For decision

Final report from the review of meetings with doctors

Issue
1 The future provision of meetings with doctors following evaluation of the pilot.

Options
2 The following options have been considered:
   
a Option A: To continue to run meetings with doctors in the London office only.
b Option B: To cease running meetings with doctors.
c Option C: To continue to run meetings with doctors in the London office and extend the service to run meetings with doctors in the Manchester office by Quarter 4 of 2015.

Recommendations
3 The Strategy and Policy Board is asked to:
   
a Approve Option C, above.
b Agree to extend the Rule 7 timescale where a meeting is held to up to 56 days to allow sufficient time for the meeting to be held and for a response to be provided.
c Agree to cease having facilitators present during the meeting and strengthen the promotion of the Doctor Support Service with doctors.
d Approve proposals to update the criteria for invitation to a meeting to reflect more accurately the conditions for inclusion and to amend supporting literature.
Final report from the review of meetings with doctors

Issue

Findings of the independent evaluation

4 We have completed a pilot of meetings with doctors whose case is allocated to the National Investigation Team (i.e. cases that are more likely to be referred to a hearing). The pilot evaluation report, at Annex A, sets out that the vast majority of feedback in relation to doctor meetings is extremely positive. A summary of the background to the pilot is at Annex B.

5 The feedback confirms that the objectives of the pilot have been met. The meetings improved doctors’ understanding of the GMC’s key concerns, and also encouraged doctors to provide a comprehensive Rule 7 response with written evidence in order to substantiate information to support their case. Significantly, all respondents suggested that they would recommend the meeting approach. No obstacles were identified to sharing information at meetings and they provided an opportunity for constructive and open discussion. Doctors value the opportunity to meet and comments made suggest that the meetings were genuinely helpful.

6 More generally, the meetings are noted to have been well run and considerately conducted by staff. A range of positive feedback was provided which confirmed that meetings are well prepared and that there is significant attention to detail during the meeting which is considered to be helpful in articulating a response post meeting. Effective listening skills of staff were praised and attendees considered they were treated with dignity and respect throughout.

7 Respondents also raised a number of issues/concerns about the pilot:

   a A number of doctors highlighted concerns about the significant amount of time taken to travel to the London office for meetings during the pilot, noting that the office in Manchester would be more convenient to those living in the North.

   b A significant number of respondents commented that there was insufficient time to prepare and deliver the Rule 7 response following the meeting. The requirement to formally request an extension to provide a comprehensive Rule 7 response following a meeting has caused some frustration for both doctors and their representatives.

   c Feedback (including that from the external independent facilitators themselves) suggests that there is no ongoing need for them in meetings and some feedback suggests in some meetings the role of the facilitator was considered unhelpful. Some respondents however suggested that for unrepresented doctors some form of independent support would be helpful.
The review has identified that it would be beneficial to review our guidance (on the types of allegations where we would not invite a doctor for a meeting) and our supporting literature (provided to doctors explaining the meeting process).

Options

8 An appraisal of the feedback received and the meetings with doctors model was completed by the Project Board and three options were considered.

Option A: To continue to run meetings with doctors in the London office only.

9 By continuing to offer meetings only in London, doctors and representatives from other parts of the UK may decline the opportunity to meet due to the difficulties of access. This would mean that we may not achieve our key objective of encouraging the sharing of information at an earlier stage in the process. Early sharing of information enables the GMC to better understand the case and determine the most appropriate course of action to protect patients and maintain public confidence.

Option B: To cease running meetings with doctors.

10 The meetings present a unique opportunity to encourage earlier sharing of information to improve the quality of information available to case examiners (CEs) when making a decision at the end of an initial investigation. Doctors have also stated that they value the opportunity to talk to a decision maker and found meetings genuinely helpful.

Option C: To continue to run meetings with doctors in the London office and extend the service to run meetings with doctors in the Manchester office by Quarter 4 of 2015.

11 Given the overall positive feedback about the meetings and the conclusions of the evaluation, we recommend the implementation of meetings with doctors. A controlled study, at Annex C, was undertaken to assess the impact and compare the number of cases referred to a hearing where a meeting was held against those cases where a meeting was not held. The study concluded that in the six months prior to pilot start up, 73% of the same cohort of cases we have included in the pilot were referred to panel at the end of the Investigation Stage (16 referred to a panel out of a total of 23 cases). This is in comparison with just 45% of cases where a meeting was held during the pilot period (23 referred to Panel from a total 51 cases).

12 The study concludes that this demonstrates that the meetings enable us to conclude matters more quickly in a significant number of cases while ensuring that only those cases where a public hearing is required are referred to the Medical Practitioners Tribunal Service (MPTS). Of the 10 cases that have subsequently concluded after being referred to a hearing following a doctor meeting, six resulted in the doctor
being suspended, two resulted in the grant of voluntary erasure and two resulted in a finding of not impaired (in one these a warning was issued).

13 Given the evaluation feedback about the extension of the service to our Manchester office we propose that meetings in the Manchester office should be rolled out in Q4 of 2015. The evaluation feedback did not suggest any need for any further extension of the meetings model across the four countries at this stage, however we will consider requests for meetings in the devolved offices and the location of meetings will be kept under review as our experience of running the meetings increases.

**Timescales to hold the meeting**

14 We agreed, for the purposes of the pilot, to extend the Rule 7 response period by 14 days (from 28 days to 42 days). However, significant comment was made by doctors that the timescales are too short to hold the meetings and provide a comprehensive Rule 7 response following the meeting. Since the beginning of 2014 almost half of all doctors who attended meetings requested an extension to the timeframe provided for Rule 7, with 75% of them requiring a further 14 days or more to submit their response.

15 We recommend that where a meeting is held that the timescale is extended from the current 42 days to 56 days with an expectation that requests for extension would only need to be made in limited circumstances. The meeting itself would be held within 28 days of the Rule 7 letter being issued to the doctor. A further 28 days would be provided for the doctor to provide a Rule 7 response.

**Facilitation of the meeting**

16 The pilot provided us with the opportunity to test the most effective method of facilitation for the meetings. We piloted both internal facilitation (delivered by Case Examiners (CEs) who received facilitation training) and independent external facilitation to evaluate how best to support constructive dialogue with doctors. It is clear from the evaluation that there is no value added from the inclusion of an independent external facilitator except possibly where a doctor has no representation or other support.

17 During the second half of the pilot we extended the service currently provided by the Doctor Support Service to meetings with doctors. Doctors could request that a supporter from the British Medical Association (BMA) accompany them to a meeting. We aim to fully embed this aspect of the service and ensure that all doctors are fully aware that they can have a doctor supporter present at the meeting in the future. We recommend that the future model includes case CEs fully trained in facilitation alongside the Doctor Support Service.
A review of the categories of exclusion

18 As a result of our experience of running the pilot, we propose to clarify the categories of case that are excluded from meetings with doctors by the end of 2014:

a To amend the current exclusion of ‘sexual assault’ to include ‘sexually motivated allegations’.

b To exclude cases involving serious performance concerns, evidence of fraud, and where linked cases have already been referred to a hearing.

c To exclude cases ‘where the nature of the allegations and the context in which they arise mean that a face to face meeting is not deemed appropriate’ as it is important that we do not extend the length of the fitness to practise process unnecessarily by holding meetings that are unlikely to add value to the investigation.

Estimated cost of conducting doctor meetings

19 41 meetings were held in the last 12 months of the pilot, during which one lay and two medical CEs attended meetings, half of which they facilitated and half of which had an independent facilitator. The CEs were accompanied to all meetings by one of two specially trained lawyers. The pilot was also supported by a pilot coordinator and a management resource. The cost of the last 12 months of the pilot was £116,154.

20 There are a number of factors to consider in costing the roll out of the pilot, including additional preparation time for CEs to facilitate all meetings, training CEs and lawyers in our Manchester office and an increase in acceptance rates and caseloads. In light of these factors we estimate an annual cost of £244,612 for roll out of the pilot. Details of the assumptions that support this estimate are at Annex D.

Implementation

21 We recommend a phased approach to implementation, with doctor meetings to continue in their current format until mid-2015 to enable training to be provided to CEs in Manchester. A detailed plan and associated costings for 2015 will be submitted to the Performance and Resources Board at its meeting on 20 January 2015.
Supporting information

How this issue relates to the corporate strategy and business plan

22 Strategic aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns; and Strategic aim 5: Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions.

How the issues support the principles of better regulation

23 Doctor meetings will support proportionality, only referring doctors to a public hearing where necessary and deliver public value by putting protection in place sooner.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

24 We publicly consulted on meetings with doctors in 2011 and engaged widely with patients from our patient reference group and groups such as the Patients Association and AvMA.

25 In the 12 months before the start of the pilot we undertook intensive engagement with medical defence organisations as we developed the pilot model. We also met with the Professional Standards Authority to keep them updated. We will continue to work with the Communications team to engage with key interests including medical defence organisations and patient groups within the four countries.

Equality and Diversity considerations

26 An Equality Impact Assessment was published together with the consultation document in January 2011. Our response included safeguards built into the pilot model to protect the interests of both unrepresented doctors and doctors with health problems. These include a significant training programme for those conducting the meetings. We also have guidance for unrepresented doctors about self-incrimination and offer a pause for reflection at any point during the meetings to enable doctors to take a break or take advice.

27 Having reviewed the Equality Analysis, we have outlined our proposals within this paper to embed the doctor support service into meetings with doctors to ensure unrepresented doctors continue to be supported throughout the meetings process.

If you have any questions about this paper please contact: Anna Rowland, Assistant Director, Policy and Change, arowland@gmc-uk.org, 020 7189 5077.
Final report of the pilot meetings with doctors
Final Report of the Pilot
Meetings with
Doctors

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1 Introduction

In September 2012 the General Medical Council (GMC) set up a pilot project of meetings with doctors at the end of an investigation. The purpose of the pilot was to test whether meeting with doctors at the end of an investigation into complaints about their fitness to practise, would aid the GMC to better understand the seriousness of the case, and in doing so determine the most appropriate course of action to protect patients most effectively and efficiently.

The aim of the meetings was to: ‘improve information sharing between the GMC and doctors to better inform decisions about whether a hearing is necessary.’

The GMC established this pilot activity within their current rules and architecture. The pilot involved meetings with individual doctors who had allegations made against them and had the aim of encouraging the sharing of information at an earlier stage in the process, so that the GMC were better able to understand the case and determine the appropriate course of action to protect patients and maintain public confidence. Where a case could be concluded at the end of the investigation stage, a hearing would not be necessary, thereby speeding up the process for all involved.

The GMC identified the purpose of the meetings to be:

- To provide the GMC with an opportunity to explain the factors that would tend to aggravate and mitigate the gravity of the alleged misconduct. For example: any evidence of insight; any evidence of remediation planned or undertaken since the events in question; the likelihood of repetition; any element of dishonesty within the allegations
- To give the doctor an opportunity to explain why the alleged concern may not be as serious as might otherwise appear, including why it may not be sufficiently serious to justify referral to a hearing
- To ascertain whether there is any information which the GMC do not already hold which may affect their view of the seriousness of the matter (and in particular relating to the matters set out above) which the doctor can share with the GMC
- To explain the types of written evidence that would be required in order to substantiate information provided by the doctor in support of their case.
- To explain that once the GMC have reviewed all the written information, they will make a decision about whether to refer the case for a hearing
- To provide an opportunity to outline what will happen next.

The criteria for inclusion in the pilot was set out in a leaflet produced by the GMC entitled ‘Resolving complaints about doctors faster: Meeting with doctors.’ and which they provided to doctors invited to participate in the pilot. The leaflet states:

‘We will invite most doctors to meet with us where the case may be referred to a hearing. Doctors do not have to meet with us if they don't want to.

We won't invite doctors to meet with us if the case involves concerns solely about their health. This is because we already make agreements with doctors about managing their health to safeguard patients.

We won't invite doctors to meet with us where a complaint involves violence or inappropriate relationships with patients; the doctor has been convicted of a crime and received a custodial sentence or the doctor has knowingly practised without a
licence. For these types of cases we would need to change our legislation for a doctor to accept more serious outcomes.’

During the pilot the meetings took place at the GMC’s London offices, with the option for doctors outside the country being able to have a meeting via Video Conference.

The GMC proposed to offer a meeting in writing approximately 14 days before the Rule 7 letter was issued, with the intention that the meeting would take place within the Rule 7 period (for pilot cases only, this was extended by 14 days to 42 days). The extension being provided, to allow the doctors sufficient time to prepare for the meeting and to provide a written response afterwards.

Doctors were invited to attend in person and could be accompanied by a legal representative; unrepresented doctors were encouraged to be accompanied by a friend or family member (as per the GMC’s published guidance). All doctors were informed of the Doctors Support Service pilot and, subject to their availability; a doctor could choose to ask a supporter to attend the meeting. The GMC was represented at meetings by one of the case examiners who would make the decision on the case and a member of their legal team. The doctor’s attendance at the meeting was entirely voluntary.

An independent facilitator was used in half of the total number of meetings and the GMC defined their role at meetings as:
‘…to contribute to the meeting as and when necessary to ensure that communication remains constructive.’

The GMC are fully aware and respect the fact that there is a real risk of self-incrimination on the part of the doctors; indeed this is inherent in these cases. We are aware that the GMC take steps to advise doctors about this, including providing the doctor with a briefing sheet, prior to the meeting, which covers this point.

The GMC committed to evaluate the pilot after conducting at least 80 meetings to inform a future approach. Both doctors and their legal representatives were asked if they would be prepared to participate in the evaluation of the pilot activity.
2 Executive Summary

This final report provides information on the evaluation of the pilot of meetings with doctors, which form part of a programme of work to reform and modernise the fitness to practise procedures.

The GMC held a total of 80 meetings with doctors and we interviewed 17 doctors, 18 legal representatives and held three interviews independent facilitators.

Key Findings and Recommendations

Our findings and recommendations are based on the feedback we have received from doctors, their legal representatives and the independent facilitators. The feedback is purely from their perspective and based on their understanding, including their understanding of the GMC processes, and this does need to be taken into account.

- We can say that the arrangements for meetings in terms of time and date have been convenient for the vast majority of those involved; however it should not be assumed that arrangements were acceptable to all. In relation to the location of meetings we have highlighted that for those located outside London, attending meetings can be expensive and not just in financial terms. Morning meetings were more difficult for those who needed to travel, being more costly and more disruptive. We recommend that if the concept of these meetings is taken forward, consideration is given to meetings being held at other GMC locations; the timing of the meetings in relation to where the doctor has to travel from and that the timing and, content of the invitation letter is reviewed to include how it coincides with other correspondence, to the doctor, from other GMC staff such as invitation staff.

- Currently the invitation to a meeting asks doctors to indicate on the response form (provided) dates that are inconvenient. Unfortunately there does not appear to be anywhere specifically on the response form for a doctor to provide this detail and neither the letter or the response form make any reference to the time of the meeting. We recommend that consideration is given to reviewing these documents.

- Feedback suggested that there are issues with the timing of the meeting itself, with some respondents feeling that there was insufficient time between the meeting and the deadline for a written response to the allegations. This appears to relate to finding an acceptable date for the meeting and this then in turn limits the time for response. We therefore recommend that if the concept of these meetings is taken forward that this feedback is considered.

- Our understanding is that, in the main, the meetings improved doctors' understanding of what would happen next in the case.

- The feedback told us that the meetings improved the doctors' understanding of the GMC's key concerns about the case and a number of the legal representatives said it had improved their understanding. Several of the legal representatives commented on the fact that the case examiners played a key part in this.

- All three groups gave positive feedback (legal representatives to a slightly lesser degree) that the meetings had improved understanding of what to include in a written response.

- In regard to whether there were perceived obstacles to the sharing of information, the doctors in the main felt there were none, the legal representatives expressed
concerns about ‘fully showing their hand’, i.e. sharing the full extent of the information held by the doctor in advance of a potential meeting. We recommend that the GMC review all of the feedback and consider how they might alleviate these concerns

- The vast majority of the doctors, all of the legal representatives and the independent facilitators told us there had been sufficient opportunity at the meetings to share information

- All 17 of the doctors who provided feedback, told us that if they had a colleague going through the fitness to practice procedures they would recommend they attend this type of meeting. Eight of the legal representatives we spoke to, told us, if they had a colleague representing a doctor and they were invited to this type of meeting, they would recommend they attend. Nine of the legal representatives said it would depend on the case

- The findings of this evaluation lead us to recommend that the concept of doctors meetings should be adopted, taking into account all of the feedback and the recommendations leading from that feedback.
3 Acknowledgements

We would like to thank all members of the GMC staff who worked with us on this project for giving so generously of their time and expertise. Particular thanks go to Lyndsey Dodd, the project manager, for all her expert guidance and support, but most importantly to all the doctors, the doctors’ legal representatives and the independent facilitators who gave their time to complete interviews with us, because without their input and support none of this would have been possible.
4 Background and Context

The original invitation to quote (ITQ) for this work stated that:

‘We are developing a programme of reform so that, in the future, doctors will be allowed to accept all sanctions (including suspension and erasure) without the need for a public hearing. This will only be appropriate in cases where there is no significant dispute about the facts. Because legislative change is necessary to put the new process in place this is not expected to be implemented until 2015 at the earliest.

In the meantime, we are developing a pilot of meetings with doctors at the end of our investigation, within our current rules and architecture.’

The purpose of the meetings was identified as being:

‘…to facilitate the sharing of information between a doctor and the GMC prior to a decision being made on the case.’

The doctors were invited (by the GMC) to attend the meetings in person, and they were able to be accompanied by their legal representative or, if unrepresented, they were encouraged to take a friend or family member. All doctors were informed of the Doctors’ Support Service pilot and, subject to their availability; a doctor could choose to ask a supporter to attend the meeting. The GMC was represented at the meetings by one of the case examiners making a decision on the case and a member of their legal team.

In addition, an independent facilitator was invited to attend half the number of meetings constituting the pilot.

The pilot commenced on the 24th September 2012 and continued to run until 80 meetings with doctors had been completed. When writing to invite a doctor to attend a meeting, the GMC also provided details of the independent evaluation, seeking the doctor’s agreement to involvement and requesting they confirm this by the completion and return of a form. The GMC also sought the involvement of doctors’ legal representatives in the same way. It is this action that provides the GMC with the agreement to provide the doctors and legal representatives contact details to us as the evaluators of the pilot activity.

The GMC identified the purpose of the meetings to be:

a) To provide an opportunity for us to explain the factors that would tend to aggravate and mitigate the gravity of the alleged misconduct: for example: any evidence of insight; any evidence of remediation planned or undertaken since the events in question; the likelihood of repetition; any element of dishonesty within the allegations

b) To give the doctor an opportunity to explain why the alleged misconduct is not as serious as might otherwise appear, including why it is not sufficiently serious or well-founded to justify referral to a hearing

c) To ascertain whether there is any information which we do not already hold which may affect our view of the seriousness of the matter (and in particular relating to the matters set out above) which the doctor can share with us

d) To explain the types of evidence that would be required in order to substantiate information provided by the doctor in support of their case
e) To explain that once we have reviewed all the written information, we will make a decision about whether to refer the case to a hearing

f) To provide an opportunity to outline what will happen next.

The GMC committed to strict criteria that were applied when considering which doctors to invite to a meeting. This was explained in a leaflet provided to doctors as follows:

‘We will invite most doctors to meet with us where the case may be referred to a hearing. Doctors do not have to meet with us if they don’t want to.

We won’t invite doctors to meet with us if the case involves concerns solely about their health. This is because we already make agreements with doctors about managing their health to safeguard patients.

We won’t invite doctors to meet with us where a complaint involves violence or inappropriate relationships with patients, the doctor has been convicted of a crime and received a custodial sentence or the doctor has knowingly practised without a licence. For these types of cases we would need to change our legislation for a doctor to accept more serious outcomes.’

The meeting was described in guidance as being ‘a fairly informal and flexible process aiming to create an environment …which maximises the likelihood a doctor will share any relevant information about the case.’

It should be noted, that on receiving the advice from the Medical Defence Organisations (MDOs) that sharing possible sanction submissions was not helpful to the process being piloted, the GMC made a decision, part way through the pilot, to cease providing tentative sanction submissions.

The nature of this evaluation, and our proposed and accepted approach, was to consider the qualitative data gathered and use that to inform the future delivery of the service. In such evaluations direct quotes are extremely powerful and we have therefore used them throughout the report to illuminate and illustrate.

The aims and objectives of the evaluation were to establish/identify:

- Whether the pilot provided an appropriate opportunity for the doctor to share information at the end of the investigation
- Whether the arrangements for meetings with doctors were appropriate
- Whether the doctor took advantage of the opportunity presented by meeting with a case examiner (and if not what reasons were apparent)
- If the existence of the new process to meet with doctors encourages greater openness generally during the process i.e. through cultural change
- If the meeting itself encouraged the doctor to share more information
- If the doctor found having an opportunity to meet with a case examiner and have a discussion helpful
- Whether cases where a meeting is held are resolved quicker in the pilot model
- If internal or external facilitators promotes better information sharing and constructive dialogue
- Whether the pilot model is more or less successful with particular groups
- Any obstacles within the process to information sharing
- The development of a future model for meeting with doctors (what worked well, what didn’t, any improvements which could be made).
5 Our Planned Approach

Our original planned approach to this evaluation as detailed in our quote was reviewed as it became clear that:

- Although the majority of doctors who agreed to a meeting, also agreed to participate in the evaluation process, when we contacted them a considerable number simply did not respond to us, despite making numerous contacts.

- Feedback from defence lawyers/organisations led the GMC to the view that obtaining evaluation data via face-to-face meetings was not feasible.

Our approach to the evaluation was therefore adjusted and we have:

- Contacted all doctors who agreed to participate, asking them to complete a telephone interview with us.

- Contacted all doctors’ legal representatives who have confirmed to the GMC they are prepared to participate, asking them to complete a telephone interview with us.

- Completed telephone interviews with independent facilitators.

The discussions were designed to be semi-structured in approach allowing for the ‘interviewer’ to vary the discussion depending upon the ‘interviewee’ whilst remaining within an informal structure to ensure that key issues were always covered.
6 The Evaluation

We completed:
- Fifteen telephone interviews with doctors;
- Eighteen telephone interviews with doctors’ legal representatives/observers - one of which covered two meetings;
- Two face-to-face meetings with doctors and their legal representatives. The feedback gathered at these meetings is reported as feedback from doctors only (section 8.1 below);
- Three telephone interviews with independent facilitators (this was to discuss 24 meetings).

The GMC requested that we develop Personal Data Forms and complete an analysis of this data for all doctors, doctors’ legal representatives and independent facilitators who were prepared to provide this information. We note here that we have only received four completed Personal Data Forms from doctors and six from doctors’ legal representatives. We have not provided an analysis of this data within this report as we are of the opinion that the sample is too small.

Although doctors had agreed that they would participate in the evaluation process when we made contact with them they did not always respond, and after several attempts at contact we considered that it was appropriate to assume they had changed their mind. Nonetheless, the feedback we received was from 21% of doctors who attended meetings and 25% of legal representatives.

This evaluation has been qualitative and this is true of many evaluations of such pilot activities. The purpose of the evaluation is to establish whether or not the pilot activity i.e. the meetings with doctors met its objectives. We recognise that some aspects of the pilot activity could have been evaluated by asking respondents to answer closed questions giving simplistic ‘yes’ or ‘no’ answers. This would allow a more quantitative research approach and would ultimately state how many doctors, legal representatives or independent facilitators felt, for example, that the meeting arrangements were not convenient. We suggest that this would actually provide limited value to the GMC, because it would not give any indication of why they felt that the arrangements were or were not convenient. It is the more detailed qualitative data that will provide the GMC with the information of whether or not the pilot has been successful in meeting its objectives and why, or why not, that is. It is only with this type of data that the organisation can truly make fully informed decisions on the way forward.

The nature of the approach taken to the evaluation allowed each doctor, legal representative or independent facilitator to offer an opinion and thoughts. This can be very enlightening and even if only one interviewee made a particular point it may appear to be of such relevance that it is worth highlighting. Naturally comments have to be considered in the context of how many people held a particular view, however some comments/observations, even if provided by only one respondent, can communicate an important and relevant point, and we therefore include such observations without necessarily highlighting how many respondents offered the view.
7 Caveats Relating to Feedback Received

We completed interviews with doctors, legal representatives and independent facilitators at various times after they had participated in a meeting with the GMC’s representatives. The two face-to-face interviews we completed were immediately after (so within minutes) of their meeting with the GMC. Telephone interviews we completed at a range of times following their meeting with the GMC, some were completed on the day after and with others it was several weeks afterwards. This variation tended in the main to relate to being able to make contact and to ensuring the interview was completed on a date and at a time convenient to the doctor. It is perhaps worth noting here that we did offer to complete interviews during the evening or at weekends if that was more convenient. The time lapse between the doctors’ meetings with the GMC and our interviews can be viewed in several ways. Obtaining the feedback within minutes of the meeting allowed us to obtain the immediate thoughts of the interviewee. This has advantages; because there is no time for any real reflection or for them to forget what they understood to have been told or to ‘edit’ that detail. There are also disadvantages, they can be quite emotional at that time if for example recalling what had happened was emotional and/or challenging for them.

Obtaining feedback sometime after the meeting with the GMC also has advantages and disadvantages and in the main they are the converse to those detailed for taking immediate feedback. Interviewees may have forgotten some of the detail of the meeting and how they felt; they also have time to ‘edit’ the detail. However, they do have time to reflect which means they are perhaps calmer and more measured and sometimes having ‘some space’ particularly if they have taken notes and because they are more distanced from the emotion means their feedback is sometimes more thoughtful.

In relation to the legal representatives we interviewed: the nature of their work will mean that they are very used to taking accurate notes during such meetings and we are aware that the vast majority of those we interviewed did refer to their notes from the meeting; they are also of course more detached from the emotion of these meetings for obvious reasons. It could be argued that these points combined with the fact that the majority of them will be familiar with the GMC systems and procedures outside this pilot activity, makes their feedback of particular interest.

When conducting interviews to obtain feedback, inevitably what is said is open to interpretation, this is true for the interviewer and the interviewee, and both questions and answers are open to interpretation. In order to overcome misinterpretation or misunderstanding, we used consultants with skill and experience of this type of work and during interviews if they felt that a question had been misunderstood or misinterpreted they would rephrase the question, often several times, or actually ask: ‘Let me check my understanding, by that do you mean…….?'

We also typed up all interviews and forwarded them to the interviewees, specifically stating:

‘The notes are not a verbatim record, but they should provide an accurate record of your feedback. Once you have had an opportunity to read them through please let me know if I have misunderstood or misrepresented you in any way or if you wish to make any additional comment, I will then ensure all your required amendments are made.’
In statistical terms, the percentage of doctors and legal representatives who completed interviews with us was reasonably good, however this must be taken in the context of the fact that the entire pilot was only 80 meetings with doctors, which is relatively small compared to the number complaints the GMC investigates annually.

The relatively small numbers involved make it challenging to ensure absolute anonymity of the respondents. When evaluating a pilot activity such as this, direct quotes from those involved are invariably very powerful and we consider there to be value in including them. However, in so doing, we recognise that this may identify the case and/or individual to a member of the GMC team who was involved in the case, and we have to rely on the professionalism and integrity of those GMC staff. We have taken care to exclude any detail that has the potential to identify any case and/or individual and have redacted quotes as we considered appropriate in order to maintain anonymity. We worked closely with the GMC project team on this.

It is perhaps worth highlighting that it is unlikely that doctors participating in this evaluation process have had experience of the GMC processes outside the pilot. They would not therefore know what the process is like without a meeting.
8 Feedback Received

8.1 Feedback from doctors gathered by telephone and face-to-face discussions

In the initial stages of the project, prior to the GMC receiving feedback from the MDOs, feedback was obtained by meeting two doctors and their legal representatives face to face. The feedback received at those meetings is included here alongside the feedback that was subsequently obtained by way of telephone discussions with doctors.

This approach appeared to work well and provided the following feedback:

Our first question asked:

**Were the arrangements for the meeting with the GMC convenient?**

The majority of the doctors, told us that the arrangements for the meeting with the GMC were convenient, however five made reference to the fact that they lived outside London and therefore it was time consuming and expensive.

Comments included:

- “Yes. We were given options and agreed a convenient date and time.”
- “It was OK, but was expensive because I had to take a peak time train into London. It would have been nice if they had recognised this issue and offered a time later in the day. I did not ask for another time, just accepted the time offered. It did not seem appropriate to negotiate with the GMC.”
- “I live in Manchester, so I and my two representatives had to travel to London for the meeting which is expensive and time consuming. The timing of the meeting was fine.”

One doctor told us categorically that the arrangements had not been convenient, and provided lengthy comment demonstrating that there were a number of issues which clearly influenced this doctor’s feeling about the arrangements for the meeting. We have redacted some aspects of the quote, which were considered to be about a process outside the pilot, although we have provided that detail directly to the GMC project manager:

- “The meeting was held in London and I live in the north of the country, much closer to the GMC’s Manchester office where I had thought the meeting would be held. On the day there was a big problem with trains into London, which made the whole journey very traumatic, it would have been much easier to go to the Manchester office. I have not found the person writing to me to be particularly helpful…

  I was asked several times who would be attending the meeting and it felt like I was provided with things twice and sometimes not at all. It just did not feel well organised.

  We were able to explain that we would not be able to get to a meeting in London before 11.00am and the meeting was scheduled for that time. They were very understanding about the delays due to the train problem although we did in fact arrive about 3 minutes before 11.00am. This of course meant there was no time prior to the meeting, which in our original schedule we had planned for.”

The second question asked:

**Did the meeting improve your understanding of what would happen next in their case?**
Nine told us that it had improved their understanding; 6 told us that it had not; two
responses were somewhat ambiguous, but the detailed comments provided
explained the meeting had been helpful. To explain this more fully we provide the
comments from one of the interviewees who we considered to provide an ambiguous
response:

'It was all very pleasant. My legal representative was highly experienced, but for any
doctor who does not have that level of support, I can imagine these meetings are
invaluable. The GMC lawyer took notes and explained that everything would be confirmed in
writing, which it was. The meeting allowed me to see the human face of the GMC
rather than just the rather stern letters that they send. The GMC lawyer could not
have been nicer.'

Of those telling us that it had improved their understanding of what would happen
next, several commented on the fact that meeting face to face helped and the two
following responses we felt were particularly informative:

'Indeed. I attended the meeting feeling I had a mountain on my shoulders and that
mountain had lifted by the end of the meeting. This has been running for almost two years and the meeting was the first time that I
felt I was genuinely listened to; they took on board what I was saying and guided me
through the process. I now fully recognise that GMC is a fair body and the experience of the meeting was
a pleasantly shocking surprise to me.'

'Yes, it impressed upon me the importance of my written response and it was useful
to get guidance on that. The document they sent me after the meeting was basically
an essay plan for the response. If I hadn't of had the meeting, I probably would not
have prepared a written response.'

In the main those saying it had not improved their understanding, went on to explain
that this was because they had already received this detail within the
 correspondence from the GMC and/or from their legal representatives.

When we asked:
**Did the meeting improve your understanding of the GMC’s key concerns about
your case?**
Eight told us that it had and one said they thought it had; three told us that it had not
and a further two said not really. The remaining three referred to the fact that they
already had an understanding of what the issues were, either because their legal
representative had explained this or, they obtained the understanding from the
 correspondence provided by the GMC.

We provide below two comments we received (one positive and one negative):

'Yes. I felt that the person conducting the meeting with me had gone through the
paperwork thoroughly. That was reassuring…'

*Not really. This was because of the Legal Adviser’s experience. The Case Examiner did explain different options he can make a decision about, but this was not new information, my legal representative had explained this and it was detailed in the letter and leaflet sent to me by the GMC.'
Our next question was:
**Did the meeting improve your understanding of what information would be useful to include in your written response to the allegations?**
Fifteen of the 17 (88%) interviewees responded positively and comments included the following:

'Yes very much. Because minutes were taken at the meeting, and I was pleasantly surprised to be told that a copy of the minutes* would be sent to me. The minutes arrived two days later, providing me with guidance on how to go about responding, including a suggested layout. This was very valuable and I feel GMC have gone the extra mile.'

*The term 'minutes' was that used by the doctor responding. It should be noted that the GMC team attending these meetings do not take minutes, they do take notes in regard to any further information to be provided by the doctor, and this is confirmed by letter following the meeting.

'Yes. When I first read the allegations I had lots of questions. The meeting was very useful because they gave me answers and guidance. Although they did not tell us what to include in the written response, they did indicate the type of thing that might be useful including information in regard to what actions I have taken in relation to improving my practice.'

'Yes definitely. We discussed the details and I could ask questions and clarify what we had discussed, including what documents might be useful to provide.'

We also provide below the comments received from the two doctors who stated the meeting did not improve their understanding in regard to what to include in the written response:

'It did not improve our understanding, but it did confirm it. Understanding had already been provided by the Legal Adviser and from information provided by the GMC.'

'No this had already been managed by my solicitor. The Case Examiner’s understanding of the case was limited, so we had to talk him through that.'

At question five, we asked the doctors:
**Did you feel there were any obstacles to your sharing information with the GMC?**
Thirteen (76%) of those interviewed said there had been no obstacles and we provide below some of the comments received:

'No not at all. My solicitor had no experience of these meetings. But I wanted to go and to talk to them. She wasn’t sure. But I wanted to talk and tell them what I think about it.'

'No there were no obstacles at all with the two people I met. I was very comfortable about the questions they asked me. They did not know that I had put in place voluntary arrangements and this surprised them. There was no hostility at all at the meeting.'

'No absolutely not. Before the meeting I was a little wary because I did not know what to expect. They were very open and welcoming.'

One doctor’s response to this question was ‘not particularly’ and then added the following observation:
‘…although some of the questions are quite invasive on a personal level. Some of the GMC interest in a case goes beyond what would be important in a court. There is more of a subjective end point for the GMC; they are more interested in your personal situation rather than just the facts and so that can create rather a barrier.’

There were three responses suggesting they had felt there were obstacles to the sharing of information and we have provided them in their entirety below. Our reason for this is because we consider that the main purpose of these meetings is about the sharing of information:

‘The vast majority of information had been shared 18 months ago. The meeting did start in a way that was not entirely as we had understood it would be. We had been told that it would be an informal meeting and that there would not be any questioning of the facts, initially it seemed as though this is what GMC wanted to do.’

‘Yes. The first letter I received from the GMC told me about this pilot and I accepted the opportunity to meet. I then received a further two letters which implied the GMC were considering their actions. This made me feel there was little point in meeting as I felt they had already decided, and I didn’t feel there would be any chance of constructive dialogue. At the meeting I could not totally forget this, although I did feel my case was given a fair hearing.’

‘Yes. My understanding was that this was a ‘semi-legal’ situation and therefore I was mindful not to incriminate myself. I felt this because the GMC letter explained that they would be taking notes and my solicitor had told me that I should be careful.’

We then asked:

Did you feel you were provided with sufficient opportunity during the meeting to share all of the information you wanted to?

Sixteen (94%) of the 17 doctors interviewed told us that they felt they had sufficient opportunity at the meeting to share all of the information they wanted to. Comments provided included:

‘Yes. I felt it was a really good opportunity to have someone to sit and ask questions about what happened and to be able to discuss the detail. I felt ‘heard’ for once during this process.’

‘Yes. I didn’t know what they were particularly interested in, but shared everything and now have the opportunity to elaborate on this. I did not feel rushed at all at the meeting.’

The one respondent, who expressed an element of doubt, appeared to do so on the basis of one aspect not being discussed stating:

‘Apart from the matter of the impact of the investigation on my colleague’s health, yes. But we didn’t go over every point in detail…’

At question seven we asked:

If the approach being piloted was adopted, could they suggest any changes to improve it?

There were a total of 17 responses to this question. Four respondents did not wish to suggest any changes, but made the following statements, which we considered should be highlighted:
‘From my point of view I cannot suggest any kind of changes. It was helpful.’

‘I do not think it could be better!’

‘Can’t think of any changes at this time. This is a good development/approach. It should hopefully reduce the number of referrals to hearing and it is good to bring everyone together in one room, as this engenders trust and mutual understanding. Don’t think that is possible on the same level if just dealing with papers. It is a very positive development, everyone had read the papers and we had a meaningful discussion. It was really useful.’

‘They were very respectful to me as a GP and not at all hostile.’

Twelve doctors all made different suggestions. One of the comments related to the investigation process rather than the pilot and therefore we provided that feedback at the time to the GMC. Although it is lengthy, we do provide the 11 other responses below, as we feel it would disvalue the approach taken if we did not provide all comments:

‘On the leaflet provided about the pilot it says that this approach should help to settle faster. In my case, which began 18 months ago, how does this match up, because it has already been a lengthy process. These meetings should not be the GMC questioning, but stating, a, b and c are our concerns and we need you to provide x, y and z.’

‘I think it is very good to have this type of meeting, before the decision. The whole panel should have full information about the case, I’m not sure they did as said before. This is a good opportunity to express views and I recommend it continues.’

‘This approach being piloted came at a very useful time for me. It is very stressful to be under the scrutiny of a powerful Regulator. This approach is very well thought out and helps tremendously. Thought does need to be given to the impact, on the doctor, of the letters sent by the GMC. If a letter is sent offering a meeting then further letters regarding GMC considering the decision to be taken should not be sent out until after the meeting.’

‘Every case is going to be slightly different. I do think the case examiners need greater technical support. They are not aware of ‘surgical layouts’ and perhaps need someone to guide them on assessments. I feel the GMC do need to consider offering these meetings in multiple locations, or at the very least in Manchester.’

‘One is about the time frame and picks up the point I made earlier. There is a need for it to be more even-handed in terms of the timescale expectations. There is a tight deadline put on the doctors who are in any case under pressure and this especially needs addressing as the GMC itself has taken a very long time to get to that point. The GMC should definitely meet the timeframe implied in the Human Rights Act and not leave the doctor ‘too long in uncertainty’. Their procedures should move with sufficient speed not to put the doctor’s continued registration at risk from being ‘deferred’ from revalidation for more than a year. More clarity about how they would deal with the information given about colleagues...’
concerned with the Doctor’s own case. Those doctors too may well be stressed. For me, I had to ask if my spouse could also accompany me. That opportunity should have been made clear in the information given about the meeting – that it is OK to have personal as well as professional support. The actual time of the meeting in relation to where the Doctor lives should also be considered. Obviously, a doctor needs to meet with their lawyer before the meeting with the GMC. Allowance and consideration about that needs to be given. For me it meant a very early start. So the GMC needs to think about those needs of the Doctor and their lawyer in relation to the GMC meeting time.

'I had initially thought that my legal representative would speak for me, but I stated my version of events and the case examiner listened to me. I cannot particularly think of a better way of doing things, although perhaps if both case examiners, who would be considering the case, were at the meeting that might be advantageous. They would then both know me.'

'I thought, prior to the meeting, that it was going to be a formal meeting and part of the GMC process. It would be good to be told in advance that it is informal and an opportunity for discussion.'

'It would perhaps be useful if we could provide the written response initially in a draft format and get feedback from the GMC on it, currently once we put in the written response, that is it, there is no opportunity to provide further detail or clarity. I think the pilot is a fantastic idea.'

'Ensure that when bundles of documents are sent out they are in secure packaging. Send notes from the meeting out more quickly or allow more time for the response – would suggest at least two weeks from when the letter is received. Improve the general administration relating to these meetings, provide everything that is required including the laminated information document given to read prior to the meeting, but do this only once. I am very hopeful about this approach. I have waited over three years for this to be resolved, which is a ridiculous amount of time. Initially I thought things would happen quickly, but they did not. So I hope this approach will help to speed up the process and reduce anxiety and effort.'

I would suggest these meetings are held earlier in the process if at all possible. It took XXXX from the start of the complaint until I had my meeting. It would be good if they could hold the meeting once they have all the evidence, which in my case would have been XXXX some XXXX earlier than the meeting was actually held. old that the people taking the decision in regard to my case would be a layperson and a doctor, I was a little concerned that the layperson might not understand everything. I felt at the meeting that the layperson had not understood everything as well as the GMC lawyer, and I wondered why the GMC lawyer wasn't involved in the decision-making. However, I do feel I was treated fairly, it was just a very long process.

'The meeting should be held much sooner and not one year after the allegations are made. It would be useful to know the outcome of the meeting; both my solicitor and I were quite sceptical about the benefits for me.'
Following on, we asked:

If a colleague was going through the fitness to practice procedures would they recommend they attend this type of meeting?

All 17 interviewees agreed that they would recommend attendance. Many of the doctors were extremely positive and we provide some examples below:

‘Very much so. I spoke to a few people about it before the meeting and they all said they did not know anything about it, because it was a new process and that I should be careful. But I felt it was unlikely to do any harm and I felt it was important to be honest.

After the meeting I wished it could have happened sooner. Things on paper can be very matter of fact and ‘hard’. When we met face to face they came across as very genuine. I was able to explain what had happened it is really useful for the doctor and the case examiner to present their points of view.’

‘Most certainly. Because by attending a meeting you see the human side and they were so nice to us. It gave me confidence, if people like that were making the decision they would find out what actually happened. I was slightly concerned that a lay person would make the decision, but they got it right.’

‘Oh yes – I would strongly recommend! Because my experience was so good. They gave me a better understanding about their real concerns and what I needed to tell them.’

One respondent did include some caveats:

‘Almost certainly. But not when the Doctor is ill with stress about the situation they find themselves in. I say this because they will have fears that they might incriminate themselves further…’

Question nine was:

Are there any other comments you would like to make?

Again we recognise that including all of the comments adds to the length of the report, but again the nature of the evaluation approach taken makes us believe that it would be inappropriate for us to select which to include. We have therefore again included them all below:

‘Being in this situation is extremely stressful, I had fantastic support from my wife, the rest of my family, friends and colleagues, I also continued to work. But for anyone who does not have this support and is not working, it is difficult to imagine how they could cope. The Trusts in these situations deliberately ‘drag their feet’, and don’t follow their own rules and policies which adds to the stress. XXXXXXXXXXXXX. In these situations a doctor is guilty until proven innocent and the Trusts know this, I am unemployable until this is settled. I never thought I would be involved in anything like this. I want to support the GMC, new initiatives like this need to be supported.’

‘No, the meeting was fine. All co-operative, open and informal. I had no problem with the panel during the meeting.’

‘During the meeting the GMC suggest documents they might want to see, but it is up to the doctor whether or not to provide these documents. It would be useful if GMC stated whether anything would be inferred by the doctor not providing documents.’

‘There were 6 people at the meeting and the room was not really of an adequate size
It is good that GMC provide a room for discussions before and after the meeting. Since receiving the letter about this pilot, things have moved quickly and we expect to have an outcome in the next few weeks. At the meeting today was the first time that anyone from the GMC has provided a rough timescale although I have always been given timescales to respond within. It is good that they have now given this indication. The Liaison Officer has been very good and has responded very promptly to all communications.

Only that the aim of the meeting as I understood was to have constructive dialogue. At times I did not find it totally constructive but that could have been my expectations, in that I wanted to ask about my interests and I was told that they could not help with that. On balance it was all OK perhaps I over expected. This pilot is very good thing and it should be taken forward as it will cause less stress and reduce legal costs, and I say this regardless of the outcome of my case. I was very pleased to have the opportunity to participate.

It was only after the meeting that I fully realised how valuable it had been. They were looking at me and listening to me for the first time. I was told at the meeting that they would get rid of the papers relating to the meeting and that they would then work with the response I provided. I didn’t understand exactly what this meant until I received the letter and minutes of the meeting. The letter provided me with guidance and help, like someone holding my hand, I felt safe for the first time since this all started and I say that regardless of the outcome.

It gives the Doctor the opportunity to provide their account and to obtain an indication of the GMC’s reaction to that account. This type of meeting is useful for a number of reasons:

i. It can help in reducing stress and giving focus
ii. It should quicken the whole process
iii. It is likely to increase consensual disposal of cases
iv. It provides GMC with a real insight of the affect their Fitness to Practice procedures can have on doctors, and this is something which they are unlikely to often see first-hand.

The meeting was definitely helpful; still need a legal representative to provide guidance. A meeting post investigation I think would be useful. The investigation and decision making process should ideally be more expedient.

I met the medical case manager. He treated me with dignity and respect. He listened carefully and thoughtfully to me. He gave the impression that he grasped the essence and importance of what I was saying. This was the first time that I had felt that I had been heard, and it was very helpful. It would have been nice to meet the lawyer who drew up the allegations – so I could understand her rationale and thinking in including each item. Allegations should be confined to those topics that are relevant to Good Medical Practice. The ‘rule 7’ letter, should state which page each allegation refers to in the GMC bundle. I have spent about 40 hours reading and re-reading over the 1000 page bundle, to try and identify what it is I am answering. Where there is robust evidence provided that a particular event did not happen, this
should not be included in the allegations. In my case, there was an allegation of a
XXXXXXX which showed the allegation to be untrue.

To summarise my comments are about the process being:

- **even handed.** To date it has taken the GMC XXXXXX to reach this stage. I am
equipped to respond to their 'rule 7 allegations' in six weeks. I also work full time,
with a full on call commitment, so the six weeks consists in reality only of weekends
when I am not on call.

- **honest.** If I am told that information will be provided in three weeks, this is what I
should get. On several occasions my solicitor was told things like 'I would hear more
in four weeks' when it actually took 12 weeks. If a doctor did this to a patient, our
honesty and integrity would be called into question. The GMC lawyers should work
to the same standards.

- **based on sound legal principles.** Such things as innocent until proven guilty, and
in line with the principles of the Human Rights Act. Article 6, the right to a fair trial
says that everyone is entitled to a fair hearing within a reasonable timeframe. This, I
understand from a Human Rights lawyer, is normally taken to be one year. It took
over two years for me to find out what the GMC alleged I had done.

- **fair** I find myself a bit confused - the GMC are developing the case against me, i.e.
prosecution, and also judge. They selected the ‘jury’ for my Interim Orders Panel.

- **cost-effective** Whenever I and the case investigators are attending the GMC we
are not delivering patient care. Allegations should be well drafted, with only those
that have a realistic prospect of being progressed, taken as part of the case.

A cynic might suggest that the inclusion of allegations that are not clearly related to
the requirements of good medical practice is ‘making work for lawyers’. It is
registered doctors who pay for the GMC; for which we get tax relief. Hence its
funding is in part from the public purse, and, as such GMC procedures should be as
cost-effective as possible.'

| 'Yes. I found that the GMC were making me feel comfortable in the meeting and they
were understanding. It was all very satisfactory. I walked out very happy with their
attitude. It was a good experience. I received a letter today about what evidence I
should provide. I still don’t know the outcome – but I expect it to be a good one.' |
| 'I think at this meeting they should indicate if they feel the case is likely to be referred
on, or if they will reach a decision based on the details provided in writing and at the
meeting.' |
| 'Both people I met were very nice and very respectful.' |
| 'It was a very useful meeting and I wish that every doctor under investigation could
have the opportunity to meet and speak with representatives of the GMC face to
face.
The case examiner I met was the medically qualified case examiner it perhaps would
have been useful if the lay case examiner had also been present, as he/she may
have had different questions, which I could have addressed. This is of course my
personal view and other doctors might feel intimidated by having more people at the
meeting, I also recognise it might be quite costly to do this.' |
| 'If there is a conflict of evidence, which cannot be resolved and therefore the case
has to go to a hearing, there is no value in the type of meeting being piloted. So I
think it is important to establish if that is likely before these meetings are held.
I have spent XXXXX trying to clear my name and when I initially received the letter
from the GMC about the meeting, I thought I would not go. The reason for this was|
because it explained what action they could take and I did not feel this would help to clear my name, my solicitor explained that I have to accept these things, but the letter just stated what options the case examiners have open to them, not that I would have to accept it.

I have been provided with a list of what the case examiners decisions could be and it would be useful to have some explanation of each of these decisions. It is also rather confusing that the GMC provide an index of the evidence they hold, but do not provide details of that evidence, they did provide this later, but it does seem pointless providing an index in isolation.’

‘I felt at the meeting that they would make sure they had all of the information they needed to make the decision, and that they would complete the process properly. I consider this approach is a good one and I felt that before I knew the outcome of my case.’

Our final question asked:

**Were you made aware of the Doctors’ Support Service, which can provide support during the investigation process, did you take up the opportunity and why was that?**

It should be noted that this question was very specifically asked in relation to whether or not they had received information about this service (also being piloted) and whether or not they had made use of it during the investigation process.

Three respondents said they did not know about the service and one said they were not sure if they had been told about the service and two said they did not recall being informed about it.

The two stating they did not recall made positive comment about the idea:

‘I don’t recall receiving this information, but I can see that speaking to a fellow professional would be very useful.’

‘I don’t recall this but it might have been sent to me. I did not need any assistance and would not have taken this up even if I had received the details. The hospital brought in a top London lawyer for me, but he quickly realised I needed someone with experience of this specific type of work and so I then ‘transferred’ to a senior MDU lawyer. I was also very well supported by the Head of HR at the hospital and I was extremely glad that none of this leaked out. My lawyer told me not to discuss the case with anyone and I didn’t. I was very well supported and did not need anything else, but I can understand that others do.’

Eight said they were informed about the service but did not take it up, with seven stating this was because they had support from other sources. The following observation provides additional insight:

‘…because I was quite embarrased and I had emotional support from my family and my lawyer, so did not need this help.’

One doctor told us he/she was made aware of it, but did not take it up for quite a different reason:

‘Yes, I received a leaflet about it with the letter from the GMC. I did not take this up because this all XXXXXX and that is when I needed this type of support, but didn’t know about it then. I probably would not have contacted them then
Two said they were aware of the service and did take it up but gave very differing opinions of it, as shown below:

‘Yes, I did call them once. They spoke to me on the phone, and said if I had any problems I should go to my GP. It was useful and they said I could call back if I needed to. I cannot really comment further as I did not use it to any great extent.’

‘The BMA were three million % useless, they were hopeless for me! It is not their forte to represent individuals. They did tell me about this service and said they would forward information, but they never did.’

During the life of the project, the GMC informed us that one doctor who attended a meeting had stated they did not wish to take part in the evaluation but wished to provide the following feedback:

‘I found that the pilot meeting had little impact on any considerations from the case examiner.’

Although we have no detail to allow us to put this feedback into context, we felt it would be inappropriate for us to ignore the comment received.

8.2 Telephone discussions with doctors' legal representatives

As noted above, in the initial stages of the project, prior to the GMC receiving feedback from the Medical Defence Organisations (MDOs), we gathered feedback face to face from two doctors and their legal representatives. The feedback received at those meetings was included in the details shown at section 8.1 above and is not therefore included again in this section. All feedback reported in this section was obtained by way of telephone discussions with 16 doctors' legal representatives and two observers who were part of the doctors' legal teams. Please note when we interviewed the two observers, we did not interview the legal representatives.

We used a discussion guide based on the one used for our interviews with the doctors, simply making minor amendments to the wording of questions to be appropriate to the legal representative. In doing this we could establish a consistency of approach.

As previously suggested the feedback from this grouping has the potential to be of particular value, as they have experience of the 'usual' GMC process as well as the meetings being piloted.

Our first question was:

**Were the arrangements for the meeting with the GMC convenient?**

All 18 respondents basically said they were.

Five commented on the fact that they and/or their client had to travel considerable distance to London and there are GMC offices much closer and these comments included:

‘I wasn't personally directly involved in making the arrangements this was all agreed by the solicitor. However, because of the distance XXXXXXXX. The meeting was arranged for 10.30am, if it had been held later in the day, then it would have been...’
possible to travel on the day.
I am aware that the GMC had accommodated us in setting the meeting on a day that was convenient.
I do not think the GMC were asked if it could be later in the day.’

‘Yes it was a well organised meeting.
… and we both travelled from Manchester to London for the meeting, which at peak travel time is costly and of course adds a considerable amount to the time required for the meeting. Travelling to the GMC’s Manchester office would have been a much easier option.’

‘Yes the arrangements were fine; the timing of the meeting was later in the day so that we did not have to take the very busy and expensive early train.
It would of course be easier if these meetings could be held in Manchester as well as London.’

Three respondents commented about the timescales and the effect of this on time available to prepare and provide the Rule 7 response:

‘In general terms yes, but both invitations to attend a meeting were received very late in relation to the dates of Rule 7 Response deadline. There is no reason why the GMC cannot send out this invitation with the Rule 7 letter, failure to do this confuses the doctor.’

‘Yes, very much so, the meeting was rearranged to suit the doctor’s availability. Although this was beneficial, it did create the issue of very little time to get the Rule 7 response back, despite the fact we had been granted an extension.
Yes, very much so, the meeting was rearranged to suit the doctor’s availability. Although this was beneficial, it did create the issue of very little time to get the Rule 7 response back, despite the fact we had been granted an extension.’

‘Initially it was not convenient, but the GMC were very good and rearranged everything, because the original date suggested clashed with the doctor’s work commitments. The only downside was that the rearrangement meant that there was only a very limited amount of time to prepare and deliver the Rule 7 response.’

Question two was:
Did the meeting improve your and/or the doctor’s understanding of what would happen next in the case?
Three interviewees told us that the meeting did improve their understanding of what would happen next in the case. Comments included:

‘Yes we had good opportunity to talk to one of the case examiners and one of the GMC lawyers about the next steps in the process. The case examiner was quite candid with us, and we had not realised he would be like that. This allowed for a good discussion in regard to timescales and actions required to move the case forward.’

‘Yes it was very helpful, the Case Examiner conducted the meeting very well. It is a good opportunity to meet the person (face to face) who is conducting the investigation and for them to meet the doctor they are reading about.’

One interviewee stated ‘Yes with some reservations’ and we provide below the detail of those reservations, including the additional question we asked to clarify understanding:
‘...The personnel at the meeting were different to those we needed to provide the written response to, so really seemed that this just added another cog in the wheel. I feel it could have been done without this process. Overall seemed there were just ‘too many fingers in the pie’.
Were you aware that the case examiner who attended the meeting was one of two case examiners who would consider the case?
‘No, this was not explained.’

Three interviewees explained that they considered that the meeting had helped the doctor’s understanding and we felt the following comment was noteworthy:

‘It did not help my understanding, because I already knew, but I think it helped the doctor. Although I had explained the process, the fact that the Case Examiner, at the meeting, explained that another case examiner would initially look at the case and then he would review it, meant that the Doctor felt he knew who was involved. It was no longer all anonymous.’

Ten responded that the meeting did not improve their understanding of what would happen next in the case, explaining that they were very familiar with this type of work and always explained to clients what was likely to happen next. A further two said that it had not really/not particularly improved understanding. We provide some comments to illustrate:

‘No. I am very familiar with the process and had explained this to the doctor prior to the meeting. The information provided at the meeting, really just repeated what I had already told the doctor.’

‘No. If the doctor had been unrepresented I can appreciate the meeting would help improve understanding, but we do this day in day out, so we know what will happen next and we inform our clients.’

‘Not really. I have dealt with these cases for many years, so I was aware of what would happen next and had informed the doctor prior to the meeting. The meeting did not shed any more light for us in this regard, but it did give the GMC an opportunity to repeat where they were going, but there were no surprises.’

Question 3 asked:
Did the meeting improve your and/or your client’s understanding of the GMC’s key concerns about the case?
Interestingly seven of the respondents said it did and, as the reasons given were all different we include them all here:

‘Yes it was helpful in that sense. The case examiner had clearly taken a lot of time to go through a huge bundle of documentation to review the case and to identify the key concerns.’

‘Yes. The format of the meeting is that the case examiner sets out in summary the key concerns. So this reinforced our understanding which was helpful.’

‘Yes. I knew essentially what the concerns were but at the meeting it became clear there were some other issues. In fact the case examiner, at the meeting, raised issues which were outside what had been alleged and what had been investigated. The allegation related to a report prepared … in which it was suggested that the doctor had over exaggerated the patient’s condition, but the case examiner raised concerns about the evidence given by the doctor in court which had never been part
of the allegation.
The meeting was useful in that we were able to obtain a clear understanding of which aspects of the expert report it had been alleged were misleading, this detail had not been provided before the meeting…”

‘It does help being with the Case Examiner. This particular Case Examiner was forthright and gave a good indication of where the focus of our attention should be.’

‘Yes, because this case is basically a technicality and in most other professions it would not even be reportable.
In general the GMC website and guidance on this issue lacked clarity, but the case examiner at the meeting was very helpful.’

‘Yes. We were given a very clear idea of the kind of information the GMC wanted from us, and what sort of detail would persuade them that no further action was required. We had prepared our Draft 7 response and they read that and we were then able to discuss it, which made it a productive meeting.’

‘Yes it clarified the concerns. At the pilot meeting the GMC’s representatives highlighted the crux of the matter and we will be able to address this specifically.’

Nine of the respondents said the meeting did not/did not particularly/not really improve understanding of the GMC’s key concerns. Eight of the nine cited their own experience or the fact that the information had already been provided and was clear, being the reason(s) for this. Some examples include:

‘Not really, because in my view they were apparent already.’

‘Not really. Prior to these meetings we receive a Rule 7 letter which provides this information. That combined with experience means we understand the key concerns.’

One interviewee stated categorically that the meeting had not helped to understand the GMC’s key concerns because:

‘We had been given a provisional sanction and the Case Examiner did not know why that approach had been taken or what the GMC thought process was in relation to it. I understand it was the Assistant Registrar who proposed this. The discussion was very one sided as the Case Examiner did not know where the GMC were coming from and so it was just about what we could tell the GMC.’

And one said:

‘I rather feel it worked the other way, in that we improved the GMC’s understanding. In discussion, the Case Examiner seemed to be more concerned about the answers we had already provided, which it appeared the GMC had not taken account of. The Case Examiner did not know why this had happened and he suggested that we repeat these overlooked points in the Rule 7 response.’

Although taken as being one of the interviewees saying that the meeting had not particularly improved understanding of the GMC’s key concerns, the comment added by the interviewee appeared to us to be important to highlight:

‘The key concerns had already been articulated as the doctor had received a detailed letter in allegation form, so this was plain to everyone. I have some concerns about the purported purpose of these meetings, which is ‘the
non-confrontational disposal of cases'. Underpinning this is an attempt by the GMC to obtain an earlier view of the Doctor's response. This case was never going to be resolved in any way other than a Fitness to Practice panel. Frankly this made it all rather a waste of time. There is an unwritten subtext on the part of the GMC which is ‘let’s see if we can get him to make admissions at an early stage.’

At question 4, we asked:

**Did the meeting improve your and/or your client’s understanding of what would be useful to include in the written response?**

Only one interviewee categorically stated that the meeting had not improved understanding of what to include in the written response, and one said that it had not improved their understanding, but could see this would be of value to unrepresented doctors. Therefore 89% (16) considered that it had. In looking at the detail of the comments provided, we cannot say that all 16 categorically stated that the meeting had assisted understanding of what to include but more that to a greater or lesser extent it had.

Again each interviewee commented slightly differently and for reasons already explained we consider it appropriate to include all that gave detailed comment:

'It really affirmed what we planned to include and it was useful for the doctor to hear this from the GMC, particularly in regard to supporting documents such as assessments.'

'Yes it did. We had provided a draft response, the case examiner highlighted his key concerns and we were able to review the draft in light of his comments.'

'Yes they have to do this, whether it is information which can be provided is another matter. Are the GMC suggestions regarding this information realistic? I understand that following discussion with the MDO’s, it has been accepted that a personal statement from the doctor may not be appropriate/necessary. Some of the requests do not go to the allegations per se, so perhaps some of the requests are not realistic.'

'It is a little difficult to be certain about this. We were told at the meeting what they thought would be useful to include in the response, and this was confirmed in a follow-up letter. I cannot be sure that we would not have included all of these things anyway, but on balance it probably did help to improve understanding.'

'Yes although only to a limited extent. I have found that the meetings have concentrated more on documentation containing information such as transcripts. Because I had set out a structure prior to the meeting, there was little more to discuss other than those points, although I accept that were some points highlighted which I might not have covered in as much detail in the written response as the GMC suggested.'

'In part yes. The difficulty is that the case examiners do not ‘let on’ very much. They should be able to tell us exactly what will help them in terms of the required information. In order to do this, they need to have a very good understanding of the case and must have read all the papers before the meeting. I did not feel that the information we were provided with was tailor made for the case – and I felt this at both meetings.'
‘They did suggest a couple of additional documents which we had not considered and will now include.’

‘Not really, although it is helpful to hear from the ‘horse’s mouth’, but not surprising, just helpful to have articulated.’

‘We provided more information than we usually would at this stage, in the hope that we successfully ‘head things off’ and avoid an FTP. The letter the GMC provided after the meeting detailed what they felt would be helpful to include in the response. There were no surprises, but it made clear what detail they were looking for, which was helpful.’

‘Yes, it helped to reassess and refine the information we had planned to submit based on what the Case Examiner had discussed with us. We actually changed more than we thought we would. The approach I have taken to these meetings is to submit a draft response prior to the meeting with a suggested reading list for the Case Examiner. This has allowed us to discuss this with the Case Examiner at the meeting and he highlighted areas for us to refine/add to. This is the most effective way I can think of in order to get the most from the meeting.’

‘Yes. I think the best approach to take is to put in a draft response prior to the meeting so that the Case Examiner has an idea of where the practitioner is coming from. They can then provide comment on this and explain any supplementary detail they require. I usually ensure this is sent a couple of days before the meeting, it provides a point of reference although everyone understands it is just a working document, so not held to it. It can be particularly helpful if there is a need to overcome issues relating to conflict of evidence. The idea originated from someone in the MDU who attended one of the early meetings, and which I have adopted for the meetings I have attended.’

‘It did help the Doctor to understand what was expected. It also confirmed that documents we planned to include were appropriate, so this was all positive.’

‘We were given a very clear idea of the kind of information the GMC wanted from us, and what sort of detail would persuade them that no further action was required. We had prepared our Draft 7 response and they read that and we were then able to discuss it, which made it a productive meeting.’

‘Yes, it helped to identify what the key issues are.’

‘Yes, because the Case Examiner suggested documents which might be useful to include at the Rule 7 stage.’

We next asked:  
**Did you feel there were any obstacles to your sharing information with the GMC?**  
Eleven (61%) interviewees said they did not.

We considered that the following comments were of particular interest:  

‘No not in this case. Our biggest decision in deciding whether to attend a meeting or not, is related to the client and our defence, in particular whether the alleged facts are
admitted or not. In most cases I would have concerns about attending a meeting, as there is often more to lose than to gain.’

‘No. It was an informal meeting and neither the doctor nor I felt uncomfortable about raising points with the case examiner and legal representative from the GMC. It was a comfortable atmosphere.’

‘No, because of the informal relaxed environment created.’

‘None at all. I feel that these meetings need to be approached in a transparent manner, if legal representatives are suspicious of them, this is unfounded and I believe the wrong way to go about them. The meetings need to be positive, constructive and open. I have found the Case Examiners to be very helpful.’

One interviewee stated there had ‘not really’ been any obstacles and then added the following comment:

‘…although when there, one has to be guarded, it is made clear that anything said does not go outside the meeting. If the case had been different and the Doctor had made admissions to probity issues, then we would have needed to be very careful. It is a matter of judging the evidence at the time. In cases where the GMC have to prove their case, a certain barrier is bound to be erected.’

One stated that the meeting room was uncomfortable (too small for 6 people), they were not informed in advance, of a facilitator’s attendance and questioned the value of a facilitator at a represented doctor’s meeting. The remaining five suggested a number of obstacles and they are such that we consider it is important to provide their complete responses below:

‘My impression from the way the meeting was run on the day, was that they were not interested in anything I as the solicitor had to say, they were only interested in hearing from the doctor. There was uncertainty as to whether any action might be taken as a result of what was said in the meeting, or whether that information might be used as part of the prosecution case against the doctor if there was a subsequent hearing. This does amount to an obstacle to sharing information at the meeting. I obviously can only give a subjective view of whether or not the doctor felt there were any obstacles, and my subjective view, save for this uncertainty, would be that, save for this uncertainty no he did not.’

‘They encouraged the sharing of information although I do not think it is appropriate that a doctor should in effect give a plea and mitigation. We are told that whatever the doctor says will not be ‘used against them’, but this is not human nature, it is impossible, surely, to completely ignore what is said. It would be different if the case examiner attending the meeting was not the person who would ultimately be involved in the decision making process, but as I understand it they are. The doctors attending these meetings are under considerable strain and are not always articulate. If the meeting had been about a case where there was no understanding of whether or not the doctor accepts any/all of the facts, then I can appreciate there is a considerable amount of information which needs to be discussed.’
“This is difficult. We are told that anything said at the meeting is ‘between these four walls’, but the doctor is ‘on show’ here. If something is said in the meeting and the GMC suggest it will be useful to cover this in our response, if we do not it might go against the doctor – it is impossible to tell.

Prior to the Dr xxx meeting I had a separate meeting with the GMC lawyer. The case was one of dishonesty, and in the past all dishonesty cases have been referred, I was seeking to understand what was to be gained from the meeting.

The Dr xxx meeting was more useful. However it must be accepted we are operating in the real world and realistically, how can the Case Examiner ignore what was said at this meeting when making a decision on the case?’

‘Only because to some extent it feels you are ‘showing your hand’ before a hearing (this was more the concern of the solicitor). Usually these situations are quite adversarial, but these meetings are much more conciliatory, it is much more open. It is helpful to have discussions in this less formal way and it is sensible to explore issues. If we do have to go to panel we have concerns that we will have already provided all the information, and particularly the doctor’s view.’

‘We have a duty to act in the best interests of our client, so therefore we are not going to completely ‘show our hand’. It rather depends on how much the GMC explain what they need, so I suppose it was just the usual obstacles. It was vital for us to ensure they understood the context of how everything occurred and I felt that we did manage to make that very clear.’

Question 6 asked:
Did you feel you were provided with sufficient opportunity during the meeting to share all of the information you wanted to?
All the legal representatives stated there had been sufficient opportunity and we have detailed below the response of two:

‘Yes we were not rushed in any way and were continually asked if there was anything else we needed to cover.’

‘Yes, there was no rush and the meeting was well managed. Both parties were able to say what they wanted to say.’

At question 7 we asked:
If the approach being piloted is adopted, are there any changes you could suggest to improve it?
The vast majority of the legal representatives suggested changes; one said ‘No, it seems fine at the moment’. Four expressed the view that the rooms allocated for the meetings were too small and the remainder were all subtly different, we therefore have included all of those below (we have included comments where the room size was mentioned along with other comments, they have been counted within the four already mentioned):

‘I wonder if this type of meeting would be appropriate for every case. It can be quite stressful for the doctor to have to travel to London for a meeting with their regulator. In more straightforward matters, I wonder if it is really cost effective to take this approach. Ideally I would like the GMC to allocate the case and to seek our views on whether it would be appropriate to have this type of meeting.’
‘My experience was resoundingly positive, so I just think consideration should be given to location of the meetings and allow meetings to be held in Manchester.’

‘Yes. Communication needs to be improved.
The documentation provided by the GMC regarding the pilot is not consistent with how the pilot is being run in practice. For example the documentation states that potential erasure cases are not being included in the pilot, but my understanding is that they are. This needs updating with a better explanation of the types of cases being included.
The sanction information is provided ‘very late in the day’. It tends to arrive one day before the meeting and I feel we need this at least a week before.
The format of the meetings is very formulaic and at the meeting I attended XXXX, I felt the Case Examiner was working to a much more complete script. The Case Examiner is not involved in the sanction bid and therefore is not always able to explain the basis for the GMC sanction bid.
Although the doctor is told they do not have to say anything during the meeting, and although the legal representative states that the doctor will not be responding, the questions are still addressed to the doctor. This may make them feel that they are obliged to say something.
At the meeting, the Case Examiner said we could expect a decision within three weeks of us providing the Rule 7 response. We received the letter from the GMC confirming what information would be considered useful on XXXX and I had to provide our response by XXXX. This I did, it was a seven-page response with 50 pages of enclosures, so quite a large document to pull together. It took GMC almost three months to respond. The fact that the Case Examiner stated this response time in front of my client, raised expectations, which were then very difficult for me to manage. The difference in timescale taken to provide the decision, from that indicated, understandably added to the stress my client experienced.
When it was sent, it was not copied to me and I had to send three e-mails before the GMC actually sent it to me. I appreciate that the GMC might suggest that the doctor can forward a copy, but I would have thought that having represented the doctor at the meeting it should have been copied to me. In the particular circumstances of this case, the doctor was not able to send me copy.’

‘The issue regarding to what extent there are records of the meeting and if the information gathered would be used at some later date was rather obscure. The GMC lawyer stated that the meeting ‘was not off the record, and if anything serious was said it would not be ignored’ but it was also said that only a summary note would be made in relation to the meeting and that this would subsequently be destroyed. The apparent conflict between the two statements gave rise to uncertainty of the situation for us and I would suggest this needs to change to give clarification.’

‘I have commented already, to the GMC, about correspondence sent to the doctor. I understand they have now dropped the idea of giving an indication of potential outcome of a referral, which is good. The correspondence doesn't fully explain that this meeting will be held and then there has to be a written response and that it is that written response which counts. Some doctors seem to get the impression that this meeting will ‘resolve’ the case. The doctors are sent some information, a leaflet and a letter, but I do not think it all matches up. I can understand that without these meetings, sometimes case examiners receive responses which do not provide the detail they really need, and I can understand that these meetings can provide the opportunity for dialogue which was not previously available. I don’t think the
information provided by GMC to the doctors makes this point clearly, that the meeting is about providing that opportunity for dialogue.

I have been concerned about the information I have been asked to provide in the written response, such as a transcript of the evidence given in court, when the allegation did not relate to the evidence given in court. I do not consider it appropriate that the GMC asks that we provide this, if they need it at this stage then they should obtain it. They have asked me to provide documentation which I have no power to obtain and it is surprising that the GMC lawyer did not say anything about this.

We have heard that about half of the cases where these meetings have been held, the case is then referred, this seems a high percentage considering that these cases are all supposedly finely balanced, although I do not know how they are being selected.

I don't know how the GMC will judge if these meetings are a success, because they cannot say what the outcomes would have been without a meeting. The only thing which may give an indication is if they can say that the quality of written responses (in general) improves.

I cannot see the need for a facilitator to attend. I suppose there might be some value if the doctor is unrepresented to have a ‘neutral’ person in the room, but it is difficult to accept they are really neutral when they are being paid by the GMC. I was concerned by the comments of the facilitator at one of the meetings I was involved with. He said nothing during the meeting and then at the end, when asked if he wished to comment, he said he thought it would be useful if the doctor talked about the case. He said that in other meetings it had been useful for the doctor to explain themselves. I was very concerned about this, as it could put the doctor under pressure to provide comment, which is not my understanding of the purpose of the meeting.’

NB We are aware that the GMC have already taken action in regard to this feedback.

‘Yes.

• The GMC should send out invitations to attend these meetings with the Rule 7 letter, it is not helpful to leave it until almost the date the Rule 7 response is required

• The GMC solicitor attending the meeting should be the solicitor who has had conduct of the files

• Case examiners attending need to read all the detail of the case. If we are only being provided with generic detail of what information to include in the response, there is no value in the meeting

• Better accommodation for the meetings. The rooms are often far too small for the numbers attending the meeting and very hot

• If a doctor is represented I cannot see any need for a facilitator to attend the meeting

• It appears to me that taking this approach extends the period of time needed for a decision to be reached. Dr xxx who attended the meeting at the end of April is still waiting to hear’.

‘Things may have changed now, but when we attended there was no consideration given to providing us with a separate room for private discussion. I think it is important that the GMC provides a room for the legal representative to speak privately with their client.’

‘If it is adopted, the GMC need to be more realistic about the selection of cases. If the issue is a clinical one, then this type of meeting is likely to be more helpful, but
even with that type of issue not really sure it requires a meeting. For any case relating to probity issues it is a waste of time.
Some of the meetings need to be held in Manchester.

Allow more time for responses after the meeting. This was a complex case, a lot of papers (4000 pages) and a lot of patients and issues. There was a lot of detail requested in a short amount of time and although we were given an extension it was still a very tight deadline, we only had two weeks. Given the importance of “getting it right” and the logistics of liaising with the doctor with draft responses, it may be more helpful to have 4 weeks after the date of the meeting to submit the doctor’s response.

It would be useful if these meetings could also be held at other GMC offices, as mentioned at question 1. At this meeting there was no facilitator and that seemed appropriate. When a doctor is represented I feel that obviates the need for a facilitator. If a doctor is unrepresented, it is perhaps useful to have a facilitator at the meeting, although having a GMC solicitor there, may be sufficient.

Currently the Case Examiner attending the meeting is the second Case Examiner to review the case. I would much prefer it to be the first Case Examiner, as this would allow them to form a provisional view of what they see and hear at the meeting. I wonder if sometimes something is lost in translation between the Case Examiner attending the meeting and the one leading the review. I understand the GMC have taken this approach from an objectivity point of view, but I do not think reversing the sequence should be a problem, providing there is transparency on what the decision is and the reasons for it.

Timescale is a problem. We are given 28 days to submit the Rule 7 response usually and although we had been granted an extension, it still left very little time to do this once a meeting date had been agreed and completed. (In this case the doctor had difficulties finding a date when the Case Examiner was available). The facilities at the GMC are very cramped.

Maintain consistency of personnel. The lady at the meeting said she would follow up with an e-mail or letter, two or three days later I received a letter but this was from someone else. Then our Rule 7 response had to be sent to someone else again.

I have only had one meeting although I understand the MDU has provided the GMC with feedback. It is very case dependent and depends on how open the GMC can be about the case. If there is tension between the parties about what can be said, then there is likely to be limited value to the meeting.

If the Case Examiner had background/understanding of the reasoning for the provisional sanction would have helped, as it is difficult to discuss the case at that level, if the view taken i.e. the provisional sanction was not the Case Examiners. The meeting room is really rather too small for 6 people and all the paperwork.

We next asked (question 8):
If a colleague representing a doctor going through fitness to practice procedures were invited to attend this type of meeting, would you recommend they attend?
Eight said yes they would and all added explanatory comment and each provided slightly differing reasons including: ‘There is nothing to lose’; ‘It will help clarify the issues’ and

‘…Sounding a little cynical, it affords the doctor and me more time to respond. The usual response time is 28 days and attending a meeting can double this response time.’

Nine said it would depend on the case, including the following:

‘I would say they would need be open minded and the decision would depend on the case, they shouldn’t rule it out, think very carefully and decide with the client. If there is a problem with disclosure then it is not likely to be productive.’

‘It would depend upon the case. If I had been asked this question a while ago, I would have said there is nothing to lose and it does give an indication of what the GMC would like to see in the response.
Now, if the case is one of probity, I would say the value in attending is limited, but I would probably still go because it provides an opportunity for information exchange. I don’t think the meetings increase the prospect of disposal, and arguably it lengthens timescales, because the meeting has to be factored in along with the additional time for response.
That said it is always useful to ‘eyeball’ the opposition. At the time of the meeting we have the Rule 7 letter so know what all the issues are by that stage, but a meeting can give a useful focus for addressing the concerns.’

‘This has arisen. It depends on the client and the case. In more cases than not, it is not in the doctor’s interests to attend a meeting. This particular case was easy, because he admitted all the alleged fact, was very insightful and could demonstrate his remorse and show what changes he had made. However if a doctor is denying what is said to have happened, it is much more difficult. I would say that in more than 50% of cases, it is not beneficial to attend.’

Our penultimate question (number 9) asked: Are there any other comments you would like to make?
Eleven of the 18 offered comments which, again because they are all different we have included below:

‘I question the facilitator role. At this meeting there really was not much to facilitate although it may useful when a doctor is unrepresented. It just seemed an unnecessary expense in part because the GMC people were doing a good job.’

‘The meeting was well organised and the case examiner was excellent in the way he conducted it. The practitioner I represented felt that someone at the GMC understood her case. Most importantly these meetings can narrow down issues and help doctors to understand how to respond. This meeting assisted in avoiding the need for the case to go to a hearing which saves a huge amount of time. I also think it is helpful for the case examiner involved to meet the human being on the other side of the allegations. The meeting allows the situation to be dealt with sensibly and consensually.’

‘The pilot has progressed since inception – there is better communication now. Basically it is not bad and it has got better with use. I am broadly positive about it.’
"There is rather a disincentive, in that unlike mediation there appears to be no power at these meetings to make a decision. Usually mediation is about getting a decision there and then, and it seems to me that the objective of these meetings is similar to mediation i.e. reaching a mutually agreed decision without going to a hearing."

"I can't really see any benefit in the doctor attending these meetings, but do understand that the GMC are concerned how a meeting held without the doctor might be perceived. I feel that having facilitators at the meetings is a complete waste of time. If the GMC decided to hold these meetings just with the doctors' legal representatives, I would be happy to attend. I feel it is frustrating that there is no dialogue with case examiners, so I welcome this opportunity for dialogue and to be able to seek clarification. However, having now attended some meetings I have a number of concerns about it. The GMC lawyer role during my meetings appeared to simply make a list, I am not sure why a lawyer is required to make a list."

"I have no objection to meeting, it is basically a good idea, but I need to be convinced they make an actual difference, I am not entirely sure they do. The process itself seems to be engaging and explains what Case Examiners would like to see. The constitution of the meeting was appropriate and well managed in as far as it could go; my feeling before the meeting was that it would go to panel and it did. The meetings can give the GMC early indication of the Doctor's position, but this would be in the Rule 7 response anyway. I am strongly in favour of engaging with my opposite number, it can narrow the issues, but at the times of these discussions, the issues are already defined in the draft allegations. Most legal representatives for Doctors are fully aware of what should be disclosed."

"I found the Case Examiner and the GMC solicitor very helpful. I have not yet received the outcome, so don't know yet if it worked. The doctor was also very happy with the way the meeting went."

"The meetings are very constructive and helpful."

"This meeting was the best one I have attended, possibly because of the approach of the Case Examiner and GMC lawyer. They were very clear that they wanted to gather information and they were not in any way accusatory, it was obvious this made the doctor feel at ease, although he had not been before the meeting."

"The independent facilitator who attended the meeting was a very nice man, but not entirely sure his attendance was necessary, again it seemed like another cog in a wheel. It felt unnecessary, rather like a lawyer attending a police station with a youth and then the police calling in a responsible adult to be with them, it wouldn't be necessary."

"It was a good experience and a good outcome for the doctor. In this case it was important that we go the doctor’s voice heard, and in that regard we were successful. We were able to set a template of where we were going with the case. The case was very expeditiously concluded after the meeting, although cannot say for sure that this
was because of the meeting. My feeling at the time was that the fact that the GMC met the doctor helped. We went into the meeting with open minds.’

Our final question was:
**Was the doctor you were representing aware of the pilot for the Doctors’ Support Service?**
Six told us they did not know, one of whom added ‘...represented doctors are less likely to be interested in this.’ One said they did not recall and one they did not think so and one said: ‘He might have been … I think if a doctor is unrepresented it is important they are made aware of this service.’

Nine told us that the doctor was aware of this or they thought so, with one stating:

‘He was not aware of it before he received the invitation to attend the meeting and then he received some details. However he did not understand what it actually was and I explained it to him.’

### 8.3 Telephone discussions with independent facilitators

All feedback reported in this section was obtained by way of three telephone discussions with independent facilitators; this was to discuss 24 meetings. For these discussions we used the same discussion guide as used for the case examiners and GMC lawyers, adapting/adding questions as required.

Our first question asked:
**Were the meeting arrangements convenient?**
The two facilitators both told us that the meeting arrangements were generally convenient. There was mention of the fact there did appear to be occasions when there were not rooms available for the doctor and their legal representative to meet separately.

Question 2 asked:
**Did you feel the meeting improved the doctor’s understanding of what would happen next in his/her case?**
The facilitators agreed that it almost always did.

At question 3 we asked:
**Did you feel the meeting had improved the doctors understanding of the GMC’s key concerns about the case?**
Again, certainly the initial response from the facilitators was that the meeting did improve the doctors’ understanding. However, looking at the more detailed responses the facilitators do go on to explain that some of the doctors do already have a good understanding, see comments below:

‘Absolutely yes. For one or two it is very clear already. The understanding of the doctors’ representatives and the doctors themselves vary a lot, some are very well prepared others not so…’

‘Yes, although she did appear to have quite a good understanding…’

‘Again for both doctors it did. Everything is gone through carefully and sequentially. If the doctor did not realise what the key concerns/priorities were before, this meeting makes them understand more clearly…’
At question 4, we asked:

**Did you feel that the meeting improved the doctor’s understanding of what should be included in the written response?**

Again the facilitators were unanimous in saying that it did. We did consider that the acknowledgement by one of the facilitators, shown below, was worth noting:

‘Of course some of the doctors’ legal representatives are ‘spot on’ and may have done this without the interim meeting…’

We also felt that the following should be highlighted:

‘…The GMC lawyer sums up at the end of the meeting and this is very useful, as he/she also details what documentary evidence to include. All of this is probably more useful for the unrepresented doctors.’

Question five was:

**Did you feel there were any obstacles to sharing information with the doctor or vice versa?**

The facilitators’ opinion was that there did not appear to be any real obstacles although there was acknowledgement that it is a new process, and everyone is still getting used to it and that perhaps there was still some cynicism on the part of the doctors and their legal representatives.

We felt that the following comment summed up the facilitators’ views rather well:

‘…I can understand that the doctors will always be weighing up what to say because they could put themselves in jeopardy. The tone of the meeting is very much about trying to get information which will support the doctor’s case and the doctors are very deliberately not put on the spot.’

We next asked:

**Did you feel there was sufficient opportunity provided during the meeting for both sides to share all the information they wished to?**

This elicited another unanimous response that there was sufficient opportunity and the meetings were never rushed in any way.

Question 7 asked:

**If the approach being piloted is adopted, could you suggest any changes to improve it?**

Their comments focused on the location of the meetings and the rooms used see below:

‘I am aware that doctors need to travel often quite a distance for these meetings so not sure if any changes need to be made to accommodate that. The rooms that are used can be very cramped…’

Our final question asked:

**How did you feel working with this new approach?**

The facilitators we spoke to informed us that they had felt fully included in the meetings; we show a comment from one of the facilitators below:

‘This is now one of the nicest things I do; it is fascinating, enjoyable and cutting edge.’

It should be noted that our understanding is that the facilitators we spoke with had not needed to ‘intervene’ at any of the meetings they discussed with us.
8.4 Personal Data

We have collated all the personal data we received directly in response to the Personal Data Forms we provided, the provision of this data was entirely voluntary and only a small number completed and returned the forms to us. We have not provided an analysis of this data within this report as we are of the opinion that it does not provide any useful meaning because it is gathered from such a small number.
9 Our Findings and Recommendations

These findings and recommendations are based on the feedback we have received from doctors; doctors’ legal representatives and independent facilitators. Their feedback is purely from their perspective and based on their understanding, and this does need to be taken into account.

We can say that the arrangements for meetings in terms of time and date have been convenient for the vast majority of those involved, and it is clear that the GMC have taken care to attempt to arrange meetings, on dates and at times which were convenient for the complainants.

We do think it is worth noting the comment of one doctor on this subject:

'It was OK, but was expensive because I had to take a peak time train into London. It would have been nice if they had recognised this issue and offered a time later in the day. I did not ask for another time, just accepted the time offered. It did not seem appropriate to negotiate with the GMC.'

This we feel highlights how potentially it could be assumed that arrangements were totally acceptable, but in fact there were issues for those involved which for perceived reasons meant they would not raise these with those who actually could easily overcome them.

When meetings were organised for the morning in London, those located outside London often had the additional costs of peak time travel, the inconvenience of needing to leave home extremely early in the morning or having the further costs of overnight accommodation. This may also lead to additional stress for the doctor both because of the cost and also concerns of arriving late for an important meeting.

The doctors, their legal advisors and the independent facilitators all expressed concerns about the expense (not just financial for example the time away from work because of the time needed to travel) of attending meetings held in London for those located outside London.

We recommend that if this concept is taken forward, consideration is given to allowing meetings to be held at other GMC office locations, and that it is made clear in the letter of invitation to attend a meeting that it is quite acceptable to request that the timing of the meeting is such that expensive peak time travel can be avoided.

We also recommend that the invitation to attend a meeting and the attached response form be reviewed. Currently the letter of invitation states: ‘…If you think, in principle, that you may wish to attend a meeting, please outline on the enclosed acceptance form which dates are inconvenient and we will look to organise the meeting around these date(s)…’

Unfortunately, there does not appear to be anywhere specifically on the response form where the information in regard to dates which are inconvenient should be stated. Neither the letter, nor the response form, makes any reference to time of day of the meeting.

There also appears to be some issues, at least for some, that there is insufficient time to prepare the Rule 7 response following a meeting. This appears to be more related to finding an acceptable date for the meeting and then this limiting time for the
response. We understand fully that there do have to be sensible time constraints on these matters but **we recommend that** this reported issue is considered. The feedback from doctors, legal advisers and the independent facilitators tells us that the meeting has in almost all cases improved the doctors’ understanding of what would happen next in the case. Quite understandably the legal advisers who are clearly highly experienced in this field, had a good understanding of what would happen next, and informed their clients. The fact that at these meetings the doctors were being given this information by a GMC representative appears to make the information clearer and/or more real.

This also seemed applicable, when considering whether or not the meeting improved their understanding of key concerns about the case, although in response to this, more of the legal advisers suggested that their understanding had been improved and a substantial number of the legal representatives specifically commented on the case examiners’ role in this.

There was a very high percentage of doctors (88%) who told us that the meeting had improved their understanding of what to include in their written response, and the independent facilitators were unanimous in their opinion that this was the case.

The legal representatives also provided positive comment in regard to this.

The doctors in the main felt there were no obstacles to sharing information at these meetings and the independent facilitators tended to agree with this. The majority of legal advisers agreed, however we cannot ignore the concerns expressed by the legal advisers, which tend to relate to fully ‘showing their hand’ at this stage of the case.

**We recommend that** the GMC give further consideration to how they can alleviate these concerns as far as possible, as failure to do so, we suggest will mean that the fullest value of these meetings will not be achieved. There also appears to be some suggestion in the feedback from doctors that their legal representatives tell them ‘to be careful’ etc. which may also add to their perception of there being obstacles to the sharing of information. The GMC are fully aware and respect the fact that there is a real risk of self-incrimination on the part of the doctors; indeed this is inherent in these cases. We are aware that the GMC take steps to advise doctors about this, including providing the doctor with a briefing sheet, prior to the meeting, which covers this point.

**We also recommend that** GMC review all of the feedback provided on this issue of real or perceived obstacles.

The vast majority of doctors, all of the legal representatives and the independent facilitators said that there had been sufficient opportunity at the meetings to share the information they wanted to.

The interviewees who provided feedback gave some very interesting thoughts about how the meetings could be improved and general comments about the meetings.

**We recommend that** the GMC review all of these comments before moving forward with this idea.

The issue of size of rooms allocated for these meetings was mentioned in response to a variety of questions and by all three groups of respondents. This is clearly an
issue for those attending the meetings and is an issue in terms of the size of the
room being adequate for the numbers attending (taking account also of the amount
of paperwork they may need to bring to the meeting) and also the temperature within
these rooms.

In considering whether or not the pilot in itself in isolation was successful, feedback
suggests that it has generally been well run, and we have considered the main
objectives of the pilot as detailed in Section 3 Background and Context (above) in
relation to the feedback received, setting out our views below.

Although we appreciate the value and importance of independent facilitators at the
early stages of the pilot, feedback, including feedback from the facilitators
themselves, suggests that there is no ongoing need for them with the exception
perhaps of meetings with unrepresented doctors. Indeed our interpretation of some
feedback suggested that the attendance of an independent facilitator did perhaps
create a negative impression of the meetings, the following quotes from various legal
representatives we feel demonstrates this:

‘...I feel that having facilitators at the meetings is a complete waste of time.
If the GMC decided to hold these meetings just with the doctors’ legal
representatives, I would be happy to attend…’

‘I question the facilitator role. At this meeting there really was not much to facilitate
although it may useful when a doctor is unrepresented. It just seemed an
unnecessary expense in part because the GMC people were doing a good job.’

‘The independent facilitator who attended the meeting was a very nice man, but not
entirely sure his attendance was necessary, again it seemed like another cog in a
wheel. It felt unnecessary, rather like a lawyer attending a police station with a youth
and then the police calling in a responsible adult to be with them, it wouldn’t be
necessary.’

We recommend that, if the idea of Doctors’ meetings is taken forward, the GMC
give consideration as to the need for independent facilitators in meetings other than
those with unrepresented doctors.

The objective of the meetings was to ‘...to facilitate the sharing of information
between a doctor and the GMC prior to a decision being made on the case.’ In
general this appears to have happened, and the feedback we have highlighted
details why we are of this opinion.

We are of the opinion that in relation to the purposes of the meetings:

☐ To provide an opportunity for the GMC to explain the factors that would tend to
aggravate and mitigate the gravity of the alleged misconduct: for example: any
evidence of insight; any evidence of remediation planned or undertaken since the
events in question; the likelihood of repetition; any element of dishonesty within
the allegations – Almost by virtue of the fact that the meetings have been held,
means that this opportunity has been provided. We also received specific
feedback which states that this happened

☐ To give the doctor an opportunity to explain why the alleged misconduct is not as
serious as might otherwise appear, including why it is not sufficiently serious or
well-founded to justify referral to a hearing – Again the fact that the meetings took
place arguably provides this opportunity. The majority of the doctors we spoke to
told us that the meeting had improved their understanding of the GMC’s key concerns, which implies they had an opportunity to explain why the alleged misconduct was not as serious as it might appear. The view of the legal representatives who in the main said that they already knew what the key concerns were and had informed the doctor (this was also confirmed by some doctors) should not be overlooked, nor should the legal representatives concerns to ‘showing their hand’ at this stage. That said, a number of legal representatives also commented on the need for openness and transparency at these meetings. We are of the view that the pilot meetings have made a good start, but there is still further work to be done

- To ascertain whether there is any information which the GMC do not already hold which may affect their view of the seriousness of the matter (and in particular relating to the matters set out above) which the doctor can share with them – As with the previous point we are of the view that the pilot meetings have made a good start in this regard, but there is further work to be done in order to establish a greater willingness to be open and transparent

- To explain the types of evidence that would be required in order to substantiate information provided by the doctor in support of their case – The vast majority of all the feedback we received confirms this purpose of the meetings has been achieved

- To explain that once we have reviewed all the written information, we will make a decision about whether to refer the case to a hearing – We do not feel able to comment on whether or not this purpose has been achieved as we have not received feedback on this directly

- To provide an opportunity to outline what will happen next – Feedback suggests that the meeting did help the majority of doctors to understand what would happen next and although a few doctors said it did not as did the majority of the legal advisers this was because they felt they already understood. There was however no suggestion that this point was not covered at the meetings and therefore we conclude that the meetings did provide this opportunity.

- Feedback has told us that generally both doctors and their legal advisers feel that the opportunity to meet face to face is beneficial and several doctors implied that their image of the GMC was changed because of it.

- The overall findings of this evaluation lead us to recommend that, subject to GMC assessing the benefits in terms of outcomes of cases, the concept of doctors’ meetings should be adopted, taking into account the feedback and the suggested recommendations leading from that feedback.

- The feedback we received leads us to the view that independent facilitation adds little value to the meetings with represented doctors; however there may be value in their involvement in meetings with unrepresented doctors. Newly trained case examiners with little experience of these types of meetings might also appreciate the support of an independent facilitator.
Background to the Doctor Meetings Pilot

1. In September 2012 we set up a pilot project of meetings with doctors at the end of an investigation. The purpose of the pilot was to test whether meeting with doctors at the end of an investigation into complaints about their fitness to practise, would aid the GMC to better understand the seriousness of the case, and in doing so determine the most appropriate course of action to protect patients most effectively and efficiently.

2. We established this pilot activity within our current rules and architecture. The pilot involved meetings with individual doctors who had allegations made against them and had the aim of encouraging the sharing of information at an earlier stage in the process, so that the GMC were better able to understand the case and determine the appropriate course of action to protect patients and maintain public confidence. Where a case could be concluded at the end of the investigation stage, a hearing would not be necessary, thereby speeding up the process for all involved.

3. The meetings provide an opportunity to explain the factors that would tend to aggravate and mitigate the gravity of the alleged misconduct; to give the doctor an opportunity to explain why the alleged concern may not be as serious as might otherwise appear, including why it may not be sufficiently serious to justify referral to a hearing; To ascertain whether there is any information which the GMC do not already hold which may affect the Case Examiner view of the seriousness of the matter which the doctor can share with the GMC and to explain the types of written evidence that would be required in order to substantiate information provided by the doctor in support of their case.

4. Through piloting meetings with doctors we hoped to evaluate whether constructive dialogue can best be achieved through the use of independent facilitators or internal staff with appropriate training. During the pilot half of the meetings were facilitated in each style, to allow a fair comparison of the benefit gained from the different approaches.

5. All doctors whose cases maybe referred for a hearing have been eligible to participate in the pilot unless their case involves an allegation where a presumption of impairment applies (such as sexual assault, serious violence, inappropriate
relationships with patients and practising without a license). This is because during the pilot we will be unable to agree suspension or erasure and therefore in the most serious cases meetings are unlikely to be helpful. Following feedback from the medical defence organisations during the pilot we introduced a case by case review prior to inviting doctors to meetings to further ensure that doctors were only invited to meetings in appropriate cases.

6 Meetings have been held during the Rule 7 stage in our investigation where we formally write to the doctor to set out the allegations and invite them to respond. It was agreed during the pilot that the time limit for doctors to respond to disclosure of allegations for cases involved in the pilot would be extended from 28 days to 42 days to allow sufficient time to organise, hold the meeting and responds fully to the allegations.

7 Our objective was to pilot 80 meetings to provide sufficient data for a meaningful evaluation. To date (as of 10 October 2014) we have completed 90 meetings. Following completion of 80 end stage meetings on 8 August 2014 a decision was taken to continue to run the pilot in its current format whilst the independent evaluation was completed and options for the future were considered by the Board.

8 A team of staff are currently engaged on the pilot; 1 FTE Pilot Coordinator, 0.5 FTE Doctor Meetings Manager. In addition to this 4 Lawyers and 4 Case Examiners support the pilot activity alongside their daily role.
Benefits Realisation

Establishing the benefits arising from meetings with doctors

1 It is recognised to be challenging to try to establish what the impact of meetings with doctors has had upon the direction of the case from qualitative research alone. Therefore as a project team it was considered that it would be appropriate to conduct a controlled study with the aim of establishing the potential quantitative benefits arising from meetings with doctors which could not be achieved by the qualitative evaluation in isolation.

Background

2 The exercise would compare the outcomes of cases, where a pilot meeting has been held, against the outcomes of those cases which preceded the pilot where no meeting was held.

3 To complete this exercise in its entirety it was necessary to follow the exact pilot process for assessment that all cases would go through during the pilot. All National Investigation Team cases which reached the Final Disclosure Stage in the six months prior to pilot start up were included in the study.

Study

4 In the six months preceding the pilot there were 60 cases which met the criteria for inclusion in the review having reached Final Disclosure in the period.

5 As is current process the pilot coordinator assessed the 60 cases to consider if the allegations related purely to the doctor’s health or the case involved a conviction which resulted in a custodial sentence, violence, sexual assault, inappropriate relationships with patients or knowingly practising without a licence. Such cases are not deemed to be suitable for consideration of a pilot meeting.

6 In the pilot we also exclude pure health cases where we already seek to agree undertakings. Cases included in the pilot are those that appear likely to be referred to
Fitness to Practise Panel, therefore cases which would be resolved by a warning or undertakings are not included. The pilot coordinator therefore removed from the review any cases, where it was known at that time, that the case was likely to conclude with no action or the case was being prepared to issue either a Warning or Undertakings.

7 The pilot coordinator referred 44 cases from the 60 to the senior management team for assessment on inclusion in the doctor meetings pilot, as is the current pilot process. The criterion for participation in the pilot is intended to exclude cases where erasure is a possible outcome. We are not excluding cases where suspension is likely to be the highest possible outcome, because we remain open to the possibility that the doctor may share information which changes our view.

8 An assessment was completed on the 44 cases which were potentially suitable for the pilot. The decision was to invite 23 doctors to a meeting and not to invite 21 doctors as it was not considered that a meeting would be beneficial.

9 Had the pilot been running in the six months preceding pilot start up, 23 doctors would have been invited to a meeting. Of those 23 doctors who would have been invited to a meeting, six of those cases concluded at CE Decision in any event. It could be inferred that in these cases had a meeting been held it would not directly have contributed to the case concluding at CE decision.

10 The other 16 cases were referred to a panel. A significant difference can be noted in the percentage of cases which were referred to panel in the pre pilot process (73%) compared with referral rates where the pilot process was adopted (45%). It could be assumed from this finding that pilot meetings directly impact upon the outcome at CE Decision, with less cases being referred to panel, once a meeting has been held.

11 This finding can be further supported by reviewing the outcomes of the pre pilot cases following a CE Decision to refer to panel. A total of 16 cases were referred to panel in the pre pilot period and the outcomes at panel are detailed here; Of those cases which were referred to panel in the pre pilot period, seven cases (44%) resulted in a finding of No Impairment. The pilot offers an opportunity to resolve a significant proportion of these cases at the end of the investigation.

Conclusion

12 In the six month pre pilot period 23 doctors would have been invited to a meeting. Had they all accepted we would have held a total of 23 meetings during that period. Of those 23 meetings, it can be deduced that six of the 23 cases would have concluded at the CE Decision in any event. At the stage of Final Disclosure when these cases were assessed, they were considered to be serious enough to warrant referral to Panel. However, once the doctor’s Rule Seven response was received the allegations did not meet the realistic prospect test.
The other 16 cases in the pre pilot review were referred to a panel hearing following the receipt of the doctors Rule Seven response. What is interesting to note is that seven of those cases resulted in an outcome of no impairment at the panel hearing. It can be adduced that had a meeting been held in these cases the information which was presented at the hearing may have been provided in the doctor’s Rule Seven response and allowed the case examiners to conclude the case at this stage.

In order to verify the value the meeting may have added in these seven cases it was necessary to consider what happened at the hearing. The Lawyer's views were sourced in the seven cases to determine whether the outcome of the hearing could potentially have been arrived at earlier at the end of the Investigation Stage. In six of the seven cases the Lawyers were of the view that had a pilot meeting been held the evidence which was presented at the hearing could have been provided and the case potentially concluded at the Case Examiner Stage. The reasons for an outcome of ‘No Impairment’ at a FtP Hearing were; expert evidence provided from the defence, evidence of remediation demonstrated and the dishonesty element of the case was not found proved.

While the benefits to those involved in fitness to practise cases of earlier resolution of the case without the need to attend a hearing or give evidence in public are clear, it is important to consider the financial cost of the pilot.

The cost of running the meetings with doctors pilot for a six month period (the period of the study) was £58,077. However, the estimated cost of preparing for and holding six hearings based on an average hearing length of 7.9 days is £255,463. Therefore the costs of the pilot are more than offset by the savings in hearings costs.
10 - Final report from the review of meetings with doctors

Costs

Estimated cost of conducting doctor meetings

1 There are a number of factors to consider in costing the roll out of the pilot.

a Although we don’t propose to take forward independent facilitators, case examiners will have to do additional preparation in order to facilitate all meetings going forward. We propose to reduce the facilitation costs by 50% to take account of this.

b As feedback from the independent evaluation of the pilot suggested that doctors situated nearer the Manchester office declined meetings on the basis of the time restraints of travel, we can assume that offering the meetings in Manchester will increase acceptance rates. We propose to train case examiners and lawyers in the Manchester Office to respond to this.

c While support from the defence organisations has been good, there has been some caution about the meetings with some lawyers showing interest but waiting to see the outcome of the pilot. The evaluation suggests that confidence in the meetings model is growing with experience. The publication of the evaluation and the implementation into our procedures is likely to significantly increase confidence and therefore acceptance rates.

d Our increased use of provisional enquiries (currently being piloted) is likely to increase the pool of cases that will be suitable for the pilot by clarifying the nature of the concerns early on and identifying issues for discussion with doctors.

e Caseloads have more than doubled in the last five years. Any increase in caseloads will increase the case numbers in the pilot.

Cost Models

2 In light of the factors above, estimates of costs for roll out need to take account of the likelihood of both a significant increase in acceptance rates and a significant increase in case numbers. It is important to bear in mind that any increased spending
on the pilot will be accompanied by a much more significant reduction in hearing costs (see attached benefits realisation at Annex C).

3 Set out below are estimates for an increase in the number of cases in the pilot by 45%, 60% and 75% and increased acceptance rates to 85%, 90% and 95%.

4 Assuming an increase in case numbers of 45% then an 85% acceptance rate would cost £209,363, a 90% acceptance rate would cost £221,678 and a 95% acceptance rate would cost £233,994.

5 Assuming an increase in case numbers of 60%, then an 85% acceptance rate would cost £231,022, a 90% acceptance rate would cost £244,612 and a 95% acceptance rate would cost £258,201.

6 Assuming an increase in case numbers of 75%, then an 85% acceptance rate would cost £252,680, a 90% acceptance rate would cost £267,543 and a 95% acceptance rate would cost £282,407.

7 In light of the fact that for some lawyers there has been a ‘wait and see’ approach during the pilot, we consider it is realistic to assume that the publication of the independent evaluation and the roll out of the meetings model into our usual process, together with growing experience and confidence in the meetings could increase acceptance rates to 90% during the course of 2015.

8 In terms of case numbers we believe that in view of the general trend of increased case volumes in recent years and the impact of the introduction of pre-triage enquiries on the number of cases suitable for the pilot that it is realistic to assume an increase in cases in the pilot of 60% during 2015.