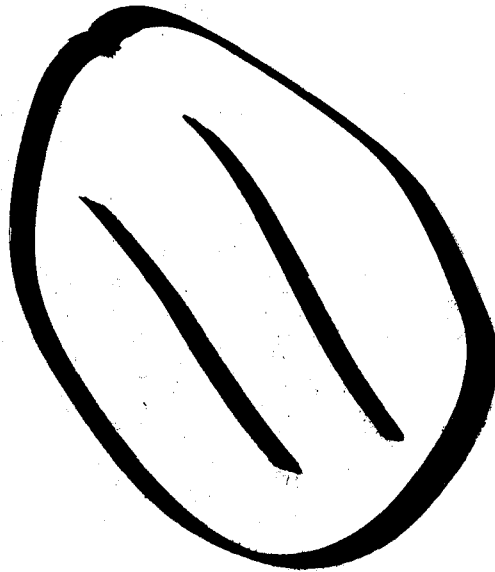


FINLAY SCOTT'S CORRESPONDENCE WITH DOH November 1995 – February 1996



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File Reference No **00075255**
Home Location **IM Manchester**
Owner Location **Office of the President and Chief Executive (OPCE)**
Subject **Correspondence**

Date Created 13/11/1995



00087395

Chief Executive and Registrar Finlay Scott TD

23 February 1996

Fax letter: 0113 2545958

Dr Robert Hangartner
 Head of Medical Education
 Training and Staffing Division
 Department of Health
 Quarry House
 Quarry Hill
 Leeds LS2 7UE

**GENERAL
 MEDICAL
 COUNCIL**

*Protecting patients,
 guiding doctors*

cc Code A ^{23/2/96}

Dear Robert

You may wish to be aware of a situation which we have with the Foreign and Commonwealth Office whereby we are being requested to withhold temporary full registration from a Japanese doctor who wishes to practise in the United Kingdom at a private clinic.

The Embassy in Tokyo is having discussions with the Japanese Ministry of Foreign Affairs about the number of UK doctors entitled to practise in Japan and believes that by the GMC withholding registration, even for a short period, the Japanese will be minded to allow an additional UK doctor into their country.

The application from the Japanese doctor is now complete and ready to be granted and we find it difficult to delay it further. However, before we grant the application it would be interesting to know whether you have any views on the matter and whether you would consider that there is any reason why we should not grant it from your point of view.

I look forward to hearing from you shortly.

Yours ever

Code A

***** ACTIVITY REPORT *****

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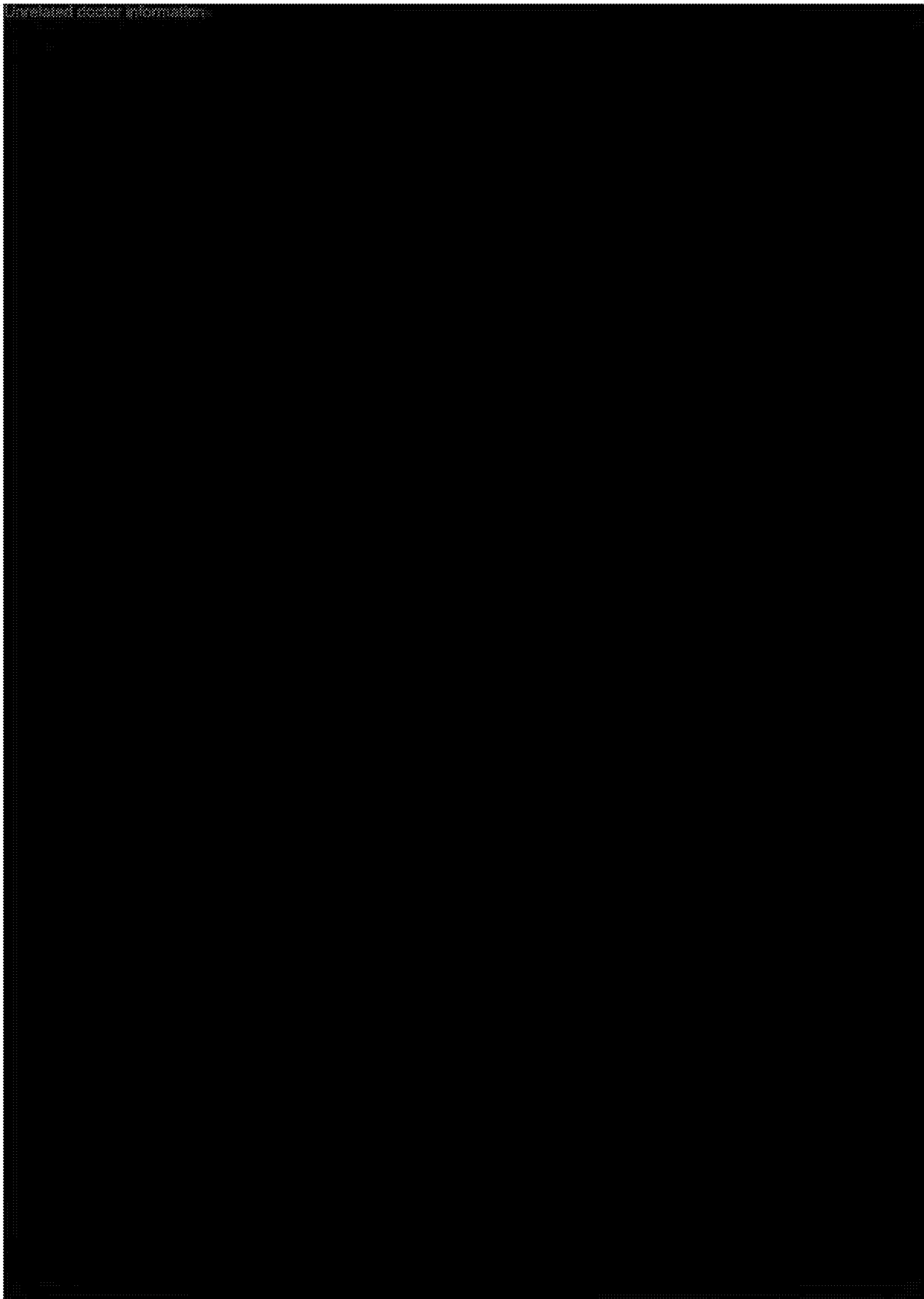
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Unrelated doctor information



Unrelated doctor information





The
GMC

General Medical Council
178-202 Great Portland Street, London W1N 6JE

Office of President and Registrar

Code A

To .. **Code A**

.....
Date 21/12/95 Time 16:58 Total number of pages (incl this one) 3.....

Message:

From:..... **Code A**

The
GMC

D

Code A

GENERAL MEDICAL COUNCIL

178-202 Great Portland Street London W1N 6JE
 Tel: 0171 580 7642 Fax: 0171 637 0895

13 December 1995

Direct line
 Direct fax

Code A

Code A

Medical Education Policy, Room 2W57
 Department of Health
 NHS Executive
 Department of Health
 Quarry House
 Quarry Hill
 Leeds LS2 7UE

Des **Code A**

Thank you for your letter of 1 December 1995 about your impending departure from your current post.

I am sorry that we will be losing you. As in my previous job, it has been a pleasure to do business.

I hope that you enjoy your pastures new and that our paths may continue to cross from time to time.

Best wishes

Code A

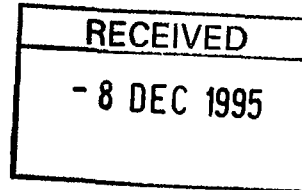
NHS**Executive****Headquarters**Department of
Health

Quarry House

Quarry Hill

Leeds LS2 7UE

Tel 0113 254 5000



Mr F Scott
Registrar
General Medical Council
44 Hallam Street
LONDON
W1N 6AE

1st December 1995

Dear Frank Code A

CHANGES IN MEDICAL EDUCATION TRAINING AND STAFFING DIVISION

I am writing to let you know that a number of changes have been agreed to the senior staffing of this Division within the Executive. The major change is that from 2 January Code A will take over both from me and from Code A as the Assistant Secretary in charge of a new, integrated education and performance branch of the Medical Education and Staffing Division. There will be some other associated staffing changes details of which will be circulated shortly.

I would however like to take this opportunity of saying thank you to you (and to your colleagues) for your encouragement and help over the last three and a half years. This has been a period of major change both within the Executive and within the NHS; but equally the changes within medical and dental education have been no less dramatic.

I feel very proud to have been associated with these changes. Structured training in particular will clearly be of great benefit not just to the medical profession but to the NHS and patients more widely. I will also miss the many friends I have made amongst colleagues involved in medical and dental education and the excitement of being in the forefront of major strategic changes. (But I will not miss the all too regular journeys to and from Leeds.)

I will not be severing my connections with medical education immediately; for the next three or four months I will be carrying forward some reviews to do with funding of medical education.

Thanks once again for all your help and encouragement. I am sure you will want to join me in welcoming Code A to his new responsibilities in this exciting and demanding area.

Yours ever,

Code A

Medical Education Policy

8/12/95
479 *President*
4790s

The
GMC

Code A

GENERAL MEDICAL COUNCIL

178-202 Great Portland Street London W1N 6JE
Tel: 0171 580 7642 Fax: 0171 637 0895

12 December 1995

Direct line

Code A

Dr Robert Hangartner
Senior Principal Medical Officer
Department of Health
Quarry House
Quarry Hill
Leeds LS2 7UE

Dear Robert

NHS Reorganisation

A number of my colleagues have mentioned that they would find it helpful to have an explanation of recent and proposed changes to the organisation of the NHS. As you know, we have a good deal of contact with employers and authorities of various kinds.

Two possibilities occur to me. First, is there a leaflet or other publication which could be made available for circulation here? Second, could we arrange for a speaker to address one or two groups of staff, with the opportunity for questions?

Any suggestions would be welcome.

Yours ever

Code A

Unrelated doctor information



The
GMC

Code A

GENERAL MEDICAL COUNCIL

178-202 Great Portland Street London W1N 6JE
Tel: 0171 580 7642 Fax: 0171 637 0895

6 December 1995

Code A

Fax letter: **Code A**

Dr Robert Hangartner
NHS Executive
Department of Health
Quarry House
Quarry Hill
Leeds
LS2 7UE

cc: Sir [unclear]

Dear Robert

Primary Medical Qualification Order

I would be glad if we could find an early opportunity to have a word about language testing of EEA nationals, an issue which arises in the context of the proposed Primary Medical Qualification Order.

You will recall, from our meeting some time ago, that Heather Cope and I mentioned growing concern amongst GMC members because we are unable to assess knowledge of English. According to anecdotal evidence, a number of EEA doctors, with provisional or full registration, cannot communicate satisfactorily with patients or colleagues.

I understand from Heather that the topic arose at the most recent meeting here to discuss the PMQO; and that **Code A** and others were disinclined to accept our view that protection of patients is best assured by linking registration to success in a language test. Separately, during the Council meeting on 7 - 8 November 1995, Dr Kendell said, in effect, that competence in English was not the GMC's business and could be left to employers.

I find this a worrying shift in the debate. It is one thing to recognise the European framework and the resulting constraints. It is quite another to assert that, in principle, competence in English is irrelevant for the purposes of registration. There are at least three counter-arguments.

First, Sections 19 and 25 of the Medical Act 1983 lay a duty upon us to be satisfied on knowledge of English before registering doctors with recognised or accepted primary qualifications. The link with registration is explicit. How can competence in English be relevant to registration for one group of doctors, many of whom were taught and examined in English, but not for others?

Second, the supplementary report on the training of overseas doctors, by the Working Group of which you were a member, recognised, in paragraph 33, the desirability of common entry standards for English language and clinical competence; and recommended, in paragraph 42, that all overseas doctors coming from training should, without exception, pass a standard test of English competence before applying for registration. Again, it is difficult to argue that this is desirable for one group but not another; or that it is desirable for those who will practice under supervision (limited registration) but not those who may practise independently (full registration).

Third, the argument that this can be left to employers, sits ill with the thrust of the report by the sub-group on locums, which you chaired. This highlighted the dangers inherent in arrangements which allow unsatisfactory doctors to wander from one employer to another.

I think that it would be helpful to discuss how best to approach what we know is a sensitive and potentially difficult topic. As the President said during the Council meeting, we are bound to recognise the current reality of European legislation and the consequences of Directives etc. On the other hand, the Council has a duty to draw attention to provisions which place patients at risk.

Incidentally, the contrast between the respective provisions for EEA and overseas qualified doctors is already a source of criticism from the ODA and others. The nature, and I suspect volume, of the criticism will change if the rationale is shifted from one of constraint to one of principle.

I have asked Code A to ring in a day or two to try to fix a time to meet. Meanwhile, in view of the discussion at the Council meeting, I am copying this to Dr Calman, Dr Campbell, Dr Hine and Dr Kendell.

Yours ever

Code A

The
GMC

Finlay Scott TD
Chief Executive and Registrar

D
GENERAL MEDICAL COUNCIL

178-202 Great Portland Street London W1N 6JE
Tel: 0171 580 7642 Fax: 0171 637 0895

4 December 1995

Dr Robert Hangartner
Senior Principal Medical Officer
Department of Health
Quarry House
Quarry Hill
LEEDS LS2 7UE

Dear Code A

I wrote on 11 October about the release of NHS employees for GMC business.

I indicated in particular that it would be helpful if you or Code A were able to write to me to confirm two things. First that absence on GMC business is included in the category of work necessary for the broader benefit of the NHS. Second, that the principle applies to junior doctors as well as consultants.

This is a matter on which we are now being pressed by a number of doctors - both consultants and juniors - who have been elected to serve on GMC committees next year. It would be helpful to have this clarification as soon as possible.

Yours ever

Code A

The
GMC

D

Finlay Scott TD
Chief Executive and Registrar

GENERAL MEDICAL COUNCIL

178-202 Great Portland Street London W1N 6JE
Tel: 0171 580 7642 Fax: 0171 637 0895

13 November 1995

Code A

Professor A G Maran MD FRCS FRCP
Vice President
The Royal College of Surgeons of Edinburgh
Nicolson Street
Edinburgh
EH8 9DW

Dear Professor Maran

As you know the President passed your letter of 24 October 1995 to me, on my return from leave.

I have looked into the circumstances. It is clear that we fell down on two counts: we should have explained at an earlier stage why your FDS was not registrable; and you should certainly not have been given reason to complain that we were rude and unhelpful. Such behaviour is unacceptable and, when it occurs, is all the more disappointing because the great majority of my colleagues pride themselves on providing a high standard of service to the profession and the public.

I am grateful to you for drawing this to my attention. Please accept my apologies for the lapse and my assurance that we are taking steps to minimise the risk of any repetition.

Yours sincerely

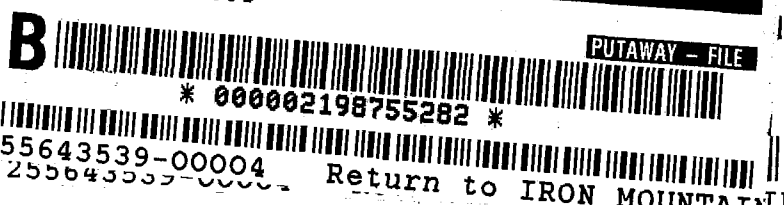
Code A

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