

**GMC/MPTS Liaison Group**

**Minutes of the Meeting on 16 May 2017**

**Members present**

Denise Platt, Deputy Chair

Paul Buckley

Anthony Omo

Lyndy Geddes

Neil Roberts

Susan Goldsmith

Caroline Swift

Charlie Massey (via videoconference)

**Others present**

Clare Rayner, Group Secretary

Anna Rowland, Assistant Director, Policy, Business

Transformation and Safeguarding, Fitness to Practise (for Items  
8 & 9)

## **Chair's business**

- 1** The Deputy Chair welcomed members to the meeting, and in particular Dame Caroline Swift, Chair of the Medical Practitioners Tribunal Service (MPTS), who attended for the first time as a member of the GMC/MPTS Liaison Group since taking up her appointment as Chair of MPTS on 1 January 2017.
- 2** The Deputy Chair also welcomed Lyndy Geddes, Assistant Director MPTS, and Clare Rayner, Group Secretary, to their first meeting of the GMC/MPTS Liaison Group.
- 3** The Group noted that apologies for absence had been received from Terence Stephenson.

## **Minutes of the meeting on 5 December 2016**

- 4** The Group approved the minutes of the meeting on 5 December 2016 as a true record.
- 5** The Group noted that paragraph 18 had been amended to refer to the MPTS as "a statutory committee of the GMC" and not a separate organisation and that this amendment had been included in the version of the minutes circulated with the papers.

## **Matters arising**

- 6** In relation to paragraph 10 (d) of the minutes of the meeting on 5 December 2016, the Group considered how awareness of the limitations of the cover afforded by Crown Indemnity Insurance could be raised with doctors. Suggested channels to communicate this message to doctors, including employers, the GMC's Welcome to UK Practice sessions and the British Medical Association (BMA), were discussed. The Group agreed a communications action plan would be developed for consideration at the next meeting.
- 7** In relation to paragraph 4 of the minutes of the meeting on 5 December 2016, it was noted that the Strategy and Policy Board and Performance and Resources Board had been decommissioned and a new Executive Board had been established.

## **Draft report of the Medical Practitioners Tribunal Service Committee and draft report to Parliament**

- 8** The Group considered the draft report of the MPTS Committee, noting the summary of performance of the MPTS since December 2016 and the work of the MPTS Committee. The Group also considered the draft report to Parliament which would be laid before Parliament during the summer of 2017. The Group noted that the final

draft of the report to Council and the report to Parliament would be sent to the MPTS Committee for comment.

- 9** The Group approved the draft report to Council for consideration at the Council meeting on 7 June 2017, subject to further redrafting by the MPTS Committee, as required.
- 10** During discussion, the Group noted:
  - a** Its preference for the shorter table of MPT hearings. However, it was suggested that “common combinations” were included and links to other data sources could be provided at Annex A.
  - b** The importance of cross referencing GMC and MPTS reports to ensure that consistent messages and data were being reported, particularly in relation to the number and categorisation of complaints/general queries.
  - c** MPTS priorities for the year included reducing avoidable delays in tribunal hearings, maintaining and promoting the reputation of the MPTS as a body making independent decisions and building on the good work being done to assist self-represented and vulnerable doctors to navigate the hearings.
  - d** The MPTS budget for 2017 was £9.36m, reduced from £11.1m in 2016.
  - e** Improved management of cases by MPTS including disclosure of papers to tribunal members in advance of tribunals to reduce the reading time required at tribunal sessions.
  - f** That the MPTS had appointed 74 legally qualified chairs and training would commence on 5 June 2017.
  - g** The governance arrangements outlined in the Parliament Report at Annex B would be re-drafted to ensure the structure and legislative changes were: referenced as appropriate, explained in plain English and did not assume prior knowledge.
  - h** Ongoing external research to review both GMC investigations and MPTS hearing outcomes to ensure decisions were fair. The Group noted that the intention was to share this work with the BMA following peer review. It was noted that gender and ethnicity were the protected characteristics under review in this particular research project. However, disability could be explored going forward.
  - i** Challenges in analysing the experience of self represented doctors post hearing. It was suggested that an anonymous survey could be issued. However, it was noted that the outcomes of hearings were likely to impact on the responses received.

**j** Improvements since S60 changes with 277 fewer hearings required which reduced time, inconvenience and expenditure. However, it was difficult to project future hearing numbers.

**11** The Group suggested exploring ways of using MPTS data to better understand MPTS performance, identify trends and drive improvements, and in particular to understand the experience of self-represented doctors and develop learnings from appeal decisions. It was noted that the data could also be used in discussion with Government on legislative reform going forward. The Group noted plans in train for MPTS management to further progress data analysis.

### **MPTS Risk Register**

**12** The Group considered the MPTS Risk Register. It was noted that the MPTS Committee had considered the Risk Register at its meeting on 3 May 2017 and agreed the following amendments:

- a** Removal of Risk 18: The appointment of the new Chair and Assistant Director.
- b** Removal of Risk 19: Obtaining appeals information from the High Court.
- c** Removal of Risk 15: Impact of GMC Change Programme.
- d** The addition of a risk relating the possibility that the requirement for doctors to revalidate could impact the MPTS' ability to fulfil the requirement to have one medical member on each tribunal. The Group noted that a deep dive analysis was planned ahead of the next MPTS Committee meeting on 19 September 2017.

**13** During discussion, the Group agreed:

- a** To retain Risk 18 pending completion of the recruitment process for the substantive appointment of the MPTS Assistant Director.
- b** To explore potential links between the risk that the number of medical tribunal members could decrease due to revalidation and the impact on tribunal decisions and the numbers of successful appeals (Risks 10 and 11) by reviewing the risk log and considering the likelihood of impact.

**14** During discussion it was noted that research had now been completed on tribunal outcomes and a doctor's protected characteristics. It was agreed that action should be taken to ensure peer review was undertaken on this research to allow it to be shared more widely.

## **MPTS Performance Dashboard**

- 15** The Group considered the MPTS performance dashboard which been considered by the MPTS Committee on 3 May 2017 and issued to the Group for the first time to provide a more detailed level of assurance on the status of MPTS operational work and associated performance and service targets.
- 16** The Group agreed it would be useful to continue to receive the MPTS Dashboard at GMC/MPTS Liaison Group meetings and that the Risk Register should be incorporated into the dashboard going forward, rather than included on the agenda as a separate agenda item.
- 17** As part of the ongoing development of the dashboard, the Group suggested:
  - a** A more detailed analysis of data.
  - b** That further detail could be provided on the costs per case and hearing as part of understanding the costs of adjournments.
  - c** The terminology regarding paragraph 11 should be rephrased in future dashboards as this was an accrual accounting issue rather than an error.
  - d** Clarification should be provided on how complaints were categorised in future dashboards, given the low number of complaints highlighted in the period January to March 2017.
- 18** During discussion the Group noted that:
  - a** The MPTS continued to rent hearing rooms to the Nursing and Midwifery Council (NMC).
  - b** Diversity targets for tribunals were aggregate rather than per tribunal for practical reasons. The recent recruitment of c. 70 LQCs was expected to improve diversity demographics for the second half of 2017. It was noted that the diversity focus was currently gender and ethnicity.

## **Medical Practitioners Tribunal adjournments 2017**

- 19** The Group noted a presentation on the work on the MPTS Adjournment Working Group to review the reasons for all MPT adjournments and their impact, including increased costs, and to identify ways in which the number of adjournments might be reduced.
- 20** During discussion the Group noted:

- a That other suggestions under consideration included proposals to allow witnesses to give evidence by video link. It was noted that any changes to existing procedures would need to be developed in conjunction with tribunal members.
- b Ongoing support for self-represented doctors, including the expansion of the contact service.
- c Training for tribunal chairs on assertiveness and managing hearings.

### **MPTS Vision Report**

- 21** The Group considered a draft report of the MPTS Vision which was currently under development by the MPTS Committee and included participation of MPTS staff.
- 22** During discussion, the Group noted:
- a A revised report would be considered by the MPTS Committee on 19 September 2017. A strategy workshop had taken place with the MPTS Committee to consider the regulatory environment, best use of insight and development of a broader understanding of cases.
  - b In the final version of the Vision Report the relationship between the GMC and MPTS outlined in Paragraph 10 would be clarified and described as “operationally separate”.

### **Strategic and policy issues - Sharing information with overseas regulators – the decisions circular**

- 23** The Group considered a report on the distribution of the decisions circular which was issued by MPTS as part of a wide range of activities across Fitness to Practise and the MPTS to ensure transparency about decisions and was routinely shared with overseas regulators.
- 24** The Group agreed to withdraw the decisions circular in order to review the format in light of legal advice received about the International Association of Medical Regulatory Authorities pilot.
- 25** During discussion, the Group noted that:
- a Consideration would be given to improvements to our approach to the decisions circular including whether the subscription service could be used to share information and continue the close relationship with other regulators, with the possibility of fee exemptions where appropriate. It was noted that this suggestion could take a couple of months to review.

- b** Checks would be made on whether a doctors' date of birth was included in the information the GMC was required to share with all European medical regulators via the European Commissions' Internal Market Information system.
- c** Current recipients of the decisions circular would be signposted to the LRMP in the interim if they had specific queries.
- d** Actions and communications to recipients of the decisions circular would be sequenced appropriately.

### **Collaboration with other regulators**

**26** The Group received an oral update on collaboration with other regulators.

**27** During discussion it was noted:

- a** That while the NMC hired hearing space from the MPTS, it was unlikely that this arrangement would be reciprocated due to lack of office capacity at NMC in London and associated travel costs for GMC/MPTS staff.
- b** On-going discussions with other regulators on joint training and development opportunities, particularly around e-learning.
- c** The anticipated direction of travel for regulation and the GMC/MPTS's approach to ongoing collaboration with regulators.
- d** A cross business analysis of the benefits and risks to GMC/MPTS of collaboration with other regulators had not been completed to date.

### **Any other business**

**28** It was noted that the MPTS had been fully briefed by GMC on the recent cyber attack.

**29** It was noted that the next meeting would take place on Monday 4 December 2017. Venue details would be confirmed.

### **Operational issues – Appeals**

**30** The Group noted the MPTS Appeals data for January to May 2017. It was noted that:

- a** Up to May 2017, a total of 63 appeals by doctors, the GMC and the PSA had been submitted against MPTS determinations. This included 12 appeals from the GMC.
- b** The MPTS would review its process for monitoring appeals during 2017.

## Communication and engagement

**31** There were no communication and engagement matters to report.

Confirmed:

A handwritten signature in black ink, appearing to read 'Terence Stephenson', with a long horizontal flourish extending to the right.

Terence Stephenson, Chair

4 December 2017