

- **Code A** was granted registration with the GMC on the 27th October 2006.
- **Code A** was suspended from the medical register by the GMC's Interim Orders Panel on the 29th February 2008.

### **Dr Jane Barton**

The hearing is ongoing and running to schedule. Dr Barton has admitted the majority of the heads of charge.

### **AvMA Judicial Review**

We have stepped aside from the JR – which is still being pursued by two of the doctors involved.

### **Code A et al hearing**

The hearing for **Code A** and **Code A** is ongoing.

### **Baby P**

A second doctor has been suspended by the IOP and the media are linking him to the Baby P case. We have not commented on any aspect of the investigation but have confirmed the suspension of **Code A** on the 17 February by the IOP for a period of 18 months.

**Code A** remains suspended by the IOP. 'Our priority is to protect the public interest, including patient safety. When an interim order has been imposed, we keep the details under close review. The Interim Orders Panel decided on Friday 21 November to suspend **Code A** registration. Our investigations are continuing and it would be inappropriate to comment further at this stage.'