



**Government Response to the House of Commons  
Health Committee Report of Session 2012-13:  
2012 accountability hearing with the General Medical Council**

Presented to Parliament  
by the Secretary of State for Health by Command of Her Majesty

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## **Introduction**

On 3 December 2012, the House of Commons Health Committee (the Committee) published the report: *2012 Accountability Hearing with the General Medical Council (GMC)*.

The Department strongly believes that these hearings are of great value in strengthening the accountability of the professional regulatory bodies to Parliament and the wider public.

The Department is committed to continuing to work with the GMC, Devolved Administrations and other stakeholders in developing policy affecting regulation of UK health professionals.

## **Departmental response**

We welcome this report and have carefully considered the Committee's recommendations and the issues it raises.

The majority of the report's recommendations are for the GMC, and we support these. In particular, we welcome the Committee's support for ongoing GMC leadership of the revalidation programme. This Command Paper provides the Government's response to the three recommendations directed to the Department of Health.

## **Language Competency**

*Recommendation: We consider that the proposed legislative changes to require responsible officers to assure themselves of the language competence of the doctors for whom they are responsible should be made as soon as possible, pending satisfactory amendment of the European Professional Qualifications Directive. In any event, we expect that should any issue about a doctor's language skills be identified, the responsible officer should be alerted immediately and should take appropriate action at once. The GMC and the Government should both confirm that this is their intention.*

This Government remains firmly committed to preventing foreign doctors who do not have sufficient knowledge of English from working in England.

Consultation on the draft regulations concerning the Government's proposal to require Responsible Officers to ensure that the doctors for whom they are responsible have sufficient knowledge of English for the work to be performed in a safe and competent manner, closed on 4 January 2013. Responses are currently being analysed. A previous consultation on the policy proposals received wide support. Subject to the result of the consultation and Parliamentary approval, we

expect that the regulations will come into force on 1 April 2013. If the regulations are approved, then there will for the first time be a single identifiable person in each designated body responsible for ensuring that doctors who are connected with that body have sufficient knowledge of English. Responsible Officers will also have responsibility to refer doctors to the GMC where they have concerns about their suitability to practise medicine.

It is also the Government's intention to strengthen the arrangements to ensure that all doctors have sufficient knowledge of English. We are therefore undertaking a public consultation in early summer 2013 on draft regulations to amend the Medical Act to strengthen the GMC's powers in this area. Our proposal, which is supported by the GMC, is two-fold:

- (i) Enabling the GMC to undertake checks on language knowledge where legitimate concerns arise about a doctor's ability to communicate effectively during the registration process. Such checks would be proportionate and applied after registration but before the licence to practise is issued, thus preventing doctors from treating patients where language concerns are identified.
- (ii) Creating a new category of impairment relating to deficient language skills, which would be intended to make it possible for the GMC to investigate concerns about language knowledge and apply appropriate sanctions where such concerns arise after registration. Any sanctions are likely to be linked to conditions on, or suspension of, a licence to practise.

*Recommendation: We are disappointed that no substantive progress seems to have been made at European level in addressing the underlying issue of language testing of doctors with primary qualifications from elsewhere in the EEA and in Switzerland. We continue to look to the Government, the GMC and the relevant EU institutions to produce a long-term solution to this problem within a timescale which reflects the potential risks to patients across Europe which are inherent in the present unsatisfactory situation. We ask the Government to set out in its response to this report the steps it is taking to seek amendment of the relevant Directive and the expected timetable.*

Negotiations on the revision of the Directive on the Recognition of Professional Qualifications are ongoing. The timetable for completing negotiations is outside the UK Government's control; however the Commission is aiming to have agreement to a revised Directive by the autumn of 2013, which would allow for transposition into UK law by the autumn of 2015.

The Government is clear that there is scope for significantly strengthening the current arrangements to enable the GMC to apply proportionate checks under the existing provisions of European Law and therefore that is our priority at this time. However, progress is being made in the Council Working Group towards the UK Government priorities for a new Professional Qualifications Directive including ensuring the new wording of Article 53, which would clarify the role of the GMC

and other competent authorities in applying proportionate checks on language. We are encouraged by the developments, which would apply to all healthcare professionals, and we are grateful to the European Commission for the constructive approach it is taking to this issue.

### **Right of appeal against MPTS decisions**

*Recommendation: We welcome the commitment of the Government to propose legislation to enable the GMC to appeal against decisions made by the Medical Practitioner Tribunal Service. We ask the Government to make clear when it intends to introduce legislation to fulfil this commitment.*

As part of the GMC's proposals to update its fitness to practise processes, it is seeking an appeal right, similar to and sitting alongside, the Professional Standards Authority's (PSA) current right to appeal unduly lenient decisions of the GMC's fitness to practise panels under section 29 of the National Health Service and Reform and Health Care Professions Act 2002. The GMC argues that such an appeals right would enhance its independence from the decisions of the MPTS and allow them to challenge panel decisions that they believe are too lenient. The PSA has raised some questions about how this proposal would work in practice and the Department of Health is exploring these with the PSA and GMC.

The Department acknowledges that there are differing views on the approach and we consider that the most appropriate course of action would be to consult on the issue as part of a public consultation on draft legislation in due course. We are also seeking technical advice from the Ministry of Justice on the appropriateness of a concurrent appeal right.

We are working with the GMC towards draft legislation for consultation, which would make a number of reforms to the GMC's fitness to practise proceedings, and this proposal would be included within those measures.

This process has begun with a view to introduction of draft legislation as soon as possible, which will be proportionate, effective and scrutinised by Parliament.



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