

**WRITTEN QUESTION TO THE PRESIDENT OF THE
HEALTH AND SOCIAL SERVICES COMMITTEE
BY THE DEPUTY OF ST. JOHN**

ANSWER TO BE TABLED ON TUESDAY 7th DECEMBER 2004

Question

Would the President inform members –

- (a) whether the Committee intends to validate General Practitioners (GPs), as currently done in the U.K., and, if so, how this will be achieved in the light that most of the Island's GPs are in private practice and have invested heavily in these practices?
- (b) whether the Committee is considering taking over the various practices, and, if so, how this will be achieved and whether this includes reimbursement of those GPs' financial investment in those practices? and,
- (c) whether the Committee will undertake to bring to the States any proposals for the implementation of revised GP's service before any new scheme is put in place, if any, given the concerns of current GPs in the Island?

Answer

The General Medical Council (GMC) is the U.K. based body which is responsible for registering both consultants and general practitioners and, through that process, is responsible for ensuring that these professionals conform to clearly set professional standards. The GMC is the body, which in extreme circumstances, can 'strike off' a doctor from its register thus making it impossible for that doctor to continue to practice medicine. (For either a consultant or a GP to practise medicine in Jersey he/she must have full GMC registration and then be registered by the Royal Court).

In response to a number of medical blunders and scandals which occurred in the 1990s, the GMC proposed the introduction of "re-validation". Re-validation is the means by which a consultant or a GP submits to a five yearly assessment of his/her clinical practice. If that doctor is re-validated then he/she will be issued with a 'licence to practice' which will be valid for five years at which point the process would repeat itself. However, if that doctor failed to be re-validated then, in extremes, he/she could be de-registered and thus no longer be able to practice medicine legally.

Since the concept of re-validation was first canvassed there has been a growing interest, and growing anxiety, amongst doctors about re-validation. These feelings are increasing now because the date from which re-validation comes into effect is close at hand, namely April 2005, less than four months away. The introduction of re-validation at this time is part of the U.K. government's response to the Fifth Report of the Shipman Inquiry which is due for publication imminently. The report is assumed to be extremely critical of the current governance regime which allowed Shipman to murder so many of his patients.

The formal position is that only doctors working in the U.K. are required to subject themselves to re-validation. However, the convention and practice in Jersey is that the standards governing doctors are the same standards as apply in the U.K. Thus the Health and Social Services Committee will be taking steps to amend Jersey law to ensure that the re-validation and licence to practice arrangements which will apply in the U.K. apply also to Jersey. The Bailiwick of Guernsey has already begun the process of changing its law in this way. Retiring GP's look to new GP's from the U.K. to buy into the equity of their practices. The likelihood is that without re-validation operating in Jersey, the Island will be deemed to be a clinical backwater. It will, therefore, fail to entice new GP's, and this equity will rapidly become worthless. Thus on material grounds alone revalidation is extremely important for Jersey based GP's.

However, it is important to stress that representatives of consultants and GP's have declared that it is unacceptable for the medical profession in Jersey not to be re-validated and not receive licenses to practice. They believe this is important if they are to continue to give re-assurances to their patients and to the general population that clinical standards in Jersey are of the highest.

It is fair to say that, as a result of representations made by the Health and Social Services Committee to the GMC on behalf of Jersey based doctors, the GMC has recognised that it has under-estimated the impact of re-validation on those small jurisdictions which look to the U.K. for the determination of clinical standards. Thus, the Health and Social Services Committee has assisted the GMC in establishing contact with these jurisdictions; jurisdictions as far away as the Falkland Islands, in order that these new arrangements can be introduced equally across the board.

There are two routes by which GP's, (and consultants for that matter), can be revalidated. The first is an onerous and intrusive arrangement by which the individual doctor is subject to close personal scrutiny by the GMC itself. The second route is an arrangement by which doctors are actively involved in a 'GMC approved environment'.

A GMC approved environment is one which has all of the following characteristics -

Appraisal is practiced to a high standard.

There is a robust governance regime in place.

Procedures exist for identifying and dealing with significant concerns about a doctor's health or probity.

There are clear lines of responsibility and accountability for the overall quality of clinical care.

That the above arrangements are quality assured by a competent external agency such as the Healthcare Commission, (previously known in the U.K. as the Commission for Health Improvement).

If doctors work in such an environment then a senior accountable person can 'locally certificate' a doctor; in other words, re-validation would be by proxy. The Health and Social Services Committee can offer consultants such local certification because the characteristics of a GMC approved environment are almost in place, and will be fully in place for April 2005. Clearly, local GP's fall outside of such an environment at present.

In the light of the above preamble the three questions are answered as follows -

- (a) Whether the Committee intends to validate General Practitioners (GP's), as currently done in the U.K., and if so, how this will be achieved in the light that most of the Island's GP's are in private practice and have invested heavily in these practices?

It can be seen from the above that it is not the Committee which validates GP's. It is the GMC. If GP's wish to enter into a formal arrangement with the Health and Social Services Committee, by which they would fully participate in the Health and Social Services Committee's 'MC approved environment' then they are most welcome to do so. However, this would have to be on the basis of a clear and unequivocal policy statement which binds all GP's. Should GP's wish to become active members of the Health and Social Services Committee's GMC approved environment, and it is entirely up to them, then it must be recognised that this would have significant implications for the way in which general practice is deployed, funded and 'managed' in Jersey.

- (b) Whether the Committee is considering taking over the various practices, and if so, how this will be achieved and whether this includes reimbursement of those GP's' financial investment in those practices?

The Committee has no plans to take over GP practices. Indeed, the Committee has no powers to do this. However, the Committee is aware that some GP's believe that the pay and conditions of Jersey based

GP's are now falling significantly behind those of their U.K. based counter-parts. Thus should GP's wish to re-negotiate their present remuneration arrangements with the States of Jersey then it will certainly be necessary to include in such a re-negotiation consideration of a number of factors including national remuneration rates for GP's, incentivisation, equity values and the high ratio of GP's on the Island.

- (c) Whether the Committee will undertake to bring to the States any proposals for the implementation of revised GP's service before any new scheme is put in place, if any, given the concerns of current GP's in the Island?

The Committee has no powers to take over practices as explained at (b) above. However, should the circumstances arise that Jersey based GP's wished to re-negotiate and change their remuneration arrangements, it goes without saying that such significant new arrangement would be brought to the States for approval. The Committee is not aware of any 'concerns of current GP's on the Island ... (about)... any new scheme'; for whilst I and the Departmental officers have had discussions with local GP's on a wide range of issues, as the States' would expect as part of an on-going discourse with GP's, general practice currently falls outside the management of the Committee itself. The Committee is aware that significant discussions are taking place amongst the General Practitioners at present, with a diverse range of views being expressed. We await with interest the conclusion of these discussion and we look forward to receiving a clear proposal from the Jersey Medical Society as to their preferred way forward.