

Code A

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**From:** Code A  
**Sent:** 03 February 2011 14:13  
**To:** Ben Jones (Code A)  
**Cc:** Luke Bruce (Code A) Press Office Team  
**Subject:** Summary - Face the Facts

Dear Ben,

Please find below a summary of today's Face the Facts programme.

I'm touching base with the Contact Centre to update them and see if they've had any calls; we'll let you know if so.

Please let me know if you need anything further?

Many thanks,

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### Face the Facts – a summary

The introduction to the programme featured excerpts from contributors, Ann Alexander and Peter Walsh, and noted the recommendations for GMC reforms following the Shipman Inquiry, noting that the Inquiry had called for 'root and branch reform' of the GMC. The introduction also noted the perception of the GMC as a white middle class old boys' network.

Audio from Peter Walsh described weaknesses in the GMC's system which meant that some doctors 'out there' were not picked up.

### GMC background

A brief summary of the history of the GMC, as a body founded in Victorian times, and funded by doctors mentioned that they can't practise without registration. In effect the GMC is both judge and jury, with powers to strike off, restrict doctors, and decisions are taken in hushed new quarters, in an impressive main building.

Presenter John Waite summarised one day's cases before the GMC, having recorded some audio footage in the 3<sup>rd</sup> floor lobby. He then introduced Graziella Oragano as someone who 'trains those who sit in judgement'. She was quoted as saying that a hearing could be an 'anxious time for doctors and witnesses'. From the hearing room, John described the look and feel, before going on to list the staffing and budget of the GMC. He gave an overview of the GMC's work, before saying that the GMC was a 'cosy club' when first founded. Looking through some of the archived minutes of early hearings, he described the case of a doctor who had been struck off for his part in kidnapping Fijian natives.

### Shipman Inquiry recommendations

Some archived audio of the Shipman Inquiry was used to introduce Dame Janet Smith, saying that some of the GMC's work gave rise to conflicts of interest, and that many members of the profession expected protection from the GMC.

Of the 50 recommendations, John noted that total abolition of the GMC was not included, but the distribution of powers to adjudicate, better support for patients and revalidation had been.

Peter Walsh of AvMa said that it was a very daunting thing for patient to refer a doctor to the GMC, and that in a handful of cases, the GMC did get it wrong.

### Robert Wilson and the case of Jane Barton

Iain Wilson, whose father Robert died under the care of Dr Jane Barton, described his case. He said that his father's last words to him had been, 'help me son, they're killing me.'

John Waite went on to say that this had been in 1998, but that he had not been the only one to die unexpectedly after Jane Barton's treatment. When concerns about her care were initially raised with the GMC, they were rejected, and were 'fobbed...off every time.' The Police had investigated 92 deaths, and an inquest into 10 of these deaths had revealed that over-prescribing by the doctor had been a factor contributing to their deaths. Only a decade later was the doctor put before a panel, and, although she was found guilty of serious professional misconduct, she was not struck off. Footage from the conclusion of the hearing featured relatives calling for a full public inquiry.

### Ann Alexander

Next, Ann Alexander was introduced as having represented 200 victims in the Shipman Inquiry. She said that she hadn't seen any evidence that the GMC is more focussed on patients since the Inquiry, and nor have barriers to patient safety been removed.

A brief reference to the DH website noted some of the post-Shipman changes, but John Waite went on to say that revalidation is now five years late, and that the coalition government has removed plans for a separate adjudication body.

Ann Alexander said that it was a scandal that the situation has still not changed. Over time families expected more.

The GMC is now more stretched with 7000 complaints a year- the programme said they had exclusive statistics that showed that there were 326 hearings in 2010 and 92 doctors were struck off.

Code A

John Waite stated that the GMC's rules were archaic and don't help the public. He cited the case of the Code A who tracked down the doctor themselves in Germany.

Code A was interviewed and gave a brief summary of the case. John Waite then says that Code A managed to get onto the register after lying about his experience, providing a false reference and failing to declare to the GMC that he had negligence cases against him. John Waite states that the GMC failed to get his inaccurate CV checked and that EU regulations prevented the GMC from testing the doctor's language and clinical skills.

Code A states that there are clearly loopholes in the system.

John Waite goes on to talk about the Code A Inquiry recommending stricter controls on diamorphine but that Code A was still able to carry high quantities of diamorphine.

John Waite put it to Code A that their persistence made a difference and enabled them to get into see the Chief Executive.

Code A acknowledges that might be true but the GMC did sit up and listen then- perhaps he had to battle to get there but the GMC did then listen and act.

John Waite states that the GMC is lobbying for the rules to be changed in Europe particularly if a doctor has been erased in one country.

### Health issues- Code A

John Waite then interviews Code A who says he is unable to practise after being treated too harshly by the GMC because of his clinical depression.

Code A stated that he had no complaints from patients and no suicides but was left on the scrapheap.

John Waite explained that there were two fitness to practise complaints, including one where he broke windows during an argument.

The doctor acknowledged his depression but said he had previously worked with depression and knew when he shouldn't go to work.

John Waite then stated that 400 doctors were given conditions last year and in the last 2 years 17 doctors had died while under GMC investigation and some had killed themselves.

Doctors 4 Justice are quoted as saying that the GMC's decisions are unfair and inconsistent- Code A says there are other doctors who are similarly hounded and often they are ethnic minorities. He added that the GMC are a law unto themselves and that they have given doctors sanctions for the tone of their emails.

John Waite said that the GMC denies that doctors those with health conditions are treated unfairly and that they are treated with sensitivity. The GMC has also said that ethnicity plays no part in decision making.

### **Barton and Bulstrode**

John Waite says there is evidence of a cosy club remaining at the GMC in the case of Dr Jane Barton- as her brother, Professor Bulstrode, was a Council member while she was being investigated but failed to mention this. John Waite then says however that there is no suggestion that Professor Bulstrode had any influence on the decision in the case and goes on to say that it was a totally independent ruling.

### **Andrew Reid**

Andrew Reid, the Panel Chair for the Barton case, is then interviewed. He acknowledged that as the GMC trains panellists, they are not completely at arms length although they are more separate now.

Andrew is asked about the Barton case and says he can't talk about individual cases, but he can say that in general there are many occasions when the decision that is reached is deeply upsetting for those involved in the case

He is asked if cronyism is still within the GMC and he says that he is not a part of the GMC but in terms of cases, in every case the panel looks at the evidence that has been presented. When asked if Panels are influenced, he says 'emphatically no'.

### **Niall Dickson**

The rest of the programme centres on an interview with Niall Dickson, who it says has a 'reform agenda' for the GMC.

John Waite says one of his first actions as Chief Executive was to unusually disagree with the Panel's decision in the case of Jane Barton.

Niall then says that the GMC had called for erasure and we were surprised by the decision.

John Waite asks why for five years the GMC wasn't investigating Jane Barton during the time when Bulstrode hadn't declared he was her brother.

Niall explains why cases take a long time- we hold back during a criminal investigation. Niall also states that Christopher Bulstrode had absolutely no involvement with this case or any case as a Council member. Niall is asked if he didn't declare that Jane Barton was his sister and Niall says he wasn't at the GMC at the time but his understanding was that the GMC didn't know. It is a moot point but he would expect Council members to raise this.

Niall is asked if the GMC is still an old boys club full of cronies. Niall said it had been in past years but much was changing and the GMC is on a journey. The Shipman Inquiry came in the middle at a time of significant change, but Dame Janet was right to be critical looking back through a long period.

John Waite said some of the recommendations have not happened 6 years later and that the fundamental reform proposed- to strip the GMC of its adjudication powers- has been swept under the carpet by the Coalition government to save £58 million.

Niall responds to say that he thinks the most fundamental reform is revalidation. Dame Janet said it had to be reviewed, which was a positive move but it did slow down the process. Revalidation is the number one priority for the GMC to make sure that doctors are fit to practise, which is something we haven't previously been able to do.

John Waite asks if these are the MOT checks for doctors and why they still aren't in place.

Niall says that they would have been in place if it hadn't been for the Inquiry (although they wouldn't have worked so well) but the Inquiry put them on hold. The profession had been resistant but they have been on a big journey and doctors look at it differently now- many are much more willing to accept external scrutiny.

John Waite asks if we have done enough to help the public make complaints.

Niall says that we have done a lot and we are working to do more- we have a contact centre that takes thousands of calls a year from patients.

Niall acknowledges that the feeling of many patients and relatives is that the GMC is here to provide redress- this is not our role- our job is to protect patients. The nature of our work is contentious and people are bound to be unhappy with the results. If they came back in 3-4 years people would still think some things are unfair but we are listening and learning to these people.

# Code A

The GMC is changing how it deals with cases at the end of an investigation into a doctor's fitness to practise. To find out more and have your say visit [www.gmc-uk.org/ftpreformconsultation](http://www.gmc-uk.org/ftpreformconsultation)

Have you ever wondered what professional behaviour is expected of medical students? Play the part of a medical student and decide what to do in work placement dilemmas on our new interactive website: **Medical students: Professional values in Action.** [Enter the site](#)