

28 February 2019

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Dear Sir or Madam,

**General Medical Council response to the Department of Health and Social Care's consultation on appropriate clinical negligence cover**

Thank you for the opportunity to comment on your consultation on appropriate clinical negligence cover for regulated healthcare professionals and strengthening patient recourse.

We support the Government's policy objectives, in particular ensuring that patients harmed by the negligence of regulated healthcare professionals can access appropriate compensation. As a professional regulator, we do not believe that we are in a position to comment on whether insurance or indemnity provide the best model for meeting the consultation's aims. However, should the Government decide to proceed with its preferred insurance model (option 2) it will be important to consider the practicalities of implementation.

Firstly, should option 2 be agreed, we recommend that a significant period of notice be provided prior to the introduction of the changes to enable doctors, patients and providers to familiarise themselves with the new requirements and make the necessary arrangements.

Providers will need to develop and offer products suitable for the nuances of healthcare practice and doctors will need time to assess and compare those products in order to obtain the most appropriate cover for their circumstances. Government will need to engage with providers to guarantee the appropriateness and adequacy of products to ensure they do not include restrictions, caps or exclusions that will put patient access to compensation at risk. Government will also need to engage with doctors to ensure that they understand the nature of the product they are purchasing.

Furthermore, in light of government's intention to introduce a state backed indemnity scheme for GPs in April 2019, we suggest that communications with

doctors about any possible changes be appropriately aligned to minimise potential confusion.

A substantial transition period will also be needed to ensure that doctors can transition seamlessly from one product to another and are not left without cover for any period of time. Clarity about transitional arrangements will also be essential. It should not be the case that patients are left without recourse to financial compensation because a doctor has not understood the terms on which they are transitioning to an alternative product. There is also a need for clarity in relation to cover for claims where the incident occurred prior to the transition.

Finally, we believe that changes to the GMC's primary legislation would be needed in the event that government's preferred option is agreed. Should this be the case, we would welcome the opportunity to work with government officials on making the required changes. A substantial transition period would also support us to review and amend our guidance and processes around insurance and indemnity to take into account the implementation of any new model the government takes forward.

I hope that these comments will prove useful. Like government, we want to ensure that patients are not left financially disadvantaged if they suffer harm as a result of a doctor's negligence and we will endeavour to do all that we can to see that this aim is realised.

Yours sincerely,

A handwritten signature in cursive script that reads "Charlie Massey". The signature is written in dark ink and has a fluid, connected style.

Charlie Massey  
Chief Executive