

Memorandum

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COUNCIL**Regulating doctors
Ensuring good medical practice****To:** Peter Rubin
Paul Buckley
Code A**From:** Stephanie McNamara**Copy:** Press team**Date:** 9 September**Council Press Briefing 8 July 2009**

We are expecting either Flavia or Mike from BMA News and Prisca from GP at the press briefing. Jenny Hope from the Daily Mail may also attend.

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 3.15pm for a 3.30pm start.

The briefing will be held in the press room on the 3rd Floor.

Running Order

Stephanie will chair the press briefing, welcome the journalists and introduce Peter, Paul and Tim.

We have 30 minutes for the briefing.

News updates: Peter to update on good news stories

Licensing: Peter to update on the campaign and regulations

Revalidation: Update and questions

Merger with PMETB: Update and questions

New website: Tim to briefly update on new look website

Good news!

GMP in Action has been short listed in the BCS/Computing UK IT Industry Awards 2009 in the category of Internet Product of the Year. We will know the outcome on 12 November 2009 and will keep you updated.

To get doctors to be more engaged in Good Medical Practice

Evidence

- Good Medical Practice online visits increased by 14% during the 12 months from launch of GMP in Action
- Visits to ethical guidance web section as a whole increased by 10% - a great success in terms of the GMC fulfilling one of its core aims, to promote the guidance to UK doctors.
- In feedback, 95% of doctors said they found *GMP in Action* useful and 97% said they would like to see more ethical principles explored in this way.

We have secured a place in the '**Top 50 Call Centres For Customer Service**' awards scheme, now in its second year. We do not yet know our ranking but this should be confirmed within the next month and we will keep you updated.

The Contact Centre is the main point of contact for people communicating with the GMC by phone, e-mail or letter. It operates between 8am and 6pm Monday to Friday and 9am to 5pm on Saturdays. In 2008 it dealt with:

- 240,000 telephone calls
- 80,000 e-mails and letters

The centre has 43 staff and is based in Manchester. The team aims to answer 90% of calls in 15 seconds and to respond to all written enquiries within 5 working days. It has achieved these targets in ten of the last twelve months.

We have been awarded **BSI certification ISO 27001** for the information security arrangements in the Education and Revalidation Directorate. We aim to have the entire organisation compliant with this certification by early 2010

Peter

Update on the licensing campaign:

- We have had a fantastic response to the licensing campaign.
- I want to thank all the doctors who got in touch. I am keenly aware of how busy they are but hope they appreciate how the introduction of licensing will help us all take an enormous step forward towards revalidation.
- More than 204,000 doctors, (over 93%) have contacted the GMC to provide their licensing decision. As expected, the majority of doctors, over 190,000 (94%), have opted to hold registration with a licence, with around 12,000 (6%) doctors wanting registration without a licence.
- Analysis of the response rates shows that it is mainly doctors who are registered in the UK but working overseas who have yet to respond.
- The interactive website: 'Licensing help' was also launched to help doctors make this important decision. Over 34,000 doctors visited, downloaded the interactive case studies and watched the explanatory video messages.
- We have written to all doctors to confirm their decision (mail strike might be impacting on delivery at the moment)
- We will be writing to all doctors **after** licensing is introduced to confirm their new GMC status.
- In preparation for the introduction of licensing on the 16 November 2009, we will be hosting a series of events across the UK - in London, Manchester, Edinburgh, Cardiff and Belfast - to help employers prepare for the introduction of licensing by informing them about the change and what it will mean for them.

If asked what will happen to those doctors who fail to respond:

All registered doctors are entitled to a licence and we hope they will all make a decision and let us know. We will be contacting those doctors who are yet to tell us their decision to find out whether they wish to take a licence to practise. **For those few doctors who do not respond, they will automatically be licensed from 16 November.**

Licences to Practise and Associated Regulations

Paper 4b

Peter to introduce Richard to support

- Council today agreed the regulations associated with the introduction of the license to practice, this includes the necessary fee regulations and the necessary regulations in relations to fitness to practise issues.

Revalidation Progress Report

Paper 4a

Peter Rubin to give an update Paul Buckley to support.

Key messages:

- We are continuing to make good progress towards readiness for revalidation and Council were today given an update. The RPB will be meeting again on the 14 October and we'll be able to provide a more detailed information then – however happy to take any questions.
- 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 of PMETB with the GMC: Progress Report

Paper 5b

- Progress towards the merger with PMETB continues to go well and we are on track for PMETB staff to be located in this building by April 2010.
- There was overwhelmingly positive support to the consultation on the legislation. We are working to a tight legislative timetable but have been assured and are confident that the target date for the transfer of functions remains the 1 April 2010.
- Practical steps such as office space, IT systems etc are now fully underway. As you know the Clinical Assessment Centre is moving to Manchester which will give us extra space on the 1st Floor to accommodate additional staff.

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. A full business case is yet to be submitted.

Other issues (if asked):**Organ Donation (following coverage in The Guardian):**

- Following an extensive consultation period, we are currently redrafting our End of Life Treatment and Care guidance which, for the first time, includes a section on organ donation.
- Issues about organ donation were frequently raised during the consultation by individuals, patients and doctors as well as organisations such as NHS BT and the Organ Donation Delivery Board. It has become clear that there is an appetite to draft new guidance to clarify the role of the doctor in these situations.
- Added to that, we get calls from doctors asking the GMC to clarify their responsibilities around discussing possible organ donation with patients so we know that that this is an area that doctors want advice on.
- Doctors who work in intensive care units are used to broaching the subject of organ donation with patients and family. *While we are still redrafting the guidance, we may include a paragraph outlining that where appropriate, doctors in other settings should start having these conversations too.*
- As with many end of life care decisions, this is a subject that should be broached with sensitivity and tact and it will not be appropriate in all circumstances.

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."

Individual doctors:

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.

Remedy UK: Remedy UK have been granted a Judicial Review into the GMC decision to close a complaint against those involved in the management of MMC/MTAS. We do not yet have a date for the JR.

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 has adjourned part heard, with the findings of fact having been made ("not insufficient to be serious professional misconduct"). The hearing is not expected to reconvene until January 2010.

AvMA Judicial Review

We have stepped aside from the JR – which is still being pursued by two of the doctors involved. (**Code A** case)

Code A et al hearing

The hearing for **Code A** and **Code A**
Code A is ongoing and is reconvening on the 19 November.

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.'