

### Content

A few words from Joan Martin

Utilisation of hearing rooms exceeds target

Performance assessments – behind the scenes

New Assistant Director for Adjudication

Panellists will need licence

Your questions answered

End of life treatment

## A few words from Joan Martin

### Convenor of the Fitness to Practise Reference Group



On 1 January this year the reconstituted Council of the GMC took office. The revised governance arrangements include the Fitness to Practise Reference Group (FTPRG) of which I have been elected Convenor. The FTPRG will, amongst other things, monitor and review the operation of the fitness to practise procedures.

I am keen to ensure that Council members continue to keep themselves aware of the issues arising from the adjudication process. To that end I and some of the other members will join you at some of your future training sessions so that we can hear first hand the range of issues with which you are dealing.

I have had the pleasure of meeting a number of you at previous training sessions. I have been impressed by your commitment to the work of the GMC and by your willingness to suggest how we can continue to improve the process whilst the GMC retains responsibility for the adjudication function. I look forward to meeting more of you over the next few years.

*Dr Martin was first appointed as a lay member of the Council in July 2003. She is a Fellow of the College of Occupational Therapists and a Panel Member of the Appeals Tribunal, Northern Ireland, and the Department of Special Education Needs and Disability Tribunals.*

## Utilisation of hearing rooms exceeds target

Since July 2007 we have sought to achieve an 80% monthly hearing room occupancy rate (see Bulletin [issue 1](#) and [issue 5](#) for further information).

We monitor this matter closely and we are pleased to report that during the first quarter of 2009 we achieved an average utilisation rate of 87% (93% in January 2009). This is largely due to our over-listing arrangements.

The next issue of the Bulletin will include further information about our hearings activity.

# Performance assessments – behind the scenes

The GMC carries out around 70 performance assessments each year. The entire process, from making the arrangements for the assessment to disclosing the report to the doctor and allowing 28 days for the doctor to make representations, takes approximately seven months. Panels should bear this in mind when deciding when to reconvene or review a case where an assessment report has been sought.

## The assessment team

Performance assessors are selected from a pool of over 200 trained individuals, comprising doctors from each specialty and lay people.

An assessment team normally includes two doctors and a lay person, including a medical team leader who will have had additional training and takes prime responsibility for the assessment.

Occasionally peer assessors are appointed for specific cases in order to reflect the doctor's particular grade.

## Setting up the performance assessment

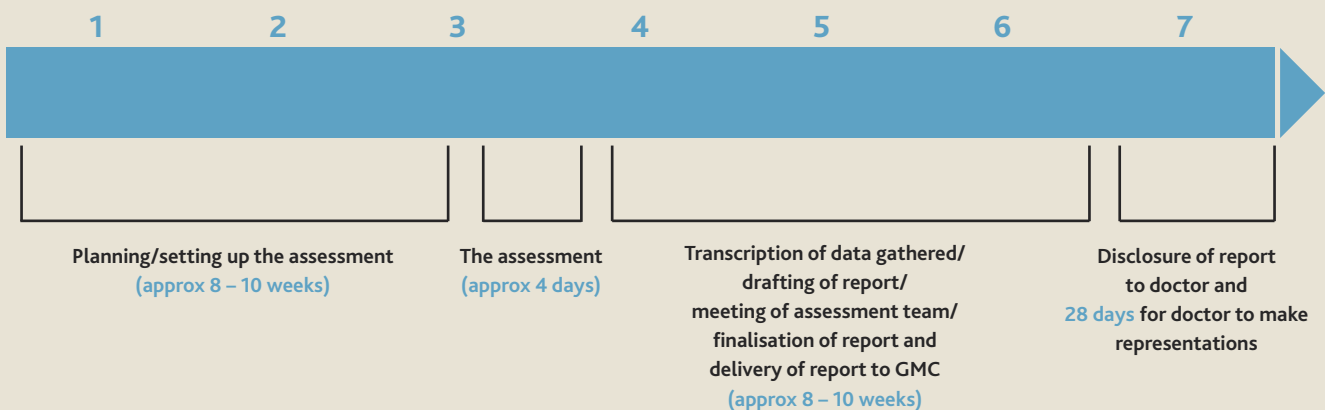
Most medical assessors require a minimum of eight to ten weeks notice of an assessment due to clinic commitments. This is not a problem as it takes approximately six to eight weeks to plan the assessment and during this time, GMC staff will liaise with the Team, the doctor, employers etc.

## A full assessment comprises

- **A peer review** (visit to the doctor's workplace, or former place of work), which usually lasts for three days. The Team interview the doctor and a number of his professional colleagues and, where possible, observe his/her interactions with patients. They also review a selection of the doctor's medical records, 12 of which will be used in a case based discussion to probe the doctor's reasoning.
- **Tests of competence (TOC)**, carried out in a single day at a clinical skills centre. These tests have been developed in conjunction with the Medical Royal Colleges and are put together by staff at University College London in conjunction with the Team.

## Performance Assessment Process

Months



## The assessment report

The Fitness to Practise Rules stipulate that the report “shall express an opinion as to whether the practitioner is fit to practise either generally or on a limited basis and any recommendations as to the management of the case”.

Following the assessment GMC staff will transcribe the Team’s hand written comments and judgements; depending on the complexity of the case the database can comprise of over 1500 individual entries.

The Team leader then prepares a draft assessment report, which is circulated to the rest of the Team for comment before they meet, approximately eight weeks after the assessment, to discuss and agree the final version of the report.

The final report is normally disclosed to the doctor and his representative approximately eight to ten weeks after the assessment. The aim is to provide the doctor with a 28 day period to submit his/her observations.

## Factors which may delay the assessment report

- Time taken to identify and appoint the Team, in particular if a peer assessor is required or the doctor is practising in an unusual or rare specialty.
- Intake of new cases is higher than the number of available team leaders
- Peer review visits to more than one location or includes remote locations such as the Shetland Isles, Guernsey or a British Army base overseas.
- The doctor failing to engage in the process, for example not completing the paper work which assists us in setting up the assessment or providing the Team with the names of his/her interviewee nominations within a reasonable timeframe
- Illness or holidays on the part of the doctor/assessors

**In the July issue of the Bulletin we will provide an overview of the process for carrying out health assessments.**

## New Assistant Director for Adjudication

After a period of two and a half years as Assistant Director for Adjudication Neil Marshall is moving to another post (Assistant Director, Investigation) and, from the beginning of June, will be replaced by Robert Loughlin.

Commenting on his departure Neil said ‘I have enjoyed my time in Adjudication. We have, with support from all those involved – panellists, legal assessors and staff – introduced a number of improvements to our processes. I realise that some of the changes, for example on empanelment, do not suit all panellists but reflect what the majority of panellists told us suited them. There are other areas, such as the increase in the hearing rooms’ utilisation rate, where there has been significant improvement. There is, however, still much to be



done and that will mean that Robert will have a challenging and interesting time in the lead up to the transfer of adjudication to OHPA.’

Robert (pictured) joined the GMC in 2004 and currently heads our Change Management Team.

## LICENSING

It's time to  
**decide**

# Panellists will need licence

Doctors working as Fitness to Practise panellists will need to hold licences to practise when new regulations come into force later this year.

When licensing is introduced this autumn, the GMC will require medical panellists to hold registration with a licence to practise if they wish to continue in their role.

The new rule will apply to any doctor who is carrying out assessment work for the GMC. These roles include Fitness to Practise panellists, PLAB examiners, medical performance assessors, education assessors, and medical examiners and supervisors.

We have written to those of you who are medical panellists to let you know what our requirements will be as an organisation. We will provide you with further information over the next few weeks about licensing as part of a major new GMC campaign to prepare doctors for the introduction of the licence to practise. Every doctor will be asked to confirm whether or not they want to hold registration with a licence, when licensing is introduced later in the year.

Doctors holding a licence will be subject to the requirements of revalidation, when it is introduced. Panellists who are in active clinical practice will revalidate by participating in their local systems of appraisal and clinical governance. For panellists not in active clinical practice and whose role as a Fitness to Practise panellist is their only form of practice, we will make arrangements to enable them to revalidate on the basis of their role as a doctor with the GMC.

We have still to determine how these arrangements will work, but we will ensure that medical panellists are fully involved in the development of our plans.

If you would like more information about licensing or the future requirements for panellists, please email [goragano@gmc-uk.org](mailto:goragano@gmc-uk.org)

## Your questions answered

**Q.** If I need to make changes to my entry on the Panellist Register of Interests, who should I notify?

**A.** The Panel Development Team (PDT) (e-mail [pandevteam@gmc-uk.org](mailto:pandevteam@gmc-uk.org)). You should set out in full how the new entry should read. The PDT will then update your details on the **Register of Interests** on our website.

**Q.** What plans are there to produce guidance for doctors appearing before the Fitness to Practise Panel?

**A.** Following suggestions from panellists, we have prepared an *Information for Doctors* publication that, amongst other things, includes information about our hearing centres (including a virtual tour of a hearing room), on the various stages of a hearing, about the doctor's right to attend and be represented and to call and cross examine witnesses. We recently sent the draft to panellists, legal assessors, medical defence organisations and others for their comments before we finalise and publish the document. If you have not yet commented on the draft there is still time to submit your observations by e-mailing [mcotton@gmc-uk.org](mailto:mcotton@gmc-uk.org). Consultation ends on 1 June.

## End of life treatment

We are currently consulting on new draft guidance entitled *End of life treatment and care: good practice in decision-making*. To find out more and take part in our consultation, please go to [www.gmc-uk.org/end\\_of\\_life\\_care](http://www.gmc-uk.org/end_of_life_care).

The consultation closes on 13 July 2009.

The next issue of the Bulletin will be published at the end of July 2009.