

LETTERS

MEDICAL REGULATION

Southall: the GMC responds

The GMC responds to last week's *BMJ* article "David Southall: anatomy of a wrecked career," looking at how the paediatrician was failed by the regulatory system

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No-one who has read about the long and complex interactions between David Southall and the GMC can be in any doubt of the distress and anxiety this must have caused him. The investigations, the extensive media coverage, and some of the views expressed about him and his practice must all have been difficult to bear.

Over the past 14 years he has been the subject of a considerable number of allegations and complaints. The overwhelming majority of complaints did not result in any action from the GMC, and on only two occasions were sanctions imposed on his registration. Of those, in one—the Clark case—his practise was criticised by the Court and the conditions imposed by the panel were found to be too lenient. In the other, the panel's findings were overturned by the Court of Appeal.

The GMC's record is also mixed—its findings have been overturned by the High Court on one occasion and found to be too lenient on another.

The GMC always attempted to act in a fair and balanced way, but I accept that there were aspects of these complaints that were not well handled, and on behalf of the organisation I want to say that I am sorry for that and for any additional stress this may have caused him and his family.

However, without in any way being complacent about the current position, the GMC of 14 years ago, even of four years ago, is markedly different from the GMC of today. There have been considerable changes in the way we carry our investigatory and adjudication functions, and we are about to embark on further major reforms.

It would be foolish to pretend that the system of dealing with serious concerns about doctors' practice is incapable of making mistakes, but it is more robust, more professional, and subject to more checks and balances than it was in the 1990s and early 2000s. So what of the next stage?

New approach

Protecting patients must be our first priority, but we believe we can do this more efficiently and without subjecting doctors and

patients to a hearing, which can be long, expensive, and harrowing for all parties.

Following our consultation last year, we will pilot a new approach. We will hold meetings with the doctors, and if we can agree what has happened and what action needs to be taken to protect patients, we can do without a hearing.

Where a doctor does not accept the sanction we offer, or where there is significant dispute about the facts, the case would still be referred for a hearing. We are also going to pilot meetings with patients who have complained to understand better their concerns and to explain the process. If it works, this new system offers the prospect of a quicker, less litigious process with a resolution much earlier than our current rules allow.

Some cases will still go to a hearing, and when they do everyone must be confident that they will be dealt with professionally and impartially. From June this year our adjudication work will be taken over by the Medical Practitioners Tribunal Service, headed by a former senior judge, who will not only guarantee the autonomy of the tribunal hearings but will also oversee key reforms to ensure that cases are managed efficiently.

In May 2010, Southall won an appeal against a fitness to practise panel finding and his name was restored to the register. At the time I acknowledged that the case had caused considerable concern within the paediatric community and we undertook to produce guidance to provide clarity about what is expected from doctors in this critically important area.

The expert group attempted to bring together all parties to try to understand the issues. It was not without its controversies, but the resulting guidance will be launched this summer—I believe it will command support from the majority of professionals working in this field. Southall contributed to that process, and the guidance has benefited from his professional experience. The next stage must be to work with all doctors to make sure the guidance is put into practice.

We want doctors to feel confident in raising and acting on concerns about the safety and welfare of children. We need doctors working in child protection to feel that if they make

honest judgments based on evidence they will be supported. Parents too need to be reassured that judgments are made in the best interests of their children.

This will always be a difficult area of practice, where the stakes are high and the consequences of getting it wrong potentially catastrophic. It is in everyone's interests that we move on, acknowledging the past but also taking forward new and better ways of making sure the system both protects children and is fair to everyone involved.

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