

25 November 2015

**GMC/MPTS Liaison Group**

2

## Minutes of the meeting on 5 May 2015

### Members present

Terence Stephenson, Chair

Paul Buckley  
Niall Dickson  
Susan Goldsmith  
Howard Matthews

Anthony Omo  
David Pearl  
Neil Roberts (via videoconference)

### Others present

David Darton, Head of Intelligence and  
Insight, Intelligence Unit (item 6)  
Patricia Morrissey, Group Secretary

## Chair's business

- 1 The Chair welcomed members to the meeting.

## Minutes of the meeting on 24 November 2014

- 2 The Group noted for the record that the minutes of the meeting on 24 November 2014 had been approved, on circulation, by the Group as a true record following the November meeting. The minutes had been signed by the Chair, Professor Peter Rubin prior to his demitting office.

## Matters arising

- 3 The Group noted that there was one matter arising related to paragraph 13b of the minutes of the meeting on 24 November 2014 and the requirement for medical panellists to have a licence to practise. The matter would be discussed elsewhere on the agenda.

## Draft Report of the Chair of the Medical Practitioners Tribunal Service

- 4 The Group considered the draft report of the Chair of the MPTS, noting the summary on the performance of the MPTS during the previous reporting period, and the work of the MPTS Advisory Committee.
- 5 The Group approved the report at Annex A of the paper for consideration by Council at its meeting on 2 June 2015.
- 6 During discussion, the Group noted that:
  - a At its meeting on 2 June 2015 Council would receive an oral update on the MPTS work programme for the next 12-24 months. The focus of the forward work programme would be the implementation of changes arising from the S60 Order and realising the benefits of modernising our adjudication processes, including the ambition to reduce the average length of a hearing from eight days to five days.
  - b The criteria for determining which hearings would have a legally qualified chair (LQC) were under discussion and would be informed by the pilot of having LQCs for Interim Orders Panels (IOP) in the first instance. The number of legally qualified chairs was sufficient for the current requirements of the pilot but the situation would be reassessed over the course of the next 12 months. It was envisaged that any future appointment of LQCs would be made under the provisions of a full service contract.
  - c The number of Interim Orders Panel and Fitness to Practise Panel hearings in 2016 were expected to remain at the current level but the resources required to

meet the volume of cases was expected to reduce as a result of the efficiencies realised from the S60 Order.

- d** The introduction of the overarching objective of public protection, with general objectives sitting beneath it, to: maintain public confidence in the profession, maintain proper professional standards and conduct and protect promote and maintain the health, safety and well-being of the public, along with a specific duty on decision-makers to have regard to this objective, was intended to ensure panels (and other decision-makers), in reaching decisions, weighed the public interest alongside remediation by a doctor in all cases. The GMC would also have an overriding duty to ensure the rules require panels to conduct hearings fairly.
- e** The diversity figures for current panellists and newly recruited medical panellists at Annex B, which were better than the average statistics within the Courts and Tribunals Service, were a credit to the MPTS.

### **S60 Adjudication Order update**

- 7** The Group received and noted an update on the progress of the Section 60 Order, including plans for delivery and the development of transitional plans.
- 8** The Group agreed that a light touch annual review of the GMC/MPTS Operational Framework should be undertaken over the summer of 2015, pending a substantial review later in the year incorporating the full suite of updates arising from legislative and rules changes.
- 9** During discussion, the Group noted:
  - a** The scale of work being undertaken to the deliver the reform programme which had commenced in 2011.
  - b** That there was a risk around the December 2015 implementation date as it was subject to Department of Health (DH) and parliamentary timescales. We would continue to raise our expectations around the deadline for implementation with DH colleagues at all key meetings.

### **MPTS Risk Register**

- 10** The Group considered the MPTS Risk Register and noted the changes to the register made since the Group's last meeting on 24 November 2014.
- 11** During discussion, the Group noted that:
  - a** The register should be amended:

- i** To include the timeline for the delivery of our work to modernise our adjudication procedures and the potential impact of the availability of DH time and resources on delivery.
  - ii** To reflect that the reputation of the MPTS was being managed and that the level of risk had reduced.
- b** The availability of medical panellists and the requirement for a licence to practise remained a potential issue, although the number of panellists concerned was very small. A longer term solution to the requirement that medical panellists must have a licence to practise could only be addressed through legislative change; the Strategy and Policy Board would shortly be asked to consider a paper on the approach to the requirement for all our Associates. In the short term the GMC could provide additional further advice to the panellists concerned. The Group would be kept updated and further assistance should be sought, as required.

### **Audit of Interim Orders Panel data**

- 12** The Group received an update on our work to provide assurance that our adjudication processes are fair and noted the progress to date.
- 13** The Group agreed that:
  - a** We should aim to tender a research project looking at IOP data and decisions and that this should be taken forward as part of our larger programme of work to better understand our fitness to practise data.
  - b** We should aim to tender this research project before the academic summer break focussing on samples of decisions to refer, and not to refer, to IOP. The costs of this work can be met from within the 2015 research budget. As with all our research work, the report of this project would be published on completion.

### **Any other business**

- 14** The Group noted that its next meeting would take place on 25 November 2015.

### **Strategic and policy issues**

- 15** There were no strategic or policy issues raised.

### **Operational issues**

- 16** The Group noted:

- a That the revised Sanctions Guidance would become operational in August 2015.
- b The outcome of the 2015 medical panellist recruitment exercise, which was detailed in Annex B of the Draft Report of the Chair of the Medical Practitioners Tribunal Service.

### **Communication and engagement**

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

Confirmed:

Terence Stephenson, Chair

Approved on circulation