

## GMC launches new tribunal service for UK doctors

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A new tribunal service to decide doctors' fitness to practise was launched on 11 June, in the biggest shake up of medical regulation in the United Kingdom since the General Medical Council was set up more than 150 years ago.

The Medical Practitioners Tribunal Service (MPTS), headed by a judge, will be part of the GMC but will operate separately from it and be accountable to parliament. The GMC will continue to investigate and prosecute cases.

The move paves the way for far reaching reforms of the fitness to practise procedures expected to come into force over the next few years.

Pre-hearing case management, better framing of charges, and more use of legally qualified people to chair fitness to practise panels are expected to cut delays and do away with the lengthy hearings that have bedevilled the GMC in recent years.<sup>1</sup> The hearing in the case of Andrew Wakefield, the doctor who made a spurious link between the measles, mumps, and rubella vaccine and autism and sparked a worldwide scare, ran for 217 days before he was struck off the medical register.<sup>2</sup>

GMC fitness to practise panels, which have been strongly criticised for flawed reasoning in three recent High Court appeals, will be given better training and performance assessment. In one case, quashing the decision to erase Wakefield's colleague John Walker-Smith from the register, Mr Justice Mitting said, "It would be a misfortune if this were to happen again."<sup>3</sup>

David Pearl, the judge and former legal academic who chairs the MPTS, said, "One of my earliest priorities is to make improvements to the way that panellists are trained and performance managed through regular appraisal and quality assurance, which will bolster the quality of decision making."

This year the GMC plans to pilot a proposed new system of consensual disposal, which would allow a doctor to avoid a

public hearing by accepting a suggested sanction. The doctor would attend a meeting to explain the circumstances and put forward mitigation at an early stage.

There are also plans to pilot face to face meetings with patients who complain, once at the beginning and once at the end of the process, rather than just send legalistic letters. "Often there is a mismatch of expectations," said the GMC's chief executive, Niall Dickson.

The regulator will be deploying regional liaison officers later this year to liaise with employers and back up the responsible officers in charge of five yearly revalidation of doctors, with the aim of spotting and dealing with underperforming doctors early.

The reforms were welcomed by the NHS Employers organisation. Bill McMillan, its head of medical pay and workforce, said, "Safeguards will be as strong as ever, but this new process aims to resolve cases more quickly, while evidence is fresh and participants still have a good recall of events. It is a significant step away from the cumbersome processes that could result in doctors being suspended for several years awaiting hearings and decisions."

NHS Employers has published new guidance for employers on supporting doctors in difficulty and a second guide on appointing and employing locum doctors (<http://bit.ly/N2pF7v>).

- 1 Dyer C. Tribunals should replace fitness to practise panels, GMC proposes. *BMJ* 2011;342:d1861.
- 2 Kmietowicz Z. Wakefield is struck off for the "serious and wide-ranging findings against him." *BMJ* 2010;340:c2803.
- 3 Dyer C. Co-author of Wakefield paper on MMR vaccine wins his appeal against decision by GMC to strike him off. *BMJ* 2012;344:e1745.

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