England to consider shake-up of medical regulation

Andrew Cole *London*

England's chief medical officer, Liam Donaldson, has recommended a radical shake-up of the way doctors' performance is assessed and a substantial reduction in the powers of their regulatory body, the General Medical Council.

The long anticipated review of medical regulation contains 44 recommendations, including lowering the burden of proof in misconduct cases; a rigorous system of revalidation for all doctors; and the devolution of many of the GMC's powers to local hospital level.

The report, prompted by the murder of an estimated 250 patients by the GP Harold Shipman and a subsequent inquiry that was highly critical of the GMC (*BMJ* 2005;330:10), will now go out for consultation until November. But many of the central recommendations have already been attacked by doctors' organisations.

Professor Donaldson said that doctors' revalidation must be robust enough to ensure patient safety and trust. But this was not happening. "At present a senior doctor can go through a 30 year career without undergoing a single assessment of their fitness

to practise, whereas an airline pilot would face over 100 checks in a similar timescale."

He proposed a new twin track system of revalidation based on clear standards of performance that would be written into every doctor's contract. In future, all doctors would be subject to "relicensure," probably every five years, and specialists and GPs would have to be recertified at regular intervals.

These assessments would be based on a new, more objective form of appraisal, said Professor Donaldson. Appraisal was a good idea but "it is very patchy and lacks rigour." The onus would now be on doctors to prove their competence rather than for the regulator to demonstrate incompetence.

Under the proposals the GMC would lose many of its powers. In particular it would no longer act as prosecutor, judge, and jury in fitness to practise cases. Instead it would be responsible solely for assessment and investigation, and an independent tribunal would determine guilt or innocence.

The burden of proof would be lowered from the criminal one of beyond all reasonable doubt to

Professor Liam Donaldson: "A senior doctor can go through a 30 year career without undergoing a single assessment of their fitness to practise"

the civil standard of balance of probability. This would eliminate the dangerous gap between the NHS and medical regulation, where a doctor could be judged not good enough to be trusted by patients or colleagues yet not bad enough for action by the regulator.

The GMC would also lose its educational role, with responsibility for setting the medical under-

graduate curriculum and approving medical schools, with these moving instead to the Postgraduate Medical Education and Training Board.

Members of the new GMC would be independently appointed by the public Appointments Commission rather than elected, with its president being elected by these appointees. Ultimately it would be accountable to parliament and would be scrutinised each year by a committee of MPs.

The report also proposes a network of GMC affiliates at local hospital, primary care trust, and private sector level, who would be trained by the council to investigate local complaints.

Other recommendations include a substantial role for royal colleges in assessing specialist practice; all medical students to have student registration with the GMC; locums to be subject to scrutiny by GMC affiliates.

The reforms are likely to cost between an extra £70m (£102m; \$128m) and £78m a year, with doctors expected to pick up £18m of the bill. (See p 161.) PH

Professor Donaldson's report, *Good Doctors, Safer Patients*, can be found at www.dh.gov.uk/cmo.

NHS charges are a mess, say MPs

Andrew Cole *London*

The House of Commons health select committee this week calls for a complete reappraisal of the system of charging for services in the England's health service, including the possibility of scrapping prescription charges.

The current system of charging is a mess with no comprehensible underlying principles, it says in its report: "Charges have come about

piecemeal, often in response to the need to raise money."

Exemptions are also full of anomalies. "The government claims the exemptions policy is based on income: those who can afford to, pay, those who cannot, do not. However, this is not the case. Many wealthy people are exempt, but many poor working people are not."

Exemptions to prescription charges, which have not been

revisited in 40 years, are particularly confusing. People with diabetes requiring insulin receive free drugs for all conditions, for instance, but people who control their diabetes through diet must pay for everything.

The committee calls for monthly prescription prepayment certificates to supplement the existing annual ones that have had poor uptake. It suggests the monthly fee should be no more than the price of a single prescription. And it wants a yearly cap on prescription costs for all patients.

The committee is also concerned about the huge variation

in car parking charges. Some hospitals are charging £30 (£44; \$55) a day, and some cancer patients who have to visit hospital every day for their treatment may face bills of hundreds of pounds.

It proposes that car parking fees for patients who have to attend hospital every day should be scrapped. The current charges of up to 49p a minute for incoming calls to patients with bedside phones are labelled "unacceptable." PH

The report is available at www.parliament.uk/parliamentary_committees/health_committee