

Meeting Notes

29757967

3847

COUNCIL

Regulating doctors
Ensuring good medical practice**Date:** 19 January 2010**Venue:** Portcullis House**Attendees:** Norman Lamb MP, Lib Dem Shadow Health Secretary
Andrew Forth, Norman Lamb's researcher
Paul Philip
Laura Nelson

Code A

1. Code A said he had been in frequent contact with Code A Code A who died as a result of an overdose of diamorphine prescribed by Code A. Code A He said that he and the brothers had drawn up a number of proposals for reforming out of hours care (please see annex 1). He said that he has shown the proposals to the Royal College of GPs and they are supportive.
2. Paul Philip commented on the proposals that are relevant to the GMC:
 - 2 and 3 – the GMC agrees that exchange of fitness to practise information between countries is not as open as it should be.
 - 4 – to practise as a GP in the UK doctors must prove they have enough experience to join the GP register. He said that as the GMC does not regulate medical education in other EEA countries we cannot be certain of the standards. We are also unfamiliar with some medical schools, particularly in the new EU countries.
 - 6 and 7 – the GMC agrees that doctors from EEA countries should be treated the same as doctors who have graduated outside the EU and undergo language, knowledge and skills tests.
3. NL said that his party is the most pro-European party and is in favour of free movement of people but that adequate safeguards to protect patient safety must be in place.
4. PP said that the GMC is planning to approach Code A to offer a meeting. NL said that he thought this would be very welcome and that Andy Burnham had also agreed to meet them.

Dr Jane Barton case

5. NL has been asked by the *Mail on Sunday* to write an article on the case and he has agreed to do this for Sunday 24 January.
6. He said that the timescale involved in this case causes him, and the relatives, serious concern, particularly now that serious findings of fact against Dr Barton have been found proved.
7. PP explained that the police take the view that to disclose information to the GMC might jeopardise the outcome of the investigation.
8. He explained that that the GMC took Queen's Counsel advice on whether to challenge the police but were advised that the GMC would lose a judicial review.
9. NL asked whether the IOP's decision not to take the case forward would have been different under the new independent Office of Health Professions Adjudicator. PP said that the decision would have been the same because of the lack of information available. However the GMC will in future be able to JR OHPA's decision whereas it clearly can't JR its own decisions.
10. PP said that it was very concerning that the police would not share the information with the GMC when it was the only body that could put conditions on, or suspend the doctors registration, to protect the public.
11. NL said there should be a statutory obligation to share information between the police and healthcare regulatory bodies where patient safety is under threat.
12. NL said he has serious concerns about the Nursing and Midwifery Council's approach: they are not moving forward with their fitness to practise procedures until the GMC's decision has been announced. He asked for Paul's reaction to this. PP said that the GMC would not wait for another regulatory body's decision before proceeding with their own hearings etc.
13. NL said that his article will focus on the fact that the relatives have been left for 11 years without an outcome. He will say that the system needs to change and that there should be more exchanging of information.

Annex 1

Norman Lamb, Code A proposals for reform of out of hours care

Out of Hours Care: Proposals for reform: Lessons from the Code A case

- 1) Urgent review of out of hours care arrangements conducted by the Royal College of GPs with a view to reintegrating local primary care in the provision of out of hours care.
- 2) A suspension anywhere in the EU should apply everywhere.
- 3) There must be immediate notification of any incident leading to suspension-across Europe.
- 4) A review of what qualifications should lead to registration in another EU country – to address the problem of inadequate GP training in Germany or other EU country leading to registration in UK for a different type of role. Must be the aim to insist on common training standards across the EU.
- 5) An urgent review of the operation of the European Arrest Warrant system.
- 6) No GP to work in the NHS in any capacity without meeting a common language and competence test.
- 7) Any doctor working in the UK for the first time should undergo specific training in the UK system and then an assessment to ensure understanding.
- 8) Any doctor working in the UK for the first time to undergo a UK Enhanced Criminal Record Bureau check – just as all UK doctors have to – Cornwall PCT state that no CRB check was asked for as they were relying of the German issued certificate of Good Standing.