

Agenda item:	3
Report title:	Chief Executive's Report
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Action:	To consider

Executive summary

This report sets out progress on our strategic aims, outlines developments in our external environment and reports on progress on our strategy since the Council last met.

Key points to note:

- Industrial action by doctors in training has been temporarily suspended to allow direct negotiations between the Department of Health, NHS Employers and the BMA to progress. As the independent regulator we have no role in the contract negotiations but have worked to make sure that doctors, employers and Responsible Officers are aware of their responsibilities.
- We continue to raise with the UK Government our concerns about the revised Recognition of Professional Qualifications Directive and submitted a response to a House of Lords inquiry into EU reform. We continue to work with European and UK partners to make sure the Directive is implemented smoothly and the risks to patient safety are effectively mitigated.

Recommendations

Council is asked to:

- a Consider the Chief Executive's Report.
- b Approve the proposed amendments to the General Medical Council (Form and Content of the Registers) Regulations at [Annex A](#).
- c Approve the proposed amendments to the Governance Handbook required as a result of the changes to the Medical Act 1983 and Rules at [Annex B](#).

Developments in our external environment

Strategic risks and issues

Industrial action by doctors in training

- 1 On the 30 November 2015, the Department of Health, NHS Employers and the British Medical Association (BMA) reached agreement to re-enter direct negotiations over the contract for doctors in training. This agreement was reached with the support of the arbitration service ACAS.
- 2 As a result, the planned industrial action in December has been temporarily suspended. Negotiations between the parties over a new contract for doctors in training will now restart.
- 3 To allow negotiations to progress the parties have agreed that the timeframe for the BMA to commence any industrial action will be extended by four weeks to 13 January 2016 at 5pm.
- 4 A [memorandum of understanding](#) between the parties has been produced which makes clear that the contract offer of November 2015 will be the basis of negotiations.
- 5 In November, the BMA's ballot of doctors in training had produced clear support for industrial action. On a turnout of 76 per cent, 98 per cent voted in favour of strike action, and 99 per cent voted in favour of industrial action short of a strike.
- 6 The BMA had scheduled industrial action in the following way:
 - Emergency care only — from 8am, Tuesday 1 December to 8am Wednesday 2 December
 - Full withdrawal of doctors in training — from 8am to 5pm, Tuesday 8 December
 - Full withdrawal of doctors in training — from 8am to 5pm, Wednesday 16 December.
- 7 Given our statutory obligations as the independent regulator, we have no role in the relations between doctors and their employers, and no scope to become involved in contract negotiations.
- 8 However, as a patient safety organisation, we have a duty to remind doctors and employers of their responsibilities. Following the announcement of the ballot results we [issued a statement](#) that sought to remind doctors in training, consultant doctors and employers of their respective responsibilities.

- 9 Recognising this is a difficult time for all concerned, we sought to make sure doctors have the information they need and therefore developed a [comprehensive Q&A about industrial action](#) which remains available on our website.
- 10 In preparation for industrial action, we also wrote to all Responsible Officers in England on 27 November highlighting the advice we have made available to doctors and reminding them that they should raise any serious patient safety concerns with us.

Legal action by the BMA

- 11 We also issued a statement before the BMA sent out ballot papers.
- 12 The BMA sought an injunction in the High Court to stop us publishing this advice. A judge made an interim order on 3 November, restraining us from publishing the advice until he had the opportunity to hear legal arguments from both sides.
- 13 At a hearing on 4 November Mr Justice Wilkie ruled in the GMC's favour, rejected every one of the BMA's claims and awarded us costs. The judge said our statement was intended to be helpful to doctors in training and was appropriate to publish ahead of the ballot so doctors were suitably informed. This decision allowed us to issue our planned statement in full on 4 November. It was sent by email to every doctor in training in England.
- 14 Our statement explained that *Good Medical Practice* does not prevent doctors from taking industrial action but that doctors must make the care of their patients their first concern. It also made clear the need to take reasonable steps to satisfy themselves that arrangements are in place to care for their patients and should not disrupt the arrangements employers have made.
- 15 The events in the High Court followed an exchange of letters earlier in October between the BMA's Junior Doctors Committee and the GMC. Dr Johann Malawana, Chair of the JDC, wrote to us on 1 October raising concerns connected to the proposed new contract for doctors in training. We replied on 7 October setting out that, while we did not have a view on the proposed contract, our guidance and standards place responsibilities on both doctors and employers to ensure the safety of patients. This letter formed the basis of the advice we issued ahead of the ballot.

Legislative reform and the Professional Accountability Bill

- 16 A key priority for the GMC remains comprehensive legislative reform through the introduction of the Professional Accountability Bill (formerly known as the Law Commissions' Bill).
- 17 We have made the case for a slimmed down and less prescriptive version of the Bill to support the aim of a more flexible approach to regulation and the removal of

unnecessary regulatory burdens. As part of this, we held a successful meeting between patient representatives and professional regulators in October and subsequently wrote to officials to highlight the many areas where there was strong agreement on the need for reform.

- 18** We have also discussed this matter with the Chair of the Health Select Committee and have provided a summary to her of the reforms that we want to take forward but which are prevented by our current legislation.
- 19** In parallel with our work on the Bill, we are considering other options for securing legislative reform in the event that the Bill is again not included in the Queen's Speech next year.
- 20** We understand that the Minister intends to hold a meeting with professional regulators before Christmas to set out the Government's latest thinking on legislative reform.

European update

- 21** We continue to work with the European Commission, Department of Health, Department for Business, Innovation and Skills as well as other UK and European regulators to make sure the Recognition of Professional Qualifications Directive and the new alert mechanism (for which we have long campaigned) is implemented smoothly.
- 22** As part of the launch of the *State of medical education and practice report 2015* in November we focused our communications campaign around a call for a full evaluation of the European Professional Card, which is being introduced for nurses and pharmacists, before it is rolled out to other healthcare professions, including doctors, possibly from January 2018. This received coverage in the Guardian newspaper and was picked up across other media platforms.
- 23** The European Professional Card will mean there is only a limited role for UK regulators in issuing the authorisation to practise in the UK for those EEA doctors providing services on a temporary and occasional basis. Responsibility for this will be passed on to the regulator in the home member state.
- 24** We have continued to engage with senior policy makers including the Secretary of State and health ministers across the UK, as well as MPs and Peers on our concerns with the revised Directive. As part of this we submitted a response to a House of Lords European Union Committee inquiry 'Visions of EU reform' in November. The submission highlighted our view that European legislation, particularly that governing the movement of healthcare professionals should give greater priority to patient protection, while continuing to facilitate professional mobility.

- 25** We are undertaking a targeted campaign to make sure employers are aware of their responsibilities when making offers of employment to doctors, in particular those working on a temporary and occasional basis. We continue to make the case for patient safety concerns to form a part of the UK Government's renegotiation of the EU relationship.

Gosport investigation

- 26** The Gosport War Memorial Hospital investigation into unexpected deaths and failures of care for elderly patients began its work in February 2015. Its scope of interest currently extends from 1980 through to the present day.
- 27** In establishing the panel, the Government committed to the maximum possible public disclosure of the documentation relating to the events at Gosport War Memorial Hospital. In this spirit, we will do all we can to assist the investigation panel.
- 28** We have met with and are in correspondence with the panel to support its request for documentary evidence we may hold that will assist the investigation. We have agreed an approach with the panel designed to make sure we provide the relevant materials in a way that will take account of our data protection obligations and the rights of any individuals named in the document.
- 29** Given the scale of the investigation the task of identifying whether we hold information relevant to the panel is substantial. We have established a project team to coordinate our response and have begun releasing materials to the panel. This will continue into 2016.

Weston Area Health NHS Trust

- 30** Weston Area Health NHS Trust was referred to our Enhanced Monitoring process in June 2015. Concerns relate to the impact of staffing gaps on patient safety and the quality of education. An update was given in my previous report to Council in September.
- 31** Progress appears to have been made in medicine and surgery, but serious concerns remain about the suitability of the emergency department as a training environment.
- 32** On 2 November we took part in a Risk Summit which included the Care Quality Commission, NHS Trust Development Authority, NHS England and Health Education South West where progress and coordinated actions were discussed, including involving the Royal College of Emergency Medicine to help identify areas for improvement.
- 33** There is an expectation that improvement in medicine and surgery will be sustained, and changes will be in place in the emergency department by the next visit in January 2016.

- 34** At that visit, we will decide whether to withdraw approval for the Foundation Programme at the Trust, working with other organisations in the local health economy, including Health Education South West.

Progress on our strategy

Strategy and Policy Board

- 35** The Strategy and Policy Board, which advises the Chief Executive, met on 6 October and 1 December 2015. The Chief Executive has approved the following recommendations from the Board:
- a** Endorsed plans to introduce a revalidation assessment for licensed doctors who do not have a connection to a Responsible Officer or Suitable Person which would start from early 2016.
 - b** Considered an update on work to implement the recommendations of the Professional and Linguistic Assessments Board (PLAB) review group.
 - c** Approved proposals to introduce updated patterns of experience for doctors applying for full registration under Section 19 and Section 21B of the Medical Act 1983 (as amended), which would replace the patterns agreed by the former Registration Committee in 2005 and 2007. The Board also agreed that the updated patterns of experience could be used as guidance for the recognition of professional traineeships undertaken in a relevant European state, as required by the revised recognition of professional qualifications Directive 2013/55/EU.
 - d** Received an update on the GMC's approach to dealing with the Disclosure and Barring Service (DBS) and Disclosure Scotland. After a series of interactions with the Department of Health over a number of years we have received written approval from the Department to a set of principles which will govern the referral of doctors and other healthcare professionals to the Disclosure and Barring Service. The principles which we developed with the DBS will apply to all the health and social care professional regulators operating in England, Wales, Northern Ireland and Scotland.
 - e** Agreed to amend the GMC's acceptable overseas qualifications criteria to reflect the new basic medical education requirements of at least five years of study and 5,500 hours of theoretical and practical training provided by or under the supervision of a university. These new requirements are because of changes to the Recognition of Professional Qualifications Directive 2005/36/EC which comes into force on 18 January 2016.
 - f** Noted that Directive 2005/36/EU will also entitle specialists with EU qualifications to enter the Specialist or GP Register. The Board considered an update on a pilot

to analyse three EU curricula in three EU countries, within the parameters of review set by the Department of Health, to determine differences between the UK and EU curricula.

- g** Approved guidance for doctors for publication in January 2016 as part of the planned online guidance on temporary and occasional registration.
- h** Considered an update on the GMC's response to the 2014 independent review of whistleblowing by Sir Anthony Hooper. The Board noted that the planned workshop to explore the possibility of an externally hosted and resourced online facility to record details of when and with whom healthcare professionals have raised concerns would be delayed until after the Care Quality Commission's National Guardian had been appointed and was in post.
- i** Approved changes to licence to practise requirements for GMC Associates, noting that a change to secondary legislation would be necessary to remove the need for Associates to have a licence to practise and have registration only. The Board agreed that the GMC would move to registration only as a standard requirement for all appointments to all medical Associate roles, and that any requirements for having up-to-date and current clinical practice would be managed through the role specification and contract for services.
- j** Approved Terms of Reference, reporting and governance arrangements for a task and finish group to oversee the review of the GMC's *Consent* guidance, planned to start work in the second half of 2016.
- k** Considered an advisory report by independent auditors Moore Stephens on the operation and effectiveness of the GMC's Devolved Offices, to which Council members in those countries contributed. The review confirmed the success and value of the Devolved Offices as well as posing a number of operational and strategic questions for the GMC to consider. The Board accepted the findings of the review and the associated action plan.

Patient Safety Intelligence Forum

- 36** On 23 November, Professor Sir Mike Richards, Chief Inspector of Hospitals at the CQC, attended our Patient Safety Intelligence Forum (PSIF). Sir Mike was able to share a series of valuable insights from the CQC's inspection regime in secondary care, particularly around Trusts in special measures.
- 37** As we respond to the challenge to regulators set out in the Francis Report, working closely with the CQC in our patient safety work is an example of an ongoing effort to share intelligence and work with other partners in the system to better protect patients.

- 38** We hope that from now on we will secure senior representation from CQC at PSIF on an annual basis, and will be looking for further opportunities to work with other professional and system regulators.

UK Advisory Forum

- 39** Our latest round of UK Advisory Forum meetings in Scotland, Wales and Northern Ireland took place in October. These continue to be well received by local partners and proved extremely valuable in affording us the opportunity to update on our key priorities and issues of local interest and concern. We also took the opportunity to have a number of useful bilateral meetings including with either the Chief or Deputy Chief Medical Officers in each country and the Health Minister in Wales. We also made a visit to Aberdeen Royal Infirmary where we met with the leadership team and a group of consultants which was very productive and held a largely positive session on revalidation and our wider regulatory responsibilities.
- 40** Feedback on the work and contribution of the GMC in each country continues to be positive however it was evident that service and political pressures are significant in each country and will require us to remain sensitive to our commitments to four country regulation.

Medical professionalism matters events

- 41** We are over halfway through the programme of events to explore professional issues and since its launch at the GMC Conference in March 2015 there have been four events focussing on:
- The collaborative doctor in Bristol in May
 - The resilient doctor in Newcastle in July
 - The doctor's dilemma in Birmingham in September
 - The compassionate doctor in Cardiff in November (with the Chair as our keynote speaker)
- 42** We are in Belfast on 3 February 2016 for the doctor as a scholar and Glasgow on 5 April 2016 for putting safety and quality improvement first. We will also hold an event in Manchester in the summer (exact date to be confirmed) where we will test the findings of our draft report. We will launch the final programme report late in 2016.
- 43** The events have been well attended and feedback has been extremely positive, with participants saying they have found the sessions useful and enjoyable.

- 44** We have had a lot of interaction and discussion about the programme online, including on Twitter, and more than 500 people have completed our poll. We have launched a new website www.gooddoctors.org.uk to encourage further online discussion of the issues.

Publication of the first GMC impact report

- 45** In September 2015 we published the first GMC impact report, '[Making a Difference](#)'. The report is intended to complement our annual report and sets out what we have been doing in an engaging and accessible format. We intend to produce this report annually and hope that our various audiences will read the report and understand better the role, and the impact of the GMC. Capturing the impact of regulatory interventions is notoriously hard and producing this year's report has presented challenges. However, we hope that our first impact report helps to illustrate the importance of our work. We have learned a great deal about how to identify and highlight our impact and expect this report to evolve significantly in the years to come.

Use of the Corporate Seal

- 46** During 2015, in addition to the Regulations made by Council, I have exercised the power delegated by Council to apply the Corporate Seal on the following occasions:
- a** Relating to pension arrangements – GMC Staff Superannuation Scheme:
 - i** Deed of Appointment and Removal of Trustee, amended to give effect to the outcome of an election for member-nominated Trustees, following the end of term of one Trustee.
 - b** Relating to property:
 - i** Licence to install telecommunications equipment, to enable work to be carried out at our office in London.
 - ii** Licence to alter part of the GMC's office in Cardiff.
 - iii** Lease extension agreement for the GMC's use of Centurion House in Manchester.

Proposed changes to the General Medical Council (Form and Content of the Registers) Regulations

- 47** The Form and Content of the Registers Regulations need to be amended to include consequential changes which result from the changes to the Medical Act to establish the Medical Practitioners Tribunal Service (MPTS) in law and modernise the investigation and adjudication of fitness to practise cases. The majority of the

consequential amendments were included in the General Medical Council (Amendments to Miscellaneous Rules and Regulations) Order of Council 2015, which was considered by Council at its meeting on 30 September 2015 and subsequently approved by the Chair of Council in accordance with Council's agreed delegation. The corporate seal was applied to these on 19 November 2015 (and are now subject to Privy Council approval).

- 48** The Form and Content of the Registers Regulations are made by Council and amendments do not require Privy Council approval. The proposed changes are minor in nature and focus on renaming Interim Orders Panels and Fitness to Practise Panels to Medical Practitioners Tribunals and Interim Orders Tribunals. The proposed amendments are shown in the track changes version at [Annex A](#).

Further amendments to the Governance Handbook

- 49** Council also agreed a number of amendments to the Governance Handbook arising from the changes to the Medical Act to establish the MPTS at its meeting on 30 September 2015.
- 50** While updating the Governance Handbook for publication on 31 December 2015 a number of further minor amendments to the Schedule of Authority were identified. The proposed changes are minor points of clarification relating to functions assigned by Council, and to update the glossary to reflect the proposed change to the Form and Content of the Registers Regulations, subject to Council approval. The further amendments are shown in the track changes version at [Annex B](#).
- 51** Council was previously advised that the title of the MPTS 'Tribunal Clerk' was going to change. This role will be known as 'Assistant Director, MPTS' with effect from 31 December 2015. The corresponding references in the Governance Handbook will also need to be updated, subject to Council's approval.

Look ahead

- 52** In the New Year we are planning an extensive programme of engagement with medical schools and key interest groups to discuss our plans for a UK-wide medical licensing assessment. This engagement will help inform the proposals we bring to Council in June 2016.
- 53** As part of our review into the impact our processes have on vulnerable doctors we are planning to hold an event with key interest groups in March 2016. Whereas the first event in July 2015 looked at the wider proposal for a national support service for doctors, this event will share progress against the recommendations made specifically to the GMC.

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M3 – Annex A

The General Medical Council (Form and Content of the Registers) Regulations ~~No 2~~ 2015

The General Medical Council make the following regulations in exercise of powers conferred by section 31(1) and (2) of the Medical Act 1983(1).

Citation and commencement

1. These Regulations may be cited as the General Medical Council (Form and Content of the Registers) Regulations ~~No 2~~ 2015 and come into force on 31 December 2015 ~~27 October 2010~~.

Interpretation

2. In these Regulations-

“the Act” means the Medical Act 1983;

“annual retention fee” means a fee prescribed by regulations under section 32(1)(b) of the Act;

“certificates of first registration” means certificates issued to all practitioners on first registration required under paragraph 5(4) of Schedule 3 to the Act;

“fitness to practise history” means details of any order for suspension or conditions made by the Interim Orders ~~Tribunal Panel~~ (or prior to 31 December 2015, by the Interim Orders Panel; or prior to 1 November 2004, the Interim Orders Committee) or any order for erasure, suspension or conditions or any reprimand or admonishment made by the ~~Medical Practitioners Tribunal Fitness to Practise Panel~~ (or prior to 31 December 2015, by the Fitness to Practise Panel; or prior to 1 November 2004, by the Professional Conduct Committee, the Committee on Professional Performance or the Health Committee) or any undertakings entered into by a practitioner as a result of fitness to practise proceedings by the GMC or any warning given to a practitioner under the General Medical Council (Fitness to Practise) Rules 2004(2);

“the GMC” means the General Medical Council;

“the Principal List”, “the emergency powers doctors list”, “the visiting overseas doctors list”, and “the list of visiting medical practitioners from relevant European States” mean respectively the lists of those names established in accordance with section 30(1) of the Act ;

“the register” means the register of medical practitioners;

“the registers” means—

(a) the register,

(b) the General Practitioner Register maintained by the GMC pursuant to section 34C of the Act, and

(c) the Specialist Register maintained by the GMC pursuant to section 34D of the Act;

“the Registrar” means the Registrar of the GMC.

The form and keeping of the registers

- 3.**—(1) The registers are to consist of a set of discrete records each relating to a single individual.
- (2) The registers are to be kept in such a manner that individual records may be examined and altered without such processes affecting other records.
- (3) Any system for maintaining the registers must ensure that the addition, deletion or alteration of any record is attributable to a named individual at a specific time.
- 4.** Entries in the register must distinguish between—
- (a) persons who hold full registration;
 - (b) persons who hold provisional registration; (c) persons who hold temporary full registration under section 27A or 27B of the Act;
 - (d) persons who are registered in the list of visiting medical practitioners from relevant European States;
 - (e) persons who hold a licence to practise and those who do not; and
 - (f) persons who are registered in the emergency powers doctors list.

Entries in the register

- 5.** The register must, in respect of each person registered in it, contain in addition to their full names, qualifications, address and date or dates of provisional and full registration, the following particulars—
- (a) the year in which their qualifications were granted;
 - (b) the GMC reference number allocated;
 - (c) any honours or titles held by them which for the time being have been approved by the General Medical Council as suitable for inclusion in the register;
 - (d) their gender;
 - (e) in the case of a person registered with temporary full registration under section 27A or 27B of the Act, the date on which registration is due to end and any conditions on registration imposed by virtue of a direction given under section 27A(2) or (3) or 27B(2) or (3) of the Act;
 - (f) in the case of a person registered in the list of visiting medical practitioners from relevant European States the State in which they are established and the period for which registration is effective;
 - (g) the fact that their name has been included in the General Practitioner or the Specialist Register;
 - (h) any exemption granted from the payment of the annual retention fees (including the grounds for such exemption);
 - (i) the method of payment of the annual retention fee;
 - (j) their date of birth;
 - (k) their fitness to practise history;
 - (l) a photograph of themselves and such other proof of identity which for the time being has been approved by the General Medical Council as suitable for inclusion in the register;
 - (m) whether they are restricted to practising medicine within an approved practice setting under section 44D of the Act(3);
 - (n) whether or not they hold a licence to practise;
 - (o) in the case of a person registered in the emergency powers doctors list, any conditions to which they are subject.
- 6.** On the first registration of any person under sections 3, 14A, 15, 15A, 19, 19A, 21, 21B or 21C of the Act, the entry relating to that person must be included in the Principal List.
- 7.** The content of certificates of first registration are to include only: the doctor's name; GMC Reference Number; date of entry to the register; type of registration; and

- (a) in the case of a person registered with temporary full registration under section 27A or 27B of the Act, the date on which the registration is due to end, and any conditions on registration imposed by virtue of a direction given under section 27A(2) or (3) or 27B(2) or (3) of the Act;
- (b) in the case of a person registered in the emergency powers doctors list, any conditions on registration specified under section 18A(3) and (4) of the Act.

Alteration of any entry in the register at the request of a registered person

8.—(1) Where a person holding full or provisional registration applies to have any alteration made to their entry in the register, the Registrar may, if satisfied that it is correct to do so, alter the register accordingly.

(2) An application for alteration to an entry in the register must be supported by such evidence as the Registrar may reasonably require to be satisfied about the requested change.

(3) A person who applies to alter their registered name must satisfy the Registrar as to their identity.

(4) The Registrar may require production of any marriage certificate, gender recognition certificate or other proof of identity reasonably considered necessary to give effect to such an application.

(5) Any case arising under this regulation where there is doubt about evidence of identity provided may be referred to a Registration Panel for advice.

(6) On the alteration of the name of a person in the register, the Registrar must also retain in the register the name of the person as previously registered.

9. The General Medical Council (Form and Content of the Registers) Regulations No 2 2010 are hereby revoked.

Given under the official seal of the General Medical Council this [xxxx] ~~27th day of October~~ 2015~~0~~.

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M3 – Annex B

Further amendments to the Governance Handbook

This annex includes excerpts from the Governance Handbook only where proposed changes have been made. Paragraph numbering is taken from the Governance Handbook, and therefore some numbering may appear out of sequence where unchanged text has been excluded.

Term	Definition
Act	Medical Act 1983 (as amended)
Address Inquiry	An inquiry by the Registrar requesting confirmation of a change to the RMP’s registered address
AGPSR Regs 2010	General Medical Council (Applications for General Practice and Specialist Registration) Regulations 2010 (as amended)
APS	Approved practice setting
AR	Assistant Registrar
ARF	Annual retention fee
Award of Certificate Rules 2010	General Medical Council (Award of Certificate) Rules 2010
CCT	Certificate of Completion of Training
CEs	Case Examiners
Certification Fees Regs 2011	General Medical Council Certification Fees Regulations 2011
Constitution of Panels Rules 2004	General Medical Council (Constitution of Panels and Investigation Committee) Rules 2004 (as amended)
Disqualifying Regs 2004	General Medical Council (Fitness to Practise) (Disqualifying Decisions and Determinations by Regulatory Bodies) Procedure Rules 2004 (as amended)
DR	Deputy Registrar
FCR Regs 2015	General Medical Council (Form and Content of the Registers) Regulations No 2 2015

<p>Investigating FTP concerns</p>	<p>To:</p> <ul style="list-style-type: none"> i. triage allegations to assess whether they amount to FTP concerns under s35C(2); ii. consider referral to an IOT; iii. carry out investigations; iv. direct assessments of an Investigated RMP's performance or health or knowledge of English; v. consider failure to submit to or comply with an assessment or request for information and refer to MPTS for non-compliance hearing as required. 	<p>Registrar</p> <ul style="list-style-type: none"> <i>i. FTP Rule 4</i> <i>ii. FTP Rule 6</i> <i>iii. FTP Rules 4, 7 and 13A</i> <i>iv. FTP Rules 7, 13A and Sch 1, and 2 and <u>3</u></i> <i>v. Registrar – Sch 4, paragraph 5A <u>and 5c</u> and section 35A</i> 	
<p>Panels, assessors, and case managers</p>	<p>To appoint panels of:</p> <ul style="list-style-type: none"> • medical and lay performance assessors for the purpose of carrying out performance assessments; • medical examiners for the purpose of carrying out health assessments. 	<p>Registrar – FTP Rule 3</p>	
	<p>To:</p> <ul style="list-style-type: none"> • carry out assessments of an RMP's professional performance; • require the production of any records arising out of or relating to the RMP's practice. 	<p>The Assessment Team <u>or an assessor</u> – Sch 4 Para 5A and Schedule 1 of FTP Rules</p>	<p>Not applicable</p>