

Code A**Code A**

From: Panel Development Team
Sent: 02 July 2010 09:03
Subject: Panellist circular 31/10
Attachments: 31 - Letter from Niall Dickson.doc

Dear All

Please see attached panellist circular 31/10 (letter from Niall Dickson).

Regards
Panel Development Team

Panellist Circular 31/10**General
Medical
Council**

2 July 2010

2nd Floor, Regents Place
350 Euston Road, London NW1 3JN**To: All Panellists**Telephone: 0845 357 8001
Facsimile: 020 7189 5001
Email: gmc@gmc-uk.org
www.gmc-uk.org**cc: All Legal Assessors
All Panel Secretaries****Letter from Niall Dickson**

Please find enclosed an electronic copy of a letter from Niall Dickson dated 23 June 2010. Niall has written personally to every panellist.

Regards
Panel Development Team

Letter from Niall Dickson dated 23 June 2010

Dear Panellist

It is nearly six months since I joined the GMC and I thought I would write to give you some initial thoughts on my experience thus far and to set out some of the issues that need to be tackled over the next couple of years.

It has been an interesting period, not without its challenges. I have been genuinely impressed with the quality of staff and the many Associates upon which we rely, and I am grateful for the vital and difficult work panellists undertake on our behalf.

As you know, the GMC has been through a great deal of change in the past few years, and I am sure this has made us a stronger and more effective organisation. However, it is clear we must embrace further reform if we are to protect the public to the best of our ability and keep our costs down. The introduction of revalidation, the consolidation of our role in post graduate medical education, and ensuring a seamless transfer of our adjudication function to OHPA, are just a few of the key challenges that lie ahead. We are also seeing a relentless rise in referrals to our Fitness to Practise procedures and we need to understand better why this is happening as well as exploring new and better ways of dealing with them.

The wider environment in which we work is also changing. The impact of the coalition government and the period of austerity on which the country has embarked are still far from certain. What we do know is that while the NHS may be protected compared to other parts of the public sector, it will still face very difficult decisions, and professionals working within it will feel under considerable pressure. It is incumbent upon us to make sure that the GMC is, and is seen to be, using doctors' money wisely – this is partly why we felt we had to introduce a new expenses framework. I know this was not popular and I am sorry we did not consult on the detail beforehand, but I believe it was an essential move as we continue to demonstrate that we provide value for money for doctors.

Another controversial matter that came up earlier in the year was the determination in relation to Dr Jane Barton. You may recall this was a high profile case where the panel concluded the matter with conditions on Dr Barton's practice. However, Counsel for the GMC had argued that she should be erased, and we issued a statement expressing surprise at the panel's conclusion, pointing out that our sanction bid had been for erasure.

This is not the first time the GMC has set out a different position from that reached by a panel, but it is unusual and there are those who believe we should never do anything other than support panel decisions. I do not share that view. Although panellists are officially appointed by the Registrar, I exercise that function using an independent appointments process and I believe that panels must, and must be seen to be, independent of the GMC's role as the 'prosecuting' authority. In that role, having heard all the evidence presented to the panel and the finding of fact in this case, we submitted a sanction bid. The panel likewise had heard and considered all the evidence and the mitigating factors, and it came legitimately to a different view. In most cases we would not draw attention to

such a difference, but given the nature of this case and the seriousness of the issues with which it was dealing, we felt it was important to draw attention to our view as the 'prosecutor'.

I expect that in future this will happen on an exceptional basis but, of course, with the implementation of OHPA, the GMC itself will have a right of appeal where it disagrees with panel decisions and I have no doubt we will exercise that right from time to time.

I am grateful for your commitment to this important area of our work. As I mentioned above, our fitness to practise workload is rising and, in particular, the volume of serious cases referred by the NHS. This, in turn, means we will need more hearings and more panellist days over the next year. I hope you will give as much availability as you can to the Empanelment Team to help us provide as timely a service as possible in the months that lie ahead.

Thanks again for your commitment and dedication to this important area of our work.

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Niall Dickson