

**From:** Tomlinson, Tamsin [Code A]  
**Sent:** 06 July 2007 11:45  
**To:** [Code A] SVS1 Summer Vacation Student  
**Subject:** Barton  
**Attachments:** 5561786\_1.DOC

Consider the environment, think before you print!

Field Fisher Waterhouse LLP Portland Tower Portland Street Manchester M1 3LF  
Tel+44 (0)161 238 4900 Fax+44 (0)161 237 5357 E-mail [info@ffw.com](mailto:info@ffw.com)  
Web [www.ffw.com](http://www.ffw.com) CDE823

FFW does not accept service of documents by e-mail for Court or other purposes unless expressly agreed in writing beforehand. For service to be effective, the sender must receive an express acknowledgement of receipt from the person intended to be served.

This e-mail may contain privileged and confidential information. If you receive it in error please tell the sender and do not copy, distribute or take any action in reliance upon it. You should ensure this e-mail and any attachments are virus free. E-mail is not a 100% virus-free or secure medium. It is your responsibility to ensure that viruses do not adversely affect your system and that your messages to us meet your own security requirements. We reserve the right to read any e-mail or attachment entering or leaving our systems without notice.

Field Fisher Waterhouse LLP is a limited liability partnership registered in England and Wales (registered number OC318472) and is regulated by the Solicitors Regulation Authority. A list of its members and their professional qualifications is available at its registered office, 35 Vine Street, London, EC3N 2AA.  
We use the term partner to refer to a member of Field Fisher Waterhouse LLP, or an employee or consultant with equivalent standing and qualifications.





**Abigail Maher** Code A

**From:** Rebecca Faulkner Code A  
**Sent:** 09 July 2007 15:13  
**To:** Code A  
**Cc:** Tamsin Tomlinson Code A  
Code A  
**Subject:** GMC : Dr Barton, Case Management Procedure (Old Rules)

Dear All,

We have been requested to contact you, inviting you to participate in Case Management Procedure for the hearing of Dr J A Barton.

This has been referred under Old Rules ( as opposed to New Rules listing procedure that we have followed since 2004) and I would be grateful if you could indicate if you wish to take part .

The protocol requires two telephone conferences between the following parties :

GMC Adjudication Sections's listings officer (Chair)  
The doctors representative  
The GMC Solicitor  
The GMC Caseworker

The first telephone conference called, called a Stage 3, is fixed to set a timetable for the case, including a provisional listing date, time estimate and location. The second telephone conference - called a Stage 5, is to confirm the listing date and time estimate and to resolve any outstanding procedural or legal issues.

For your reference I attach proformas of the Stage 3 and Stage 5 and also the BT Meet Me guide for assistance in dialling in to a telecon.

I would be very grateful if you could indicate to me, no later than 23 July 2007, if you wish to take part in the protocol.

If you need any further information please do not hesitate to contact me.

Yours sincerely,

Rebecca



GMC Case Protocol  
stage 3 form...

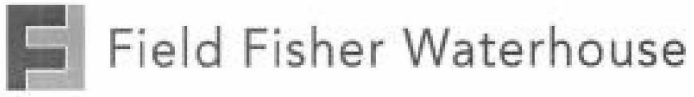


GMC Case Protocol  
stage 5 form...

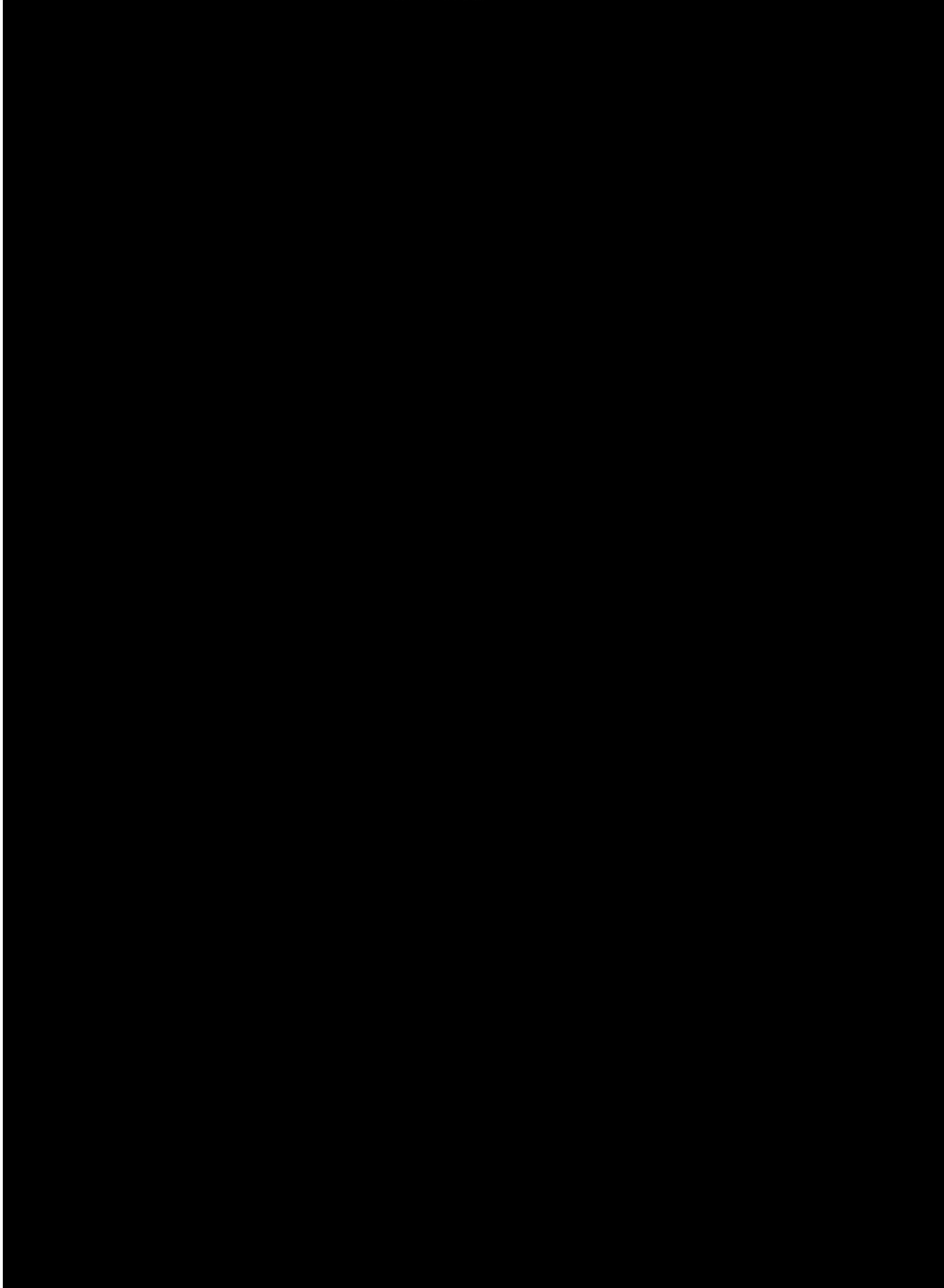


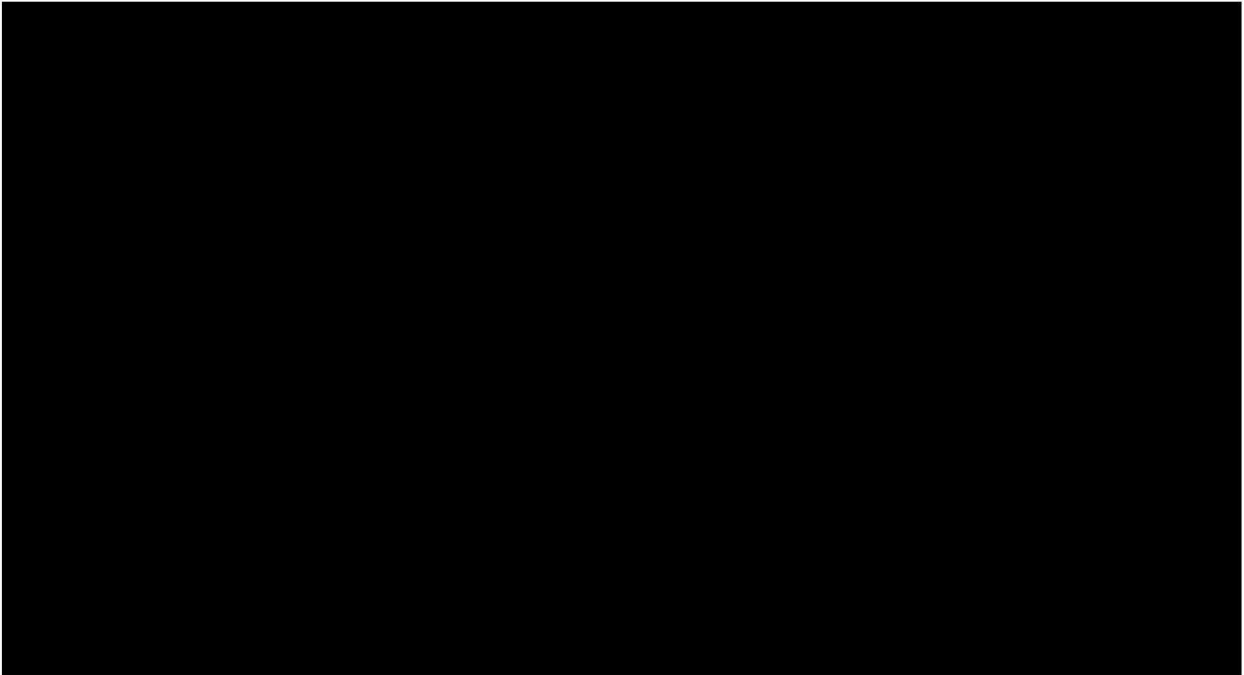
BT Meet Me  
guide.doc (29 KB)

**Rebecca Faulkner**  
**Adjudication Co-ordinator**  
General Medical Council  
Manchester DDI : Code A



Case Report





**From:** Code A  
**Sent:** 20 July 2007 11:15  
**To:** Code A  
**Cc:**  
**Subject:** Dr Barton  
**Attachments:** barton - wilson.doc; barton - farthing.doc; barton - jackson.doc;  
barton - mackenzie.doc; barton - page.doc

Sarah,

I discussed this case this morning at the Case Review meeting with Peter and Mary.

As you are aware information was originally received about the case from Hampshire Constabulary and some of the patients relatives subsequently complained to us.

Peter is of the view that because the PPC outcome letter to the relatives refers to information provided by Hampshire Constabulary, it is an information rather than a complainant case. I enclose a copy of one of those letters including the one to Gillian Mackenzie as sometime ago Tamsin raised a query about her.

Could we agree a date to have a meeting or telecom to discuss the scope of the investigation?

Code A

Your reference

**In reply please quote**

MK/2000/2047

**Please address your reply to Conduct Case Presentation Section, FPD**

**Fax** Code A

12 September, 2002

Mr I Wilson

**Code A**

Dear Mr Wilson

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information provided by the Hampshire Constabulary about Dr Barton. They have decided that a charge should be formulated against Dr Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Dr Barton's case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

**Michael Keegan**  
**Conduct Case Presentation Section**

Code A

Email: Code A



Your reference

**In reply please quote**

MK/2000/2047

**Please address your reply to Conduct Case Presentation Section, FPD**

**Fax** Code A

12 September, 2002

Mr C R S Farthing

**Code A**

Dear Mr Farthing

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information provided by the Hampshire Constabulary about Dr Barton. They have decided that a charge should be formulated against Dr Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Dr Barton's case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

**Michael Keegan**  
**Conduct Case Presentation Section**

Code A

Email: Code A

Your reference

**In reply please quote**

MK/2000/2047

**Please address your reply to Conduct Case Presentation Section, FPD  
Fax 020 7915 3696**

12 September, 2002

Mrs M Jackson

**Code A**

Dear Mrs Jackson

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information provided by the Hampshire Constabulary about Dr Barton. They have decided that a charge should be formulated against Dr Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Dr Barton's case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

**Michael Keegan  
Conduct Case Presentation Section**

**Code A**

email: **Code A**

Your reference

**In reply please quote**

MK/2000/2047

**Please address your reply to Conduct Case Presentation Section, FPD**

**Fax** Code A

12 September, 2002

Ms G M MacKenzie

**Code A**

Dear Ms McKenzie

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information provided by the Hampshire Constabulary about Dr Barton. They have decided that a charge should be formulated against Dr Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Dr Barton's case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

**Michael Keegan**  
**Conduct Case Presentation Section**

Code A

Email: Code A

Your reference

**In reply please quote**

MK/2000/2047

**Please address your reply to Conduct Case Presentation Section, FPD**

**Fax**

12 September, 2002

Mr B Page

**Code A**

Dear Mr Page

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information provided by the Hampshire Constabulary about Dr Barton. They have decided that a charge should be formulated against Dr Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Dr Barton's case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

**Michael Keegan**

**Conduct Case Presentation Section**

Email:

**From:** Rebecca Faulkner [Code A]  
**Sent:** 24 July 2007 13:43  
**To:** Rebecca Faulkner [Code A]  
**Cc:** 'Tamsin Tomlinson [Code A];  
[Code A]  
**Subject:** RE: GMC : Dr Barton, Case Management Procedure (Old Rules)

Good afternoon,

As I do not yet appear to have received a response to my below email, I would therefore, like to offer you an additional 7 days to consider this matter further. I would be grateful to receive your confirmation by **2 August 2007** if you wish to participate in the two-stage pre-adjudication case management procedure. If you are no longer representing Dr Barton, I would be very grateful if you could let me know.

I look forward to hearing from you. In the meantime, if you would like any further information, or if you would like to discuss any practical arrangements, please do not hesitate to contact me.

Kind regards,  
Rebecca

---

**From:** Rebecca Faulkner [Code A]  
**Sent:** 09 July 2007 15:13  
**To:** [Code A]  
**Cc:** Tamsin Tomlinson [Code A]  
**Subject:** GMC : Dr Barton, Case Management Procedure (Old Rules)

Dear All,

We have been requested to contact you, inviting you to participate in Case Management Procedure for the hearing of Dr J A Barton.

This has been referred under Old Rules ( as opposed to New Rules listing procedure that we have followed since 2004) and I would be grateful if you could indicate if you wish to take part .

The protocol requires two telephone conferences between the following parties :

GMC Adjudication Sections's listings officer (Chair)  
 The doctors representative  
 The GMC Solicitor  
 The GMC Caseworker

The first telephone conference called, called a Stage 3, is fixed to set a timetable for the case, including a provisional listing date, time estimate and location. The second telephone conference - called a Stage 5, is to confirm the listing date and time estimate and to resolve any outstanding procedural or legal issues.

For your reference I attach proformas of the Stage 3 and Stage 5 and also the BT Meet Me guide for assistance in dialling in to a telecon.

I would be very grateful if you could indicate to me, no later than 23 July 2007, if you wish to take part in the protocol.

If you need any further information please do not hesitate to contact me.

Yours sincerely,

Rebecca

<< OLE Object: Picture (Metafile) >> << OLE Object: Picture (Metafile) >> << OLE Object: Picture (Metafile) >>

**Rebecca Faulkner**  
**Adjudication Co-ordinator**  
General Medical Council  
Manchester DDI : Code A

**From:** [Code A]  
**Sent:** 02 August 2007 17:13  
**To:** 'Tomlinson, Tamsin'  
**Subject:** RE: Barton - agenda for meeting 3 August 2007

Tamsin,

A colleague has checked the experts for me (with the exception of Professor R Baker) and none of them have any GMC history.

We need more information about Professor Baker such as a date of birth or his registration number as there are lots of R Baker registered and most have their specialities missing. Also our system does state whether or not they are Professors.

[Code A]

---

**From:** Tomlinson, Tamsin [Code A]  
**Sent:** 02 Aug 2007 10:06  
**To:** [Code A]  
**Subject:** RE: Barton - agenda for meeting 3 August 2007

Portland Tower is indeed the one with the yellow side, you can't miss it really!

The full names of the experts are:

Dr Andrew Wilcock  
Dr G A Ford  
Dr C R K Dudley  
Professor Brain Livesley  
Dr K I Mundy  
Professor R Baker

I'm sorry, but some of them only have their initials on their reports and not their full names.

Thanks

Tamsin

**Tamsin Tomlinson | Solicitor**  
for Field Fisher Waterhouse LLP  
dd [Code A]

Mobile: [Code A]

---

**From:** [Code A]  
**Sent:** Thursday, August 02, 2007 9:59 AM  
**To:** Tomlinson, Tamsin  
**Subject:** RE: Barton - agenda for meeting 3 August 2007

Hi Tamsin,

Thanks for the agenda.

I think I know where Portland Tower is, is it the building with the yellow colouring on it?

In respect of the experts do have their Christian names, as it will make it a lot easier to find them?

Code A

---

**From:** Tomlinson, Tamsin [Code A]  
**Sent:** 01 Aug 2007 17:19  
**To:** [Code A]  
**Cc:** Ellson, Sarah  
**Subject:** Barton - agenda for meeting 3 August 2007

Hi [Code A]

As promised - a rough agenda for Friday's meeting is:

1. Investigation plan for each patient - initial views on strengths and weaknesses and update on current position
2. Counsel
3. Experts
4. Related GMC / NMC Investigations

We have ordered lunch too.

Perhaps prior to the meeting you could have a look to check if any of the experts who have given reports have FTP issues? I'm sorry, I meant to forward you the names a couple of weeks ago but have been in back to back hearings.

The names are:

Dr Wilcock (Palliative Care - Nottingham)  
Professor Ford (Physician - Newcastle)  
Dr Dudley (Nephrologist - Bristol)  
Professor Livesley (Care of the Elderly - London)  
Dr Mundy (Physician Geriatrician - Surrey)  
Professor Baker (GP + Health Sciences - Royal Free)

Do you need directions to our offices?

See you on Friday.

Tamsin

**Tamsin Tomlinson | Solicitor**



for Field Fisher Waterhouse LLP

dd

Mobile

### Consider the environment, think before you print!

**Field Fisher Waterhouse LLP** Portland Tower Portland Street Manchester M1 3LF

**Tel**+44 (0)161 238 4900 **Fax**+44 (0)161 237 5357 **E-mail** [info@ffw.com](mailto:info@ffw.com)

**Web** [www.ffw.com](http://www.ffw.com) **CDE823**

FFW does not accept service of documents by e-mail for Court or other purposes unless expressly agreed in writing beforehand. For service to be effective, the sender must receive an express acknowledgement of receipt from the person intended to be served.

This e-mail may contain privileged and confidential information. If you receive it in error please tell the sender and do not copy, distribute or take any action in reliance upon it. You should ensure this e-mail and any attachments are virus free. E-mail is not a 100% virus-free or secure medium. It is your responsibility to ensure that viruses do not adversely affect your system and that your messages to us meet your own security requirements. We reserve the right to read any e-mail or attachment entering or leaving our systems without notice.

Field Fisher Waterhouse LLP is a limited liability partnership registered in England and Wales (registered number OC318472) and is regulated by the Solicitors Regulation Authority. A list of its members and their professional qualifications is available at its registered office, 35 Vine Street, London, EC3N 2AA. We use the term partner to refer to a member of Field Fisher Waterhouse LLP, or an employee or consultant with equivalent standing and qualifications.

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)

General Medical Council

St James Building, 79 Oxford Street Manchester. M1 6FQ

Regents Place, 350 Euston Road, London. NW1 3JN

The Tun, 4 Jacksons Entry, Holyrood Road, Edinburgh. EH8 8AE

Regus House, Falcon Drive, Cardiff Bay. CF10 4RU

20 Adelaide Street, Belfast. BT2 8GD

Tel: 0845 357 8001  
Fax: 0845 357 9001

**From:** [Code A]  
**Sent:** 09 August 2007 14:21  
**To:** Fiona McQueen [Code A]  
**Subject:** RE: London long cases

Hi Fiona,

All of my cases are currently proceeding to schedule, so should run.

[Code A]

---

**From:** Fiona McQueen [Code A]  
**Sent:** 09 Aug 2007 14:20  
**To:** [Code A]; Patricia Collins [Code A]  
**Subject:** London long cases

Just a speculative enquiry. Are any of these long cases in London between now and the end of the year a possible candidate for not running?

Mubarak [Code A]  
Timmis & Hines Tricia  
Walton [Code A]  
Doshi Tricia  
Jones [Code A]

*Thanks*

*Fiona*

**From:** [Code A]  
**Sent:** 09 August 2007 15:05  
**To:** Rebecca Faulkner [Code A]  
**Subject:** RE: GMC : Dr Barton, Case Management Procedure (Old Rules)

Rebecca,

I have consulted FFW and we hope to make disclosure by the end of August and we should also be in a position to let the MDU know which cases we are proceeding with by then. It thus would be prudent to have the telecon sometime in September depending upon all parties availability.

[Code A]

---

**From:** Rebecca Faulkner [Code A]  
**Sent:** 08 Aug 2007 10:14  
**To:** [Code A]  
**Subject:** FW: GMC : Dr Barton, Case Management Procedure (Old Rules)

Hi [Code A]

Can you help me out on the below ? Not sure how to respond on the disclosure issues she raises - is this necessary before the telecon ?

Thanks,  
Rebecca

---

**From:** Mason, Sara [Code A]  
**Sent:** 07 August 2007 18:49  
**To:** Rebecca Faulkner [Code A]  
**Cc:** Eke, Debbie  
**Subject:** RE: GMC : Dr Barton, Case Management Procedure (Old Rules)

Dear Rebecca

Thank you for your email. Ian has not have received the emails below; the email address used is incorrect. He would have responded to you if he had. Although this is an old rules case, I confirm that we would wish Dr Barton represented at any case management meeting arranged. I understand however that Ian still does not even know with which cases the GMC plan to proceed to a hearing, and is also still waiting for further disclosure, in particular of expert evidence, from the GMC Solicitors. It would be helpful to have this information and documentation before any meeting is arranged, as without it neither Ian or I are likely to be able to make any meaningful contribution. As far as arranging the meeting is concerned, it would make more sense for it to be held after Ian's return (not least because I am myself away for two weeks on annual leave the week after next). If you email me some dates this week, I will check his diary and ensure that it is fixed on a date that he can do so there is no further delay.

I look forward to hearing from you.

Regards,

Sara Mason  
Solic

-----Original Message-----

**From:** Rebecca Faulkner [Code A]  
**Sent:** 07 August 2007 14:02  
**To:** Rebecca Faulkner [Code A]; Mason, Sara  
**Cc:** [Code A]  
**Subject:** RE: GMC : Dr Barton, Case Management Procedure (Old Rules)

Dear Sarah,

I understand that Mr Barker is now on leave until 28 August. Are you able to offer some assistance on the below correspondence ?

Kind regards,

Rebecca

---

**From:** Rebecca Faulkner [Code A]  
**Sent:** 24 July 2007 13:43  
**To:** Rebecca Faulkner [Code A]  
**Cc:** Tamsin Tomlinson [Code A]  
**Subject:** RE: GMC : Dr Barton, Case Management Procedure (Old Rules)

Good afternoon,

As I do not yet appear to have received a response to my below email, I would therefore, like to offer you an additional 7 days to consider this matter further. I would be grateful to receive your confirmation by **2 August 2007** if you wish to participate in the two-stage pre-adjudication case management procedure. If you are no longer representing Dr Barton, I would be very grateful if you could let me know.

I look forward to hearing from you. In the meantime, if you would like any further information, or if you would like to discuss any practical arrangements, please do not hesitate to contact me.

Kind regards,  
Rebecca

---

**From:** Rebecca Faulkner [Code A]  
**Sent:** 09 July 2007 15:13  
**To:** [Code A]  
**Cc:** Tamsin Tomlinson [Code A]  
**Subject:** GMC : Dr Barton, Case Management Procedure (Old Rules)

Dear All,

We have been requested to contact you, inviting you to participate in Case Management Procedure for the hearing of Dr J A Barton.

This has been referred under Old Rules ( as opposed to New Rules listing procedure that we have followed since 2004) and I would be grateful if you could indicate if you wish to take part .

The protocol requires two telephone conferences between the following parties :

GMC Adjudication Sections's listings officer (Chair)  
The doctors representative  
The GMC Solicitor  
The GMC Caseworker

The first telephone conference called, called a Stage 3, is fixed to set a timetable for the case, including a provisional listing date, time estimate and location. The second telephone conference - called a Stage 5, is to confirm the listing date and time estimate and to resolve any outstanding procedural or legal issues.

For your reference I attach proformas of the Stage 3 and Stage 5 and also the BT Meet Me guide for assistance in dialling in to a telecon.

I would be very grateful if you could indicate to me, no later than 23 July 2007, if you wish to take part in the protocol.

If you need any further information please do not hesitate to contact me.

Yours sincerely,

Rebecca

<< OLE Object: Picture (Metafile) >> << OLE Object: Picture (Metafile) >> << OLE Object: Picture (Metafile) >>

**Rebecca Faulkner**  
**Adjudication Co-ordinator**  
General Medical Council  
Manchester DDI :

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)

General Medical Council

St James Building, 79 Oxford Street Manchester. M1 6FQ

Regents Place, 350 Euston Road, London. NW1 3JN

The Tun, 4 Jacksons Entry, Holyrood Road, Edinburgh. EH8 8AE

Regus House, Falcon Drive, Cardiff Bay. CF10 4RU

20 Adelaide Street, Belfast. BT2 8GD

Tel: 0845 357 8001

Fax: 0845 357 9001

---

This email has been scanned by the MessageLabs Email Security System.  
For more information please visit <http://www.messagelabs.com/email>

---

The MDU - the UK's leading medical defence organisation.

This email may contain privileged and confidential information. If you are not the intended recipient and/or have received this email in error, please notify us by return email and delete it from your system immediately.

MDU Services Limited (MDUSL) is authorised and regulated by the Financial Services Authority in respect of insurance mediation activities only. MDUSL is an agent for The Medical Defence Union Limited (the MDU). The MDU is not an insurance company. The benefits of membership of the MDU are all discretionary and are subject to the Memorandum and Articles of Association.

Neither the MDU nor MDU Services Limited accept service of any documents by email or electronic means.

MDU Services Limited is registered in England 3957086. Registered Office: 230 Blackfriars Road London SE1 8PJ.

---

This email has been scanned by the MessageLabs Email Security System.  
For more information please visit <http://www.messagelabs.com/email>

---

**From:** [Code A]  
**Sent:** 17 August 2007 16:06  
**To:** [Code A] Tomlinson, Tamsin  
**Subject:** Dr Barton  
**Attachments:** Summary of meeting with Peter 17.8.07.doc; MOU with CHI.pdf

Dear All,

I attach the outcome of my meeting with Peter today for you to action as appropriate.

I also attach a copy of the Memorandum of Understanding between us and the CHI which you previously requested.

Please let me know if you have any queries.

[Code A]



Sarah/Tamsin,

I had a meeting with Peter today to discuss this case and the following was agreed:

### **Experts**

We can use Dr Wilcock as an expert for all the cases including the three he has not yet provided comments on.

### **Location**

We can list in London if listing availability allows, otherwise Manchester.

### **Other doctors**

We should seek Counsel's advice as to whether allegations should be brought against any other doctors.

Peter stressed that the new rules would apply if allegations against any other doctors were considered and that the 5 year rule would be applicable.

*Do you know the christian names of Dr Lord and Dr Reid so that I can check if they have any prior history. I know Dr Tandy's christian name?*

### **Counsel's advice**

Peter has advised we should obtain Counsel's advice as to whether or not we should proceed with the cases, where you and Eversheds have differing opinions ie.

- Eva Page (referred by PPC)
- Alice Wilkie (referred by PPC)
- Arthur Cunningham (referred by PPC)
- Ruby Lake

In respect of Counsel's advice we accept that the cases involved in this matter are evidence of a pattern of behaviour, but we do not consider it necessary to put in every case to establish that pattern. It is reasonable to operate a threshold in determining which cases should be heard by the Panel.

### **Cases we should not proceed with**

These are case which Eversheds advised not to take forward and which you stated could be taken out.

We not do not require Counsels advice on these cases ie;

- Mrs Devine
- Mrs Service
- Sheila Gregory

**Cases to proceed with;**

These are cases which you and Eversheds agree should be considered by a Fitness to Practise Panel; ie.

- Gladys Richards
- Mr Wilson
- Mr Leslie Pittock
- Elsie Lavender
- Enid Spurgin
- Geoffrey Packman

**Additional 2 case**

- Jean Stevens
- Edna Purnell

If you have not done so already, please check with the Police the conclusion of their investigation into these cases. We will then need to look at whether they are similar to the cases that we have already.

**Rule 11 (2)**

We will adopt a liberal interpretation as to what is a similar case.





**General  
Medical  
Council**

**Memorandum of Understanding between the Commission for Healthcare Audit and Inspection (to be known as the Healthcare Commission) and the General Medical Council (to be known as the GMC)**

**Contents**

- 1 Introduction
  - 2 Scope of the Memorandum of Understanding
  - 3 Principles of joint working between the Healthcare Commission and the GMC
  - 4 Functions covered
  - 5. Levels of co-operation
  - 7 Sharing of procedures
  - 8 Potential areas for collaboration between the Healthcare Commission and the GMC:
    - i) Coordination and exchange of information
    - ii) General
    - iii) Cross referral of concerns
    - iv) Seeking and giving advice
    - v) Complaints
    - vi) Provision of training and guidance
    - vii) Feedback and contributions to annual reporting
    - viii) External communications
    - ix) Sharing resources
  - 9 Reconciliation of disagreement
  - 10 Review of the Memorandum of Understanding
- Annex A : Functions of the Healthcare Commission and GMC**
- Annex B: Contact details of persons in the Healthcare Commission and GMC who are responsible for the operation of the Memorandum.**
- Annex C: Scope of the Memorandum of Understanding**

## Memorandum of Understanding between the Healthcare Commission and the GMC

### Introduction

1. The objective of this Memorandum of Understanding is to outline the framework that the Healthcare Commission and the GMC have agreed for collaboration and co-operation to support the development of a strategic partnership. This will lead to more effective and co-ordinated regulation at both the national level, and in supporting workplace and team based regulation.
2. The Healthcare Commission is an independent body, set up to promote and drive improvement in the quality of healthcare and public health. It aims to do this by becoming an authoritative and trusted source of information and by ensuring that this information is used to drive improvement.
3. The General Medical Council registers doctors to enable them to practise medicine in the UK. Its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.
4. The relevant statutory functions of the Healthcare Commission and the GMC are set out at Annex A
5. The details of those in the Healthcare Commission and the GMC responsible for the operation of this Memorandum appear at Annex B.

### Scope of the Memorandum of Understanding

6. This Memorandum defines the circumstances in which, and the processes through which, the Healthcare Commission and the GMC will co-operate when carrying out their respective functions in England and Wales.
7. This Memorandum is additional to, and does not reduce, the separate statutory duties, responsibilities and reporting rights of either organisation, even where they have decided to work collaboratively.
8. The relevant officers (as named in Annex B) in each organisation will monitor and keep under review areas of co-operation as part of the annual review of the working of this Memorandum.
9. The proposed scope of the Memorandum is set out at Annex C.

### Principles of joint working between the Healthcare Commission and the GMC

10. The Healthcare Commission and the GMC will work together following the principles of the *Concordat between Bodies Inspecting, Regulating and Auditing Health Care* and will seek to ensure its effective implementation. The GMC are signatories to the Concordat, and, in addition to the areas covered in the MoU, will continue to work with the Healthcare Commission and other signatories in implementing its principles.
11. All decisions about collaborative working between the Healthcare Commission and the GMC will be subject to the following general principles:
  - the Healthcare Commission and the GMC will respect each other's independent status and will cooperate when necessary or appropriate;

- The working relationship of the Healthcare Commission and GMC will be governed by the need to deliver maximum benefits to those using health and other public services; and to work together when this contributes most to improvements in health services;
- The Healthcare Commission and the GMC will work together to encourage the development of consistent, high quality, accurate information in the NHS and will rely on intelligent data to focus and support their work programmes;
- The Healthcare Commission and the GMC will be open and transparent in their decisions about when and where it is considered appropriate for them to work collaboratively;
- The Healthcare Commission and the GMC will work together to optimise regulation. This will include work to develop a system which ensures that healthcare organisations discharge their responsibilities appropriately by, among other things, enabling patients to be assured that the doctors treating them are properly qualified for the role they are undertaking.

### **Functions covered**

12. The remaining sections of this Memorandum set out the principles and processes, which the Healthcare Commission and the GMC will follow when working co-operatively.
13. Subject to the availability of resources in each organisation, such co-operation will be appropriate in the following key areas:
  - General
  - Cross referral of concerns
  - Expert advice
  - Seeking and giving advice
  - Complaints
  - Training and guidance
  - Contribution to annual reports
  - External communications
  - Sharing resources.
  - Co-ordination and exchange of information
14. This list is not intended to be exhaustive. Additions can be made to the list between annual review dates by agreement between the relevant officials. Any collaborative work undertaken by the Healthcare Commission and the GMC but not identified by this Memorandum should nonetheless be carried out in accordance with the principles outlined in this Memorandum.

### **Levels of Co-operation**

15. Each organisation, through their respective Chief Executives, undertakes to keep the other informed on matters of strategic mutual interest.
16. The working relationship between the Healthcare Commission and the GMC will be characterised by regular contact and open exchange of information, including formal and informal meetings at all levels. The relevant officials within each organisation will keep these arrangements under review.

17. Each organisation commits to developing links at a local level to ensure the effective exchange of information at an operational level.

### **Sharing of procedures**

18. Each organisation will develop joint procedures where to do so is in the interests of the efficient and effective discharge of their respective functions and the overall co-ordination of healthcare regulation. Decisions about the provision of resources for joint work will be resolved prior to the work being undertaken, and may include pooling of staff or other resources, subject to proper accountability being maintained for their use.

### **Potential areas for collaboration between the Healthcare Commission and the GMC**

#### *General*

19. The Healthcare Commission and the GMC will share information about trends, concerns, data, approaches and initiatives, which are relevant to the shared aim of helping healthcare providers and registered medical practitioners to provide high quality patient care.
20. The Healthcare Commission and the GMC will share their processes and timetables for strategic planning as far as possible, informing each other at an early stage on their emerging corporate plans and annual programmes of work. This is without prejudice to the need of either organisation to conduct their work, and information shared in this way will be treated as confidential by both organisations.

#### *Cross-Referral of Concerns*

21. Where officials of either organisation encounter significant concerns or receive information about concerns that fall within the remit of the other organisation, the relevant organisation will (subject to any legal restrictions, this Memorandum and any applicable code of practice in relation to personal data) promptly convey those concerns to a person with relevant responsibility in the other organisation. Such concerns might include reports and disclosures, which are protected under the Public Interest Disclosure Act 1998. Each organisation will then provide the other with such further information and assistance as is reasonable in following up such referrals.
22. In particular, the GMC will inform the Healthcare Commission of any investigations it conducts which raise significant issues about organisational failure, poor team working or failures in information and appraisal systems.
23. The Healthcare Commission will inform the GMC of any issues emerging from the reviews and investigations it conducts, and of any specific concerns about an NHS or independent healthcare organisation, which raise significant issues about the fitness to practise of individual registered medical practitioners or the environments in which they are working. In these circumstances, all referrals will be made in consultation with the Senior Medical Advisor at the Healthcare Commission.

#### *Seeking and Giving Advice*

24. Each organisation will, on request, provide advice to the other on matters within its competence, subject to the availability of resources and the absence of conflict with the functions of the organisation requested to provide that advice.

### *Complaints*

25. Each organisation will share information in relation to their complaints handling procedures and guiding principles for initiating an investigation or assessment. Where appropriate, information will be exchanged in relation to any themes or issues arising from complaints, which may fall within the remit of the other organisation.

### *Provision of Training and Guidance*

26. Each organisation will, on request, provide material relating to training or guidance to the other on matters within its remit or competence, subject to the availability of resources and the absence of conflict with its own functions or policies.
27. The Healthcare Commission and the GMC may carry out joint training, or issue joint guidance, where to do so will contribute to more effective and co-ordinated healthcare regulation. Joint training may be developed and/or delivered together as appropriate.

### *Feedback and Contributions to Annual Reporting*

28. Each organisation will, on request, contribute material to the other's annual or other reports, subject to availability of resources.
29. The Healthcare Commission and the GMC may produce a joint report on any matter where this is in the interests of the efficient and effective discharge of the functions of each organisation and may jointly collaborate in order to share good practice or learning.

### *External Communications*

30. Each organisation will involve the other in meetings, conferences and other public discussions relating to collaborative work.
31. Where appropriate, and where it is in the interests of both the Healthcare Commission and the GMC and those using health services, each organisation will issue joint press releases or public statements on any matters or cases substantially within the remit of both the Healthcare Commission and the GMC. In other circumstances and as appropriate, either organisation will notify or copy to the other in advance of issue any press release or public statement on any matter or case which has some bearing on the other organisation.
32. Each organisation will also as necessary brief the press office of the other on current issues likely to be of interest to the public
33. Each organisation will include on its website relevant links to the website of the other.

### *Sharing Resources*

34. The Healthcare Commission and the GMC will, where appropriate, actively seek opportunities for collaborative working with the other. The feasibility of sharing or pooling expert advice may be explored, providing that this does not present either organisation with a conflict of interest.

### *Co-ordination, Consultation, and Exchange of Information*



35. In sharing information under the provisions of this Memorandum the Healthcare Commission and the GMC will comply with all relevant legislation, including, but not limited to, the Data Protection Act 1998, the Human Rights Act 1998, as well as Codes of Practice on confidential personal information of the Healthcare Commission and/or GMC and the common law duty of confidentiality.
36. Both organisations are subject to the Freedom of Information Act 2000, and where either organisation has been subject to a Freedom of Information request that relates to any area of collaborative working they will inform the other. The Healthcare Commission and the GMC will follow the arrangements set out in any agreed protocol for the sharing of information.

#### **Reconciliation of disagreement**

37. Any disagreement between the Healthcare Commission and the GMC will normally be resolved at working level between the relevant officials. If this is not possible, it may be referred upwards through those responsible for operating this Memorandum, up to and including the Chief Executive of the Healthcare Commission and the Chief Executive of the GMC who will jointly be responsible for ensuring a mutually satisfactory resolution.

#### **Review of the Memorandum of Understanding**

38. This Memorandum will be reviewed and renewed annually.

Signed:

**Anna Walker,**  
**Chief Executive,**  
Healthcare Commission  
Finsbury Tower  
103-105 Bunhill Row  
London EC1Y 8TG

Dated:

Signed:

**Finlay Scott**  
**Chief Executive and Registrar**  
GMC  
Regent's Place  
350 Euston Road  
London NW1 3JN

Dated:

## Annex A

### Roles and Responsibilities of the Healthcare Commission and the GMC.

#### Background

The Healthcare Commission was established by the Health and Social Care (Community Health and Standards) Act 2003 (the HSC Act).

The HSC Act confers particular functions with respect to NHS bodies on the Healthcare Commission and the National Assembly for Wales.

#### Core Responsibilities

##### Healthcare Commission

The HSC Act imposes on the Healthcare Commission the overall function of encouraging improvement in the provision of health care by and for NHS bodies.

The Healthcare Commission is required to pay particular attention to:

- the availability of, access to and quality and effectiveness of health care;
- the economy and efficiency of the provision of health care;
- the availability and quality of information provided to the public about health care;
- the need to safeguard and promote the rights and welfare of children and the effectiveness of measures taken to do so.

The main statutory functions of the Healthcare Commission include:

- carrying out reviews and investigations of the provision of healthcare and the arrangements to promote and protect public health;
- promoting the coordination of reviews and assessments undertaken by other bodies;
- publishing information about the state of healthcare across the NHS and the independent sector, including the results of national clinical audits;
- reviewing the quality of data relating to health and healthcare;

and in England only:

- reviewing the performance of each English NHS body and awarding an annual rating of that organisation's performance;
- regulating the independent healthcare sector through annual registration and inspection;
- carrying out comparative studies aimed at improving economy, efficiency and effectiveness in English NHS bodies other than Special Health Authorities;
- considering complaints about NHS bodies that they have not been able to resolve through their own complaints processes;
- publishing surveys of the views of patients and staff.

## GMC

The GMC's statutory purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

- Keeping an up to date register of qualified doctors
- Fostering good medical practice
- Promoting high standards of medical education
- Dealing firmly and fairly with doctors whose fitness to practise is in doubt

**Annex B**

Contact details for those responsible for operating this Memorandum:

**The Healthcare Commission**

For any information/complaint/concern relating to an individual doctor/doctors:

Dr Nicholas L Bishop  
Senior Medical Advisor  
Finsbury Tower  
103 – 105 Bunhill Row  
London EC1Y 8TG

**Code A**

For any communication issue

Alexa Knight  
External Relations Manager

**Code A**

For any MoU or general issues:

Mary Keane  
Clinical Strategy, UK Engagement & External Agreements

**Code A**

**The GMC**

For any information/complaint/concern relating to an individual doctor/doctors:

Shaun Moggan  
Head of London Investigation Team

**Code A**

For any communication issue

Jo Wren  
Media Relations Manager

**Code A**

For any MoU issue, or strategic/forward planning issues:

Helen Chandler  
Strategy and Planning Advisor

**Code A**

## **Annex C**

### Scope of the Memorandum of Understanding

This Memorandum does not place additional legal obligations on either organisation, nor does it imply any transfer of responsibility from one to the other, nor sharing of statutory functions. In operating within the terms of this Memorandum, each organisation will continue to work within their respective statutory framework and functions at all times.

Equally, either organisation can decline a request to collaborate on a specific piece of work on the grounds of efficiency or effectiveness or because to do so is deemed either not to be in the best interests of those using services or directly conflicts with either organisation's statutory duties, policies or functions

**From:** Rebecca Faulkner [Code A]  
**Sent:** 20 August 2007 11:49  
**To:** 'Mason, Sara'  
**Cc:** [Code A] Tamsin Tomlinson  
[Code A]  
**Subject:** Dr Barton ( Old Rules) Case Management Procedure  
**Attachments:** Dr Barton Old Rules Stage 3.doc; BT Meet Me guide.doc; GMC Case Protocol stage 3 form.doc

Dear Sarah

Further to our recent correspondence regards scheduling a Stage 3 telecon as part of Case Management Procedure, I am happy to advise that as everyone appears to be available, this has been fixed for **10am on September 6 2007**. I would be grateful if this information could be passed to Ian Barker.

Please find attached an official letter stating this.

For your ease of reference, I attach the dial up details and Stage 3 agenda.

With best wishes,

Rebecca

<<Dr Barton Old Rules Stage 3.doc>> <<BT Meet Me guide.doc>> <<GMC Case Protocol stage 3 form.doc>>

**Rebecca Faulkner**  
**Adjudication Co-ordinator**  
General Medical Council  
Manchester DDI : [Code A]

20 August 2007

**In reply please quote: RF/55-900722**

Mr Ian Barker  
The Medical Defence Union  
230 Blackfriars Road  
London  
SE1 8PJ  
United Kingdom

Dear Mr Barker

**Dr Jane BARTON**  
**Fitness to Practise Panel – pre-adjudication case management procedure ( Old Rules)**  
**Stage 3 Telephone Conference at 10am on 6 September 2007**

Thank you for agreeing to participate in the pre-adjudication case management procedure Stage 3 telephone conference on behalf of Dr Barton.

The Stage 3 telephone conference is fixed to seek agreement on a timetable for the case, including a provisional listing date, time estimate and location and to ascertain whether: any preliminary legal arguments will be made at the hearing; the health of the doctor is to be raised as an issue; and if a specialist adviser is required.

Full details of the procedure and supportive documentation is included in the guidance manual which, together with a copy of the new rules of procedure, was enclosed with our letter of 9 July 2007. Please let me know if you require any additional copies.

As agreed, the Stage 3 telephone conference in Dr Barton's case is scheduled for 10am on 6 September 2007 and is expected to last around 20 minutes. I look forward to talking with you then. In the meantime, if you need any further information, or if you would like to discuss any practical arrangements, please do not hesitate to contact me.

Yours sincerely

**Mrs Rebecca Faulkner**  
**Adjudication Coordinator**  
**Fitness to Practise Directorate**

Direct line:

Fax:

Email:

Cc: Sarah Ellson, Tamlin Tomlinson : Field Fisher Waterhouse  
 GMC Investigation Officer





## GMC Pre-adjudication case management procedure

### BT MeetMe telephone conferencing – A step-by-step guide

Participant passcode:

**Code A**

MeetMe telephone no:

1. Date and time of telephone conference must be agreed in advance.
2. At the agreed time, ring the MeetMe telephone number - **Code A**
3. You will be prompted to enter the participant passcode.
4. Enter **Code A** and then a #.
5. You may be prompted to give your name. Please do so, if asked, and accept the subsequent recording.
6. Wait for the telephone conference to start.

#### Points to note

- The telephone conference cannot begin until the GMC Adjudication Management Section listings officer (as Chair) has joined it.
- The cost to participants (doctor and/or legal representatives and GMC solicitors) will be that of a normal telephone call. All call costs will be borne by the GMC.
- It is important to call in at the agreed time so that we are efficient with time and money.
- Participants can use additional features during the telephone conference:
  - \*0 Signals BT co-ordinator for assistance;
  - \*4 Automatic volume equalisation (adjusts the volume of your line);
  - \*6 Mutes/unmutes your telephone line (useful for noisy connections).

**GMC Case Protocol - Stage 3 Telephone Conference****Case:****PPC referral:****Conference date:****Areas to be covered**

	<b>Action</b>	<b>Outcome</b>
1.	GMC to complete investigation	Date:
2.	GMC to disclose evidence and final charge	Date:
3.	Doctor to indicate timetable for preparation of defence	Date:
4.	Agree timetable	
5.	Provisional hearing date	Date:
6.	Time estimate	Days:
7.	Location of hearing	Location:
8.	Date of next telephone conference	Date: