

This is the public version of the circular issued on 17 December 2013.
All guidance to panellists is included below; only internal or administrative matters have been redacted.



Panellist Circular (Revised May 2014)

Medical Practitioners Tribunal Service
Seventh floor, St James's Buildings
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Manchester M1 6FQ

16 May 2014

To: Fitness to Practise Panel Panellists
Interim Orders Panellists
Legal Assessors

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Quality Assurance Group (QAG) – Learning Points

The QAG meets monthly to review decisions of the Fitness to Practise Panels and Interim Orders Panels. We would like to share some of the learning points we have identified in recent months. We are reassured by the high standard of a large number of the determinations which we review and hope that sharing this feedback will assist you all in the drafting of determinations.

Fitness to Practise

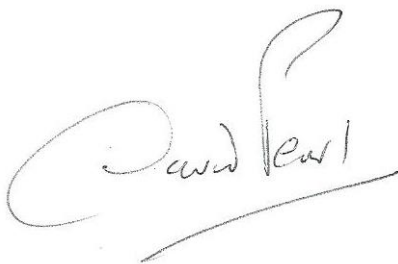
- We wished to remind you that when conditions are imposed, public ('non-confidential') conditions must **always** be listed first, followed by any private ('confidential') conditions. It is also important that individuals are not named in conditions, rather titles and roles are used, for example 'Workplace Supervisor', or 'Treating Psychiatrist'.
- Under Rule 34(11) of the Fitness to Practise Rules, panels must accept witness statements as evidence in chief (save in limited specified circumstances). Therefore witness statements should not be read into the record; they should simply be accepted by the panel as an exhibit.
- We also wished to remind you that panels should not accede to requests from either party for clarification on any decision it has made. Once a decision has been read or handed down, it should stand. The only exceptions are for amendments to factually inaccurate content of written decision such as dates or names.
- Panels should avoid listing high court judgments without explaining their relevance to the case being identified.
- We take the view that where a doctor is subject to a suspended prison sentence, there is no basis for a finding of 'not impaired'.

The MPTS makes impartial decisions in doctors' fitness to practise hearings. The MPTS is part of the General Medical Council, but it is operationally separate and it is accountable to Parliament.

Interim Orders

- At the hearing the doctor may acknowledge that his or her fitness to practise may have been impaired but that (s)he has taken steps to remediate the matters that are being investigated or that (s)he has commenced a process of remediation. As the IOP is not a fact finding body, where the doctor acknowledges that there is or may have been an issue about his or her fitness to practise, you may take that and the evidence about remediation into account in applying the statutory test and deciding whether a doctor's fitness to practise may be impaired and an interim order should be made.
- Doctors frequently rely on testimonials. In considering the weight to be given to the testimonial evidence you should consider the relevance of the particular testimonials to the issues that you have to decide. By way of example, they may be relevant to whether a doctor would abide by conditions. A general testimonial going only to the doctor's general competence may be of limited value.

Kind regards

A handwritten signature in black ink, appearing to read 'David Pearl', with a long horizontal flourish underneath.

His Honour David Pearl
Chair of Medical Practitioners Tribunal Service