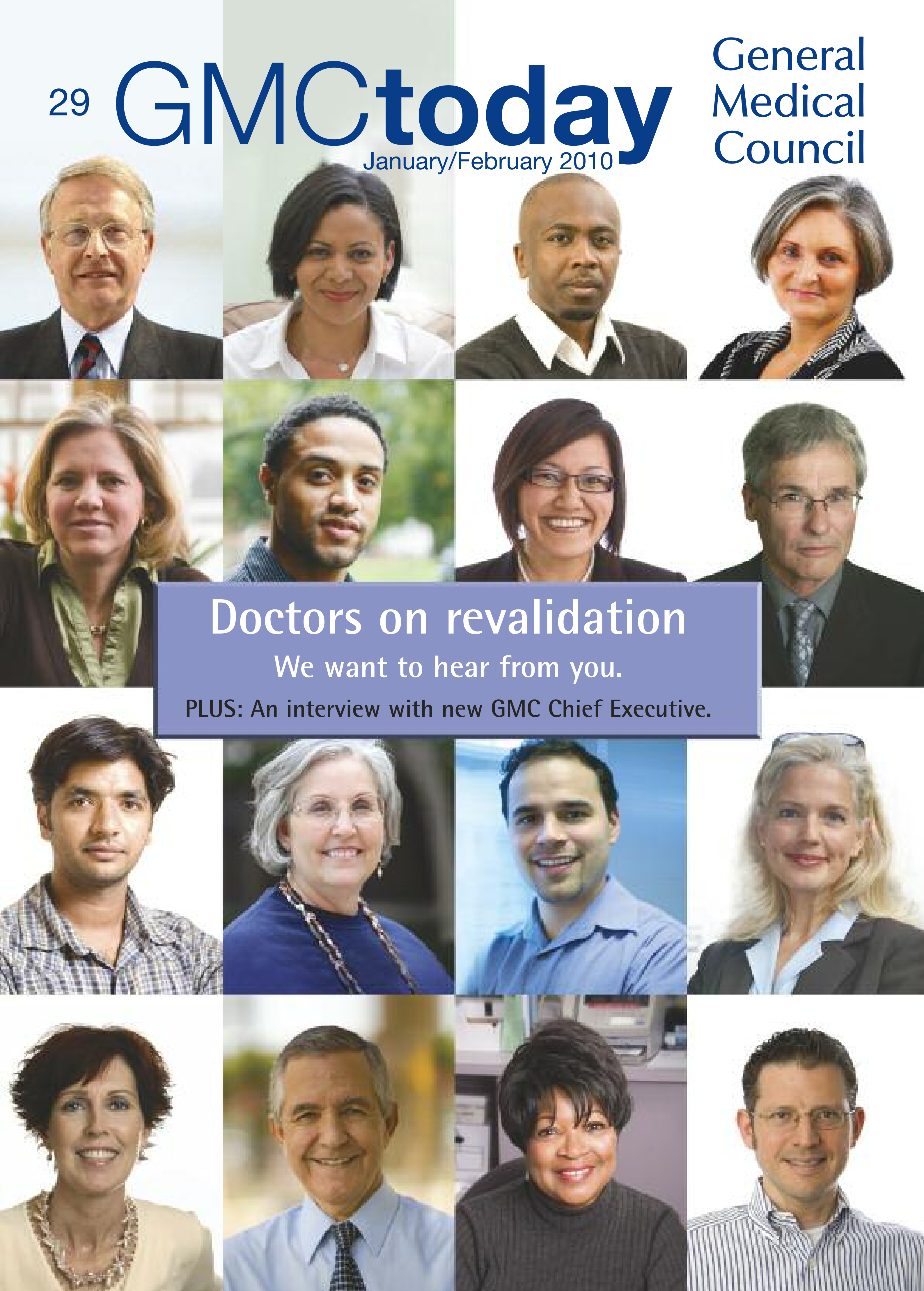

29
GMCtoday
January/February 2010
General Medical Council
Doctors on revalidation
We want to hear from you.
PLUS: An interview with new GMC Chief Executive.

Professor Peter Rubin
Chair, GMC

Shortly after becoming Chair I made a commitment to go around the UK once a month to meet doctors working at the front line of medicine to hear their views on the GMC and all that we do. These visits are well under way and both I and my staff colleagues who come with me find them really useful and the feedback suggests that those we meet think they're worthwhile too. Revalidation is of course always a major topic of conversation, and you'll find details of our forthcoming consultation on page four, but we cover a lot of other ground. I have an opportunity to explain how we spend your money and what we do to try and ensure that we are as efficient as possible. The doctors I speak to are often surprised, for example, that our website has six million hits a year and that our call centre has a quarter of a million calls annually – each call managed to completion by the person who first answers the phone.

I think there is still an image of us sitting in oak-panelled rooms, occasionally striking someone off the Register. In fact, we operate out of very modern premises in five locations – London, Manchester (where just over half our staff work) Edinburgh, Belfast and Cardiff. GMC Council members haven't been involved in Fitness to Practise cases since 2003; these are run at arm's length with panels recruited, trained and appraised for the purpose. There is a lot more to the GMC: regulating medical education; ensuring professional standards are in tune with the world around us; and maintaining the Register – all core activities for our 550 staff and the many doctors and lay people who support them. If you would be interested in me coming to have a conversation with your local medical organisations, please let me know through my colleagues in the Office of the Chair and Chief Executive at **occe@gmc-uk.org**. Finally, I'm delighted to welcome our new Chief Executive and Registrar, Niall Dickson. Niall will be known to many of you from his days as the BBC's Health and Social Affairs Correspondent and more recently as Chief Executive of the King's Fund.

Contents

03 News

04 **Revalidation:** we want to hear your views on revalidation to make sure it is fair and effective for all

05 **What's new:** highlights from the GMC's programme of work for 2010

06 **Interview:** new decade, new Chief Executive. Niall Dickson on his career so far and the future for medical regulation

08 **Fitness to practise hearings:** new initiatives to support doctors and patients

10 **Standards and ethics:** new guidance to look out for in 2010, including our drive to help doctors with patients who have learning disabilities

11 **Your feedback and letters:** your comments and views on last issue's article on prescribing errors

12 **Crossword and Dr to Dr**

General Medical Council

Regulating doctors
Ensuring good medical practice

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Editorial/*GMCtoday* queries:
gmctoday@gmc-uk.org

Registration enquiries and changes:
Tel: 0161 923 6602
registrationhelp@gmc-uk.org

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We want your views on the future of medical education and training

The GMC wants to hear from doctors on how we can help improve medical education and training.

Lord Naren Patel who is leading the review.

In January, a draft report on the future regulation of doctors' education and training was published, setting out 27 proposed recommendations for reform and calling for views from doctors, employers and patients.

Commissioned by the GMC and PMETB, the independent review chaired by Lord Patel, Chairman of the National Patient Safety Agency, spans the career of a doctor, from the first day at medical school to the last day in practice.

Its recommendations address the different stages of education and training – undergraduate, postgraduate and continuing practice – and the links between them. The recommendations have implications not only for doctors and those involved in their training, but also for patients and for healthcare organisations throughout the UK.

The consultation on the draft report is open until 9 March after which Lord Patel will present his final report to the GMC. To share your views, please visit the Community People website **https://gmc.e-consultation.net/econsult/default.aspx**.

Help us to improve *GMCtoday*

We are planning a number of improvements to *GMCtoday* and want to hear the views of doctors on what the magazine should contain.

Many doctors now prefer to receive information online and there are major cost and environmental benefits from producing fewer printed publications. If you want to give us your views on how we should produce the magazine or what it should contain, email **gmctoday@gmc-uk.org**.

Manchester's got the moves

The GMC's Manchester office – which houses the majority of its staff – has relocated to new premises in the city at 3 Hardman Street. The new offices will also house the GMC's Clinical Assessment Centre (where PLAB tests and other doctor assessments take place) which is relocating from London. Manchester-based GMC hearings will continue to be held at the Hearings Centre at St. James' Buildings, 79 Oxford Road.

The new GMC offices in Hardman Street, Manchester.

Implementing the new *Tomorrow's Doctors*

The first in a series of UK-wide events to help medical schools make the changes required by the new *Tomorrow's Doctors* guidance has been held in Cardiff by the GMC. The events are being held across the four countries of the UK and will focus on ensuring that patients and employers are involved in the design, delivery and evaluation of basic medical education.

After the Cardiff meeting, Helen Sweetland, Acting Dean of Undergraduate Studies, University of Cardiff, said: *'This was an excellent opportunity to discuss ways of implementing the new student assistantships and how to meet some of the new standards, for example, patient involvement and appraisal, and training for all staff who teach medical students.'*

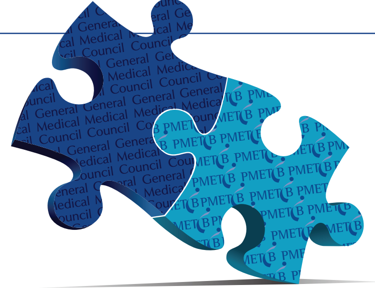
PMETB merger gets green light

The merger of PMETB with the GMC came a step closer in January with the passage through Parliament of the legislation needed to implement the change. Once the Privy Council gives its approval the merger will take place as planned on 1 April.

The GMC has also secured agreement from the Department of Health for funding the costs of the merger. This will ensure that the estimated costs of £7.1 million for relocation and business integration will not be paid by doctors through their GMC Annual Retention Fees.

In July last year, the GMC agreed to freeze in 2010-11 the fees charged to doctors by PMETB for the Certificate of Completion of Training (CCT) and the Certificates of Eligibility for Specialist or GP Registration (CESR and CEGPR). Later this year we will be consulting the profession on future fee arrangements for these certificates.

Paul Buckley, the GMC's Director of Education, said: *'We hope that once the merger is complete and the regulation of all stages of medical education is the responsibility of a single organisation, we can help deliver improvements across education and training providing real benefits to doctors in their medical careers.'*



The legislation approving the merger also enabled a minor change to the GMC's powers to re-register doctors in the event of a national emergency. In future, should such an emergency occur, the GMC will be able to restore doctors to the GP register without them having to submit a formal application.

Revalidation: your chance to have your say

The GMC will shortly be seeking your views on revalidation, to ensure that it is as fair and effective as possible.

On 1 March the GMC will be launching a major consultation on revalidation and how it will affect doctors across the UK. The consultation will explore a number of issues regarding the processes that need to be developed to support revalidation. The consultation will help us to develop our detailed policy around revalidation and to work towards taking the practical steps that are needed to implement it. We want all interested parties, including doctors, employers, and patients and the public, to let us have their views, so that we can make sure revalidation is as effective, fair and robust as possible.

Progress to date

Last July, *GMCtoday* carried a series of articles looking at the preparatory work being done by the GMC and others on revalidation and, in particular, the pilots and projects being undertaken throughout the UK to test various aspects of the process in advance of the introduction and roll-out of revalidation. Since then a wide-ranging programme of work has been carried out on a number of policy issues, not only by the GMC, but by a wide range of organisations with an interest in the development of revalidation, such as the Academy of Medical Royal Colleges.

In each of the four parts of the UK, delivery boards are working to ensure that local systems of appraisal and clinical governance are sufficiently developed to support revalidation. This work is also being overseen on behalf of the GMC by a UK Revalidation Programme Board.

The revalidation consultation

The GMC's revalidation consultation will cover four main themes:

- **How revalidation will work.** This will consider some general questions about our approach to revalidation, including the process by which a final recommendation will be made to the GMC by a designated 'Responsible Officer', likely to be the medical director in a doctor's employing organisation. More specific issues, such as how revalidation will work for doctors in non-mainstream roles, will also be considered.
- **What doctors and employers will be required to do.** The consultation will consider aspects of appraisal and assessment, the specialty standards developed by the Medical Royal Colleges and Faculties, the role of continuing professional development in the context of revalidation and the principles and criteria for multi-source feedback.
- **How patients will be involved.** This section explains how patients can provide feedback to doctors on their performance and how this will be included in the revalidation process.
- **How and when revalidation will be introduced.** This section, also explains our proposals for implementation across the four countries of the UK.

Having your say

The consultation runs until the end of May 2010. We want you to be involved and to give us your views. You will be able to respond electronically, using our consultation website. Alternatively, we welcome comments in writing or by email. Full details of the consultation and how you can respond will be available from 1 March on the GMC website at www.gmc-uk.org/revalidation.

Professor Malcolm Lewis, Chair of the GMC's Continued Practice Board, said: *'A huge amount of work has been done in 2009 by everyone involved in revalidation. Much of this work has been behind the scenes but, in the consultation, we will be seeking the views of all interested parties on the model for revalidation. In 2010, the four UK countries will also be increasing piloting activity to test the local systems, ensuring that they are effective and robust without imposing unnecessary costs or burdens on doctors or the NHS and other healthcare providers.*

Ensuring the implementation of revalidation remains a major priority for the GMC, the Medical Royal Colleges, the four UK Health Departments and employers. Through this major programme of work we aim to ensure readiness for revalidation from 2011.'

We will have more information about the consultation in the next issue of *GMCtoday*. In the meantime, if you have any questions about revalidation, you can find more information, including a comprehensive set of frequently asked questions, at www.gmc-uk.org/revalidation.

Register your interest in the consultation by emailing **revalidation@gmc-uk.org**

From here to December

The GMC Business Plan 2010 *was published in January and sets out an important programme of work for the year ahead.*

An ambitious programme of work for 2010 has been published in the GMC's business plan. The plan, which was agreed by the GMC's Council in December, sets out the work we will deliver over the next 12 months.

Moving forward with revalidation

Progress towards revalidation will be a key objective for the year with the GMC conducting a major consultation with doctors and employers on a number of aspects of revalidation (see page opposite) as well as supporting a continuing programme of revalidation pilot projects across the UK.

Also among our objectives for the year ahead is the publication of new guidance on end of life care. The GMC's consultation on end of life care closed in July 2009 since when the opinions, advice and feedback from patients, doctors and employers have been analysed and collated to develop the new guidance. This year too we will be working with medical schools and employers on the implementation of the standards and outcomes in *Tomorrow's Doctors 2009* – the updated guidance for medical education published last year – to ensure all those involved in medical education are ready to implement the new standards from 2011.

Among other priority projects, the GMC's Standards Team will issue revised guidance on video and audio recordings of patients; review our *Management for Doctors* guidance; and begin a review of *Good Medical Practice* (for further details on the Standards Team's plans for the year see page 10). The year will also see quality assurance reviews of basic medical education carried out at two medical schools and of foundation training at eight postgraduate deaneries.

Changing responsibilities

Perhaps the biggest project for the year will be to complete the merger of PMETB with the GMC. From April onwards, all stages of medical education and training will be regulated by one body, the GMC. We will also be developing and consulting on a new fee structure following the merger.

During 2010, the GMC will also be working with the Office of the Health Professions Adjudicator to prepare for the transfer of the GMC's adjudication function to the new body in 2011, as described in the November issue.

Managing costs

In 2010, we will continue our programme of improvements in economy, efficiency and effectiveness aiming to improve our performance compared to 2009.

Since 2003, the GMC has undertaken a significant programme of efficiency savings including: transferring the majority of the GMC's fitness to practise and registration activities to Manchester; increasing the capacity of the in-house legal team; and improving the utilisation of hearing rooms in adjudication.

However, the budget for 2010 needs to accommodate a significant increase in fitness to practise caseloads as the rate of referrals has risen steadily over the last two years. The GMC's Director of Fitness to Practise, Paul Philip, said: *'Our costs will increase by £2.2 million (5%) in 2010, compared to the 2009 forecast. Caseload has increased significantly and it is inevitable that costs will also increase if we are to maintain current performance standards, despite the range of efficiency measures that we have put in place.'*

The drivers for the increased referral rate appear to be a rise in the number of more serious cases brought to our attention by 'persons acting in a public capacity', mainly NHS bodies. In 2009, we assessed an average of 130 cases per month of this type compared to 109 cases per month in 2008.

Annual Retention Fee 2010/11

To ensure effective delivery of the business plan, fully registered and licensed doctors will pay an additional £10 for registration, taking the total annual cost to £420. The increase will take effect from 1 April 2010.

The cost of provisional registration will rise by £5 from £140 to £145. Registration without a licence will remain at £145. From 1 April 2010, the threshold for eligibility for the lower income discount of 50% will be £22,190.

Professor Peter Rubin, Chair of the GMC, said: *'Doctors must have confidence that their regulator can deliver a high-quality service at a reasonable cost. The modest increase in the annual retention fee is a prudent and sensible decision at this time.'*

The GMC's 2010 *Business Plan* and *Corporate Strategy 2010-2013* can be read online at **www.gmc-uk.org/publications/corporate_publications.asp**

'I am sure a regulator will never be loved, but my ambition is that the GMC will be widely respected by the profession and the public and that it will be seen less as the organisation that pursues bad doctors and more one that promotes high standards of education and care and affirms good practice.'

New decade, new Chief Executive

Niall Dickson took up his post as Chief Executive of the GMC in January. Here he tells us about his career in healthcare and his views on medical regulation in the years to come.

From a manager at Age Concern England to editor of the *Nursing Times*, from BBC health correspondent and later social affairs editor to Chief Executive of The Kind's Fund, how has your career so far prepared you for your new role at the GMC?

I hope it has given me a breadth of experience and the opportunity to view the world from very different perspectives. I have been fortunate to work for some great organisations covering the public, private and voluntary sectors, each one with its own distinctive culture and ambition. For the past 26 years I have worked in and around healthcare and that should have given me some understanding of the world in which the GMC has to work. More recently I have learnt a great deal from my involvement in the work of the Royal College of Physicians on medical professionalism and in writing my report for the Department of Health (England) on how healthcare regulators should work to secure the confidence of patients and the professions for which they are responsible.

If you had to highlight a moment or an achievement during your career, what would it be?

The most moving was covering the report into the shooting of 16 primary school children in Dunblane – the courage and strength of ordinary people having to deal with extraordinary events takes your breath away. It is of course what many doctors see every day as they support people at some of the most traumatic moments of their lives. I am proud of what was achieved during my time at The King's Fund which, like the BBC, is a great British institution and is a force for good.

How do you think the medical profession and its regulation are viewed from the outside world?

The evidence is clear on this. The standing of the medical profession throughout the UK is excellent. It is a tribute to the commitment and dedication of doctors that trust in them consistently exceeds any other profession. And this applies whether you are talking to people about doctors in general or about their own experience as patients. It is not a trust that should ever be taken for granted and the demands on all professions are changing, but it is a good place to be. On regulation, I suspect that most members of the public rarely give it much thought and that most think the GMC is just about fitness to practise which is just one, albeit important, aspect of what we do.

What are your impressions of the GMC? What do you hope to achieve while at the helm?

I suspect it is too early to reach any definitive view. What I would say is that the GMC has been through a difficult period and all the signs are that it has emerged stronger and more focused. The new Council is clear about what it wants to achieve and I have been enormously impressed by the quality and the commitment of the staff.

I am sure a regulator will never be loved, but my ambition is that the GMC will be widely respected by the profession and the public and that it will be seen less as the organisation that pursues bad doctors and more one that promotes high standards of education and care and affirms good practice. There are challenges ahead but they are also fantastic opportunities – not least revalidation and the future development of postgraduate education. All this, of course, will have to be delivered in a much more constrained healthcare system. Nevertheless, I am confident the GMC can create a new and better relationship with patients, doctors, employers and the politicians who set the NHS budget.

What do you see as the most important challenges for the GMC and for the medical profession?

For the GMC, I guess it has to be making sure we introduce revalidation in a way that has meaning and purpose but does not impose an unnecessary burden on doctors or the organisations for whom they work. For the profession, it will be finding ways to maintain and improve the quality of care when resources are not keeping pace with demand.

There is increasing divergence between the four countries of the UK in healthcare delivery – how can we benefit from each other's innovations in healthcare?

I suspect more by luck than good judgement we now have a large-scale experiment underway – the principles behind the NHS in each of the four parts of the UK are the same but the delivery mechanisms are different and diverging. My worry has always been that instead of learning from each other there will be too much vested interest in each claiming to have found the right model. At The King's Fund, we found out early on that comparisons were being made more difficult by the different ways in which statistics were being collected. But I am sure this can be overcome if the will is there. In our own field of medical regulation I do hope we can learn from different approaches to practice. As we are a UK-wide body we should never be afraid of learning from experience in each of its four constituent parts, nor indeed from regulation in other countries.

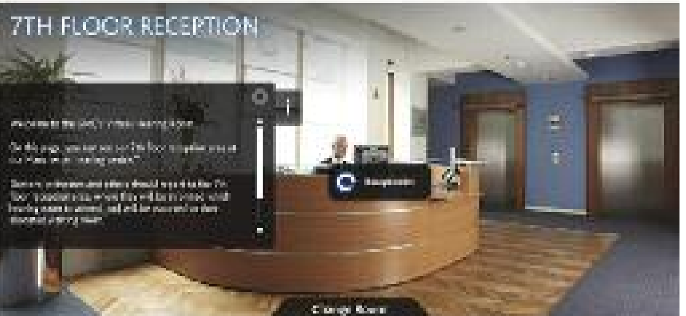
When you are not concentrating on healthcare, how do you wind down?

After 16 years at the BBC witnessing momentous events I am still a news junkie. I play golf and tennis (not very well) and, like most people, it is my family, friends and colleagues who keep me going.

Help and support at hearings

Attending and giving evidence in a fitness to practise hearing can be a daunting process for both members of the public and doctors alike.

General Medical Council Regulating doctors, ensuring good medical practice



GMC VIRTUAL HEARING ROOM FEEDBACK © GMC All rights reserved

General Medical Council Regulating doctors, ensuring good medical practice

GMC VIRTUAL HEARING ROOM FEEDBACK © GMC All rights reserved

A new GMC project aims at improving the support given to doctors and witnesses at GMC hearings, to demystify the process and make it less daunting for all those involved. New initiatives and materials will make our procedures more open and transparent, offering assurance and guidance.

The initiatives have been welcomed by doctors' representatives. Dr Nick Clements, of the Medical Protection Society said: *'It's very useful material to assist people unfamiliar with the GMC process, whether they are a witness, or a doctor facing charges. It helps create a feeling of familiarity with the process that should help to reduce the stress associated with attending a hearing.'*

A virtual world

One of the initiatives is a new virtual hearing room allowing doctors, patients, and witnesses to take a virtual step inside a hearing, so users can tour the room and see who is attending, and why.

The site includes 12 characters of all those who might attend a hearing, such as lay and medical members of the panel, and a doctor's representative. All of the characters can be clicked on for an explanation of who they are and what role they play in a hearing. The site also shows the reception area and waiting rooms for doctors and witnesses so that anyone attending a hearing can arrive feeling more comfortable with their surroundings.

Information for doctors

In addition, the GMC is also publishing specific information for doctors whose cases are due to be considered by a Fitness to Practise Panel. The new guidance, which will be published online and will shortly be available in print, will help doctors to prepare for their hearing by providing them with advance, detailed information on what to expect at a hearing, including what support is available. It is expected that the information will be particularly useful for unrepresented doctors. It is also hoped that the guidance will help improve hearing efficiency.

The guidance was put together with support from panellists, legal assessors, our independent Case Manager, GMC Counsel, the MPS and MDU, who all helped produce the final version.

Help for vulnerable witnesses

We are also launching a project to support vulnerable witnesses. This project allows witnesses to come into the GMC's buildings in advance of the hearing and be shown round. They can also ask to be joined by an independent 'friend', assigned on the day of the hearing, to provide support. The project builds on an existing section for witnesses on the GMC website which has photos of the building and information about the processes which they can expect.

Joan Martin, Chair of the GMC Fitness to Practise Reference Group, said: *'We wanted to ensure that we can support the different needs and requirements of vulnerable witnesses, so that the experience of attending and giving evidence at a GMC fitness to practise hearing is as positive as possible under the circumstances.'*

Letters will be issued to all witnesses, along with our *Help for Witnesses* booklet, explaining the role of the witness and advising that, if they feel they would like additional support, to contact us and we may be able to put them in touch with an external organisation. In addition to this, if a solicitor or investigation officer identifies a witness as needing additional support, they will raise this with the witness to see if they would like to take up the expertise of the external organisations.

Vulnerable witnesses are defined in our Fitness to Practise Rules, and include: anyone under the age of 17; those with a mental disorder; people having significantly impaired intelligence and social functioning; anyone with physical disabilities who requires assistance to give evidence; any witness where the allegation against the practitioner is of a sexual nature and the witness was the alleged victim; and any witness who complains of intimidation.

The project began on 1 November 2009 and is to run for six months and covers hearings in both Manchester and London.

Demystifying hearings

Katherine Murphy, Director of the Patients Association, said of the initiatives: *'We are pleased that the GMC is continuing to support patients as they go through the process of attending or giving evidence during a hearing. This can be particularly challenging for vulnerable witnesses. This initiative should help to make the process seem less daunting.'*

Paul Philip, the GMC's Deputy Chief Executive and Director of Standards and Fitness to Practise, said: *'The vast majority of doctors do a good job in often difficult circumstances. We know this because, of the 218,000 doctors practising in the UK, we receive around 5,000 complaints per year, and around 200 come before a public hearing.'*

'But attending and giving evidence in a hearing can be a daunting process for members of the public and doctors alike. We hope that this initiative will offer some peace of mind to all those who are called to give evidence at our hearings, and that the opportunity to familiarise themselves with the process and the look and feel of a hearing will help to demystify it.'

- The virtual hearing room can be viewed at www.gmc-uk.org/virtualhearingroom
- For the Information for doctors initiative visit: www.gmc-uk.org/info_doctors.asp
- For the vulnerable witnesses project visit: www.gmc-uk.org/concerns/witnesses.asp

Improving support for patients with learning disabilities

Supporting doctors working with patients with learning disabilities will be a new focus for the GMC's Standards Team in 2010. Here Jane O'Brien, Assistant Director, Standards, explains this and other projects planned for the year ahead.

Keeping *Good Medical Practice* and other guidance up to date is an important part of the GMC's work but the success of the online case studies in *GMP in Action* has demonstrated doctors' enthusiasm for more online resources. This year we are embarking on a project to develop a new website focusing on doctors working with patients with learning disabilities and how their needs can be met.

People with learning disabilities are 58 times more likely to die before the age of 50 than the general population. In part, this is due to conditions associated with learning disabilities, for example, half of all people with Down's syndrome have congenital heart problems. People with learning disabilities are also at higher risk than the general population of cancer and gastrointestinal problems; conditions associated with cerebral palsy; epilepsy; mental ill health and Alzheimer's.

There is also evidence that the health needs of these patients are not being met, and in some cases provision is at a lower level than for the general population. The Michael Inquiry cited research showing that, compared to the general population, people with learning disabilities and diabetes have fewer measurements of their BMI. Those who have had a stroke have fewer blood pressure checks. Cervical screening and mammography are less likely to be undertaken. Epilepsy is poorly controlled. People with learning disabilities are less likely to be given pain relief and less likely to receive palliative care.

The reasons for this are complex and are being addressed by a number of initiatives from the UK health departments, professional bodies and organisations representing the interests of people with learning disabilities. We hope to contribute to this work by developing an online resource for doctors, helping them to understand and address the problems faced by this group of patients. Alongside doctors, we plan to work with people with learning disabilities during the year to develop this resource.

We will be reporting regularly on progress with this project, and highlighting issues of concern in later editions of *GMCtoday*.

New guidance and consultations

Reviewing our guidance is a constant process; we have to make sure it is consistent with the law, reflects public and professional attitudes, and addresses the problems and concerns faced by doctors in their day-to-day practice. This work necessarily involves extensive consultation to ensure that we understand the issue, views, concerns and expectations within the profession and among patients and the public.

In 2009, we undertook a major consultation on new guidance which will replace the current *Withholding and withdrawing life-prolonging treatment*. This new guidance will look more broadly at caring for patients nearing the end of life and will be published later in 2010. Also in 2010, we will publish new guidance on good practice in research, including guidance on seeking consent from patients and volunteers, and an updated version of our guidance on making and using audio and visual recordings of patients.

We will be starting work on a review of our guidance *Management for Doctors* and will also be updating guidance on the use of the internet and other information technology in providing healthcare, particularly in prescribing. We will also be working on new guidance to address the legal and ethical issues of testing patients for HIV following a needle stick or other injury that may have exposed them to a blood-borne virus.

From theory to practice

All our guidance is written in terms of principles, as it needs to provide the basis of good practice for all doctors whatever their specialty or field of practice. As a result it can sometimes feel rather theoretical, so the aim of our online resource *GMP in Action* is to make it easier to apply our guidance in real life.

Recent updates to *GMP in Action* have seen the addition of case studies dealing with issues from our *Consent* and *Confidentiality* guidance, including:

- working with patients whose capacity is affected by dementia
- deciding when to disclose information when a patient is not fit to drive
- deciding when to disclose information about a patient with an injury which might be the result of knife crime
- working with colleagues with poor communication skills.

In 2010, we will be developing more online case studies, some based on ideas proposed by readers of *GMCtoday*.

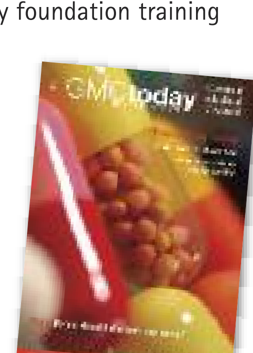
Your feedback and letters

Thank you for your many letters and emails on the article on prescribing errors, 'Mistakes happen' featured in the November/December issue of GMCtoday *(pages 8-9). Here is a representative sample.*

The article gave a balanced view and recognised the multi-factorial causation of errors. Your recommendations reflected the need to address upstream factors such as improved training, as well as wider determinants, such as the work environment.

However, your recommendations missed one important downstream aspect: how mistakes are dealt with should they occur. No matter how well doctors are trained and how well wards are staffed, prescribing errors and 'near-miss' events are bound to occur. In this situation, a supportive response is required in order for those involved, as well as others, to learn from the experience. The prescribing errors I witnessed during my foundation training were never openly or explicitly discussed and, as a result, opportunities for experiential and eye-opening learning experiences were missed.

Dr Gracia Fellmeth



I read the headline in the November/ December issue of *GMCtoday*, 'GMC research shows how errors in prescribing can be avoided' and turned eagerly to page eight to learn how. What I found was a piece of descriptive research flagging up areas where changes could be made with probable good effect. I agree there is enough there to justify further research but, in the absence of some kind of control group in a proper trial, it is premature to conclude that we know how to reduce prescribing errors, let alone prevent them entirely.

Declan Fox

I found the juxtaposition of your article 'Mistakes Happen' with your own typo mistake in the following article title '...Office of the Health Professions Adjudicator (OPHA)' (sic), rather illuminating. Your article stressed systems failure in prescribing. Your typo was a systems failure, in that spell checkers cannot accommodate all the millions of acronyms we now use, and are thus often disabled. I am sure we can all learn from this example.

Anthony D G Roberts

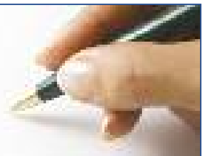
Having been involved in overseeing FY2 doctors in general practice, it has always struck me as unusual that, when you have completed an online assessment, there is no confirmatory email sent back to you. Given that most FY2s will know the email addresses of their educational and/or clinical supervisors, and this is usually all that is required to post a report, it would be fairly straightforward for them to submit false assessments if they wished to do so.

The case you reported (September *GMCtoday*) highlights a serious loophole in the assessment process and is likely to represent further undetected cases. Perhaps the foundation programme should consider firstly tightening up the log in process for making assessments and, in addition, sending a simple email to confirm that an assessment has been posted, which could alert a supervisor if something has been falsely posted in their name.

Dr Simon Hodes

We have passed your concerns on to the task group set up by the UK Foundation Programme Office to look at content and security of the e-portfolio.

Email your letters, marked 'For publication' and no more than 150 words in length, to **letterstoeditor@gmc-uk.org** or post them to: ***GMCtoday* Editor, General Medical Council, 350 Euston Road, London NW1 3JN.** Please include your full name, GMC reference number, address and a contact phone number. All accepted letters will be published online and may be edited.



Become involved in piloting assessment tools for the GMC

Are you a fully registered doctor? Come and help us keep the assessment tools we use for fitness to practise tests up to date. Volunteers must have worked in the relevant specialty within the last year and will assist us by taking a written test and a 12 station OSCE.

To help us create a reliable and fair test, we are looking for fully registered doctors of all grades to take a written test and a 12-station OSCE in London. Volunteers must have worked in the specialty within the last year and hold a licence to practise.

All volunteers will receive feedback about their performance. This is a valuable insight into methods of assessment for anyone interested in this area and excellent examination practice for those about to do postgraduate exams. **Participants will receive a fee of £350 plus travel expenses. CPD credits will be given.**

Upcoming dates are:

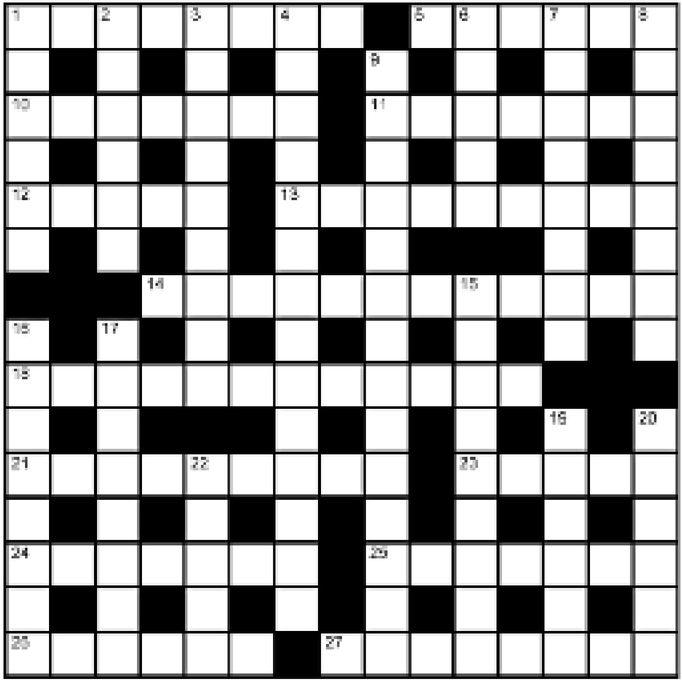
General Practice	15 March	O&G	13 May
Medicine	16 March	Surgery	14 May

Contact Cheryl Marasigan at **t.acme@medsch.ucl.ac.uk** for more information and an application form: **www.ucl.ac.uk/dome/gmc**.

The *'you've got two months to do it'* crossword

The GMC crossword is now online www.gmc-uk.org/gmctoday

Your medically themed bimonthly crossword



Solutions to be printed in the next issue

Across

1 John Eric -------- was the first to describe 'railway spine', a concussive spinal disorder caused by railroad accidents (8)

5 It is attached to the sacrum by the sacrococcygeal symphysis (6)

10 It has its source in Zambia and flows into the Indian Ocean (7)

11 The 20th letter of the Greek alphabet (7)

12 A theme that is repeated or elaborated in a piece of music (5)

13 Theodor ---------, German-Austrian pediatrician who discovered in 1919 the bacterium that was named after him and determined its properties (9)

14 Conundrums (5-7)

18 A large genus of filarial worms that are transmitted by a species of gnats to humans and other vertebrates, producing microfilariae in the blood or tissue fluids (12)

21 A method of sight singing music that uses the syllables do, re, mi, fa, so, la, and ti to represent the pitches of the scale (9)

23 A fungus that produces a superficial growth on various kinds of damp or decaying organic matter (5)

24 This newspaper group is owned by Richard Desmond (7)

25 Drug used in individuals with cardiac arrhythmia and to treat hypertension in some individuals. (7)

26 The United States' first space station (6)

27 Avoided dry death with water? (8)

Down

1 Inflammatory condition of the skin (6)

2 Patient or prisoner? (6)

3 Christian Frederik ---------, Danish ophthalmologist who first described a peculiar case of sarcoidosis with enlargement of the parotid glands, mild fever, uveitis and facial nerve palsy (9)

4 Were the impetigos oiled by the medical scientist? (14)

6 ----- Ardiles, familiar name for ex-Tottenham Hotspur and Argentinian 1978 World Cup winner (5)

7 Might a clear lip help to measure the diameter of the pelvis for example? (8)

8 A genetic pigment anomaly characterized by yellow or yellowish-red hair, coppered skin and reddish-brown irises (8)

9 Descriptive of something placed just beneath the skin (14)

15 A scientific instrument used for measuring the rate of evaporation from a wet surface to the atmosphere (9)

16 Legendary Greek king of Ithaca and the hero of Homer's epic poem (8)

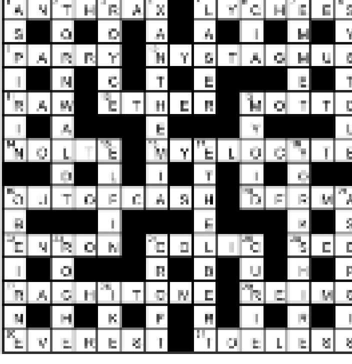
17 This disease was known to the ancient Romans as Morbus Comitialis or 'disease of the assembly hall' (8)

19 Passage between the pharynx and the stomach (6)

20 Confused and vague (6)

22 Liquid injection which is sometimes used for diagnostic purposes (5)

Solutions to November/December crossword



Dr to Dr

If you wish to advertise, email ***drtodr@gmc-uk.org*** *with the details, submitted in the form of those on this page, along with your full name and GMC reference number. Ads are free but must be no more than 35 words in length. For reasons of space, we cannot guarantee to publish any ads and do not hold over unused ones. Please do not email asking why an ad has not run – simply email it again for the next issue if you wish. The copy deadline for the March/April issue is 8 March.*

HOLIDAY ACCOMMODATION:

→ **UK: Cornwall, Rock:** Spacious 4 bed detached house refurbished to a high standard. Sleeps 8. Great views, short distance from beach. 20% discount for Drs. Tel: 07767 425915; email: mdes72@dial.pipex.com.

→ **UK: Norfolk, Blakeney:** 5 bedroom house, sleeps 8 adults plus 2 children. Garden. Great for walking, bird watching, beaches. Tel: 0116 2703662; visit: www.norfolkcottages.co.uk/ cottage-details/411.

→ **UK: North Yorkshire Dales:** Traditional village cottages at Gunnerside sleep 4/6, fantastic views/ walking from door, short breaks and pets possible. Details: www.gunnerside.info/ look for Pretoria cottage and The Garth. Email: cmaimaris@doctors.org.uk.

→ **UK: Northumberland, Akeld, near Wooler:** Cottage, 2 bedrooms, sleeps 4; access to swimming pool, gym, restaurant. Available 14-21 August 2010 £450. Tel: 07946 635982; email: philbrookes@ doctors.org.uk.

→ **UK: Snowdonia, Conwy Valley:** Lovely, detached 4 star, 3 bed, 2 bath cottage. Fabulous views. Idyllic location. Spacious gardens, lawn tennis. All amenities. 10 mins Conwy. 5 mins NT Bodnant Garden. From £400 pw. Email: lesley@ridley.waitrose.com; visit: www.granary-wales.co.uk.

→ **France: Cavalaire sur Mer, Gulf of St Tropez:** Spacious 2 bedroom apartment with balcony in small new development with shared pool. Sleeps 4/6. Lovely family resort with great beaches and large marina. Email: aallengm@yahoo.co.uk.

→ **France: Provence. La Garde Freinet:** Lovely 2 bedroom apartment in this sophisticated old village near St Tropez. Balcony, pool, off-road parking. Top standard including Wifi. Email: dr.dibb@gmail.com.

→ **France: Provence:** Detached villa with pool near small village. Sleeps 6 plus two children in four bedrooms, all en-suite. Available all year. Email: steven.cox@nhs.net; visit: www.ownersdirect.co.uk Reference FR5120.

→ **France: Serre Chevalier:** Ski lifts one minute walk away. 2 bedroom apartment for rent in the heart of Chantemerle. Visit: www.serre-chevalier-apartment.com.

→ **France: Dordogne:** Wonderful holiday farmhouse, sleeps 6, beautiful views from own swimming pool. Canoeing, tennis, culture nearby. Tel: 01284 852566; email: drslovegrove@hotmail.co.uk..

→ **Spain: Cadiz, in Chiclana (Novo Sancti Petri):** Terraced house adjoining golf course, 3 bedrooms, community garden, swimming pool, parking space, beach. Email: atorres-montaner@hotmail.co.uk.

→ **South Africa: Simonstown, Cape Peninsula:** A 3 bedroom house with stunning sea and mountain views. Whale watching from balcony. Sleeps 6. 40 mins Cape Town centre. Available World Cup. Tel: 0141 9549729.

→ **South Africa: Villiersdorp, Western Cape:** Twin bed en-suite accommodation in guest house on golf estate. Access to wireless internet, games room, gym, jacuzzi, swimming pool, lapa (outside BBQ). Estate borders on lake with Franschoek Mountains in distance. Email: jacjovil@hotmail.com; visit: www.charishouse.co.cc.

FOR SALE/TO LET:

→ **UK: Banbridge/Newry:** For sale. New build 4/5 bedroom luxury countryside bungalow, 4 reception rooms. 33m to Belfast, 71m Dublin, 8m Newry, 22m Craigavon. 3100sq ft, potential 1st floor accommodation. Double detached garage. Email: vmarshall02@qub.ac.uk.

→ **USA: Florida, Orlando (near Disneyland):** For sale. Luxury villa with private south-facing pool, spa and lanai. Sleeps 10, 4 bedrooms with 3 bathrooms, spacious living room, dining room and kitchen. Rental available. £160,000. Email: t.cr@btopenworld.com.

→ **UK: Weston-Super-Mare:** To let. Furnished in Knightstone Island, 2 miles from Hospital. 2 bedrooms, one en-suite, gated entry, 1st floor, balcony, parking, panoramic views, Monthly £850. Tel: 07778499908.

→ **UK: Hammersmith, London:** To let: Furnished double bedroom in 3 bed flat with private patio garden, lounge, 2 bathroom, separate shower, within secure gated development. All inclusive £160/wk. Parking additional. Tel: 07954322053; email: rasieka@gmail.com.

→ **Spain: Mar Menor:** For sale. 2 bedroom furnished ground floor apartment with terrace and patio. 2 pools,, 10 mins La Manga golf course. €99,000. Property ID 276. Visit: www.sellpropertyinspain.com.

OTHER:

→ **Medical books for clearance sale:** Email: wazzzup_buddy@yahoo.com.tw for list/price.

→ **Audi A4 S Line 2.0 TDI 2005 for sale:** 4dr, silver metallic, 80k miles, second owner. Full Audi service history. £10,500 o.n.o. Tel: 07877 706550.