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

To: Interim Order Panellists
Fitness to Practise Panellists

Copy: Medical Defence Organisations
Legal Assessors
Panel Secretaries
Employer Liaison Advisors

Tel: 0161 923 6263

Fax: 0161 240 7199

Email: enquiries@mpts-uk.org

Transition arrangements – moving doctors onto the new banks

Following the launch of the restrictions banks (the 'new banks') and the [Glossary for undertakings and conditions](#) (the 'new glossary') on 3 August 2015, this circular confirms the approach panels are expected to take in transitioning doctors onto the new banks. The defence organisations and GMC Counsel have also been briefed on this guidance.

Why the new banks and glossary?

The new banks and the glossary contain the restrictions that the GMC and the MPTS consider to be effective in protecting the public and upholding confidence in doctors, following engagement with a range of groups including panels, MPTS and GMC staff, doctor and patient groups, medical defence organisations and employers of doctors. It is therefore desirable to move doctors to the new restrictions supported by the new glossary.

The old banks and glossary are no longer available for use in new and review cases¹.

What's the alternative?

Panels have a discretion to impose the conditions that they think are appropriate. If the new banks are not used, panels need to devise bespoke conditions and give reasons for their decision.

When imposing a bespoke condition, panels should be mindful that it should be appropriate, proportionate, workable and measurable. The panel should clearly set out the

¹ However, these documents are available in the session folder for panels to identify issues of compliance and possible breaches.

objectives of the conditions and provide sufficient information to ensure that the doctor knows what is expected of them. This is also important to help panels at future review hearings to understand the original concerns and the exact proposals to resolve them, and to evaluate whether the concerns have been resolved.

Interim Orders Panels should be mindful that the conditions are published and sent to interested parties (including the Responsible Officer), but that the determination is not. As such, Interim Orders Panels will need to make sure that any bespoke condition clearly sets out what is expected of the doctor.

What is the impact of the new banks on doctors?

There are three specific areas of the new banks that may impact on doctors who are already subject to conditions:

<i>Clinical supervision</i>	<p>The new glossary introduces some changes to the definitions of supervision – most notably in relation to the type of individual who can act as clinical supervisor and the role of the Responsible Officer in approving the clinical supervisor.</p> <p>This can mean that a doctor who was subject to an old supervision restriction may need to change their supervisor and obtain the Responsible Officer's approval of a new supervisor.</p>
<i>Starting or restarting work</i>	<p>The new banks introduce a number of restrictions that state that the doctor must not start or re-start work until arrangements have been agreed. The conditions that this impacts on are in relation to prescribing arrangements and supervision.</p>
<i>Restrictions on prescribing controlled drugs</i>	<p>Those conditions that restrict doctors from prescribing controlled drugs have been amended to extend the restriction to include Schedule 4 of the relevant legislation (as well as Schedules 1-3).</p>

In some cases there may be a material change to the restrictions when a doctor, who is already subject to conditions from the old bank, is transitioned onto the new bank. However, not all doctors will see a material change.

Where the new restrictions, supported by the new glossary, require substantive changes to the doctor's arrangements and there have been no concerns about the existing arrangements, the panel may wish to give the doctor a reasonable period of time to make appropriate arrangements in order that they can comply, for example 6 weeks. Panels should set out clearly in their determination the amount of time the doctor has to comply, and the reasons they consider this period to be appropriate.

Panels should use their discretion to decide what reasonable period of time is required. It would be helpful if panels could explain that it is the doctor's responsibility to inform their

Responsible Officer of the reasonable period of time that is set by the Panel. Responsible Officers will be able to discuss this with the doctor, and may find it helpful to speak with their Employer Liaison Advisor.

How will the doctor know about the new banks and glossary?

The GMC is undertaking an exercise to write to all doctors who are subject to restrictions from the old banks. This includes doctors who have had a review since 3 August, but had their conditions maintained. The GMC will notify the doctor of the new bank and the new glossary, and explain that the Panel are likely to transition the doctor onto the new bank. A copy of this letter will be included in the hearing bundle for the next review, so that Panels can see that the doctor has had notice of the new bank and glossary.

What actions do panels need to take?

The following principles apply in both FTP and IOP hearings.

Scenario	Recommended approach
<p>The panel is considering a new case and has decided to impose conditions; or,</p> <p>The review panel has decided to replace an order of suspension with an order of conditions.</p>	<p>It is desirable to use the new banks and glossary. If the Panel decides that it is appropriate to devise bespoke conditions, they should make sure that they are appropriate, proportionate, workable and measurable.</p>
<p>The panel is considering a review case and has decided to maintain conditions.</p>	<p>The same principles as a new case apply. However, the Panel is advised to:</p> <ol style="list-style-type: none"> 1 Consider whether the new restrictions would result in a material change to the doctor's working arrangements (for example – are they subject to a supervision condition?). 2 Identify whether the doctor has had notice of the new banks and glossary, by looking in the bundle for the GMC letter referred to above; 3 Depending on the amount of notice provided to the doctor, consider whether a reasonable period of time to comply is required (for example, 6 weeks). Some

	<p>Panels may find it helpful to ask the doctor to confirm how much time may be required to make arrangements with their Responsible Officer;</p> <p>4 Detail the reasonable time period allowed in the determination, and make clear to the doctor that it is their responsibility to make these arrangements and to explain the time period to their Responsible Officer.</p>
<p>The panel is considering a review case and has decided to vary existing conditions.</p>	<p>Again – the same principles as a new case apply, as do the principles for a ‘maintain conditions’ case.</p> <p>Panels are advised against adopting a ‘blended’ approach, mixing old and new conditions, as this can lead to confusion.</p>

A word on the glossary

Panels should be mindful that the new Glossary contains a number of explanations of terms used in both the new and old bank, and can therefore at times be of assistance to doctors who are unsure what is expected of them.

The glossary is provided to all doctors who have an order of conditions imposed or maintained as part of the hearing follow up carried out by the MPTS.

Next steps

There will be a further minor update to the banks and the glossary in 2016. We have already had some very helpful feedback from the panellist training sessions, and from ad hoc feedback from hearings. Please continue to share this feedback with us.

An example of such a change is that the new glossary states that ‘In exceptional circumstances, the GMC may agree different clinical supervision arrangements.’ We intend to change this to read ‘In exceptional circumstances, the GMC/MPTS decision maker may agree different clinical supervision arrangements.’

If you have any questions in relation to this matter, please contact Natasha Bidad on nbidad@mpts-uk.org.

Panel Development Team
0161 240 7292
PanelDevelopmentTeam@mpts-uk.org