

Northern Ireland Assembly Committee for Health – General Medical Council briefing: Inquiry, Reviews and Investigations relating to Dr Michael Watt

November 2021

Our role

- 1** The General Medical Council (GMC) is an independent professional regulator, that helps to protect patients and improve medical education and practice across the UK.
 - We decide which doctors are qualified to practise medicine and we oversee all stages of UK medical education and training;
 - We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers;
 - We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk;
 - Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.
- 2** We are independent of government and accountable to the UK Parliament. Our powers are given to us by Parliament through the Medical Act 1983.

How we deliver our role

Setting the standards for doctors

- 3** Our standards define what makes a good doctor by setting out the professional values, knowledge, skills, and behaviors required of all doctors working in the UK. We consult with a wide range of people, including patients, doctors, employers, and educators to develop our standards and guidance.

- 4** The core professional standards expected of all doctors are set out in *Good medical practice* which covers the fundamental aspects of a doctor's role, including working in partnership with patients and treating them with respect.
- 5** We provide detailed guidance on ethical principles that most doctors will use every day, such as consent and confidentiality, and specific guidance on a range of areas such as raising concerns about patient safety, doctors' child protection responsibilities, and providing care for people who are dying. We also develop case scenarios and tools that help doctors apply the principles in their practice.
- 6** All doctors are required to follow the guidance we set and to evidence that they are up to date and fit to practise medicine. We have established processes in place to investigate concerns about doctors should they fail to meet the standards that we, their employer, patients, and the public expect.

Overseeing doctors' education and training

- 7** We set the educational standards for all UK doctors through undergraduate and postgraduate education and training. We promote high standards and make sure that medical education and training reflects the needs of patients, medical students and doctors in training, and the healthcare systems across the UK. We undertake rigorous reviews and monitoring activities to ensure these standards are met.

Managing the UK medical register

- 8** There are over 300,000 doctors on the UK medical register, approximately 8,000 of which have a registered NI address. Before they join the register, we check doctors' identity and qualifications. We also check with others, such as the doctor's medical school or previous employers, to find out if they have any concerns about the doctor's ability to practise safely, for example inappropriate behavior, serious health problems, or performance concerns. We keep track of changes to doctors' records to make sure that the medical register is accurate and up to date.

Investigating and acting on concerns about doctors

- 9** When a serious concern is raised about a doctor's behavior, health, or performance, we investigate to see if the doctor is putting the safety of patients, or the public's confidence in doctors, at risk.
- 10** We collect and review evidence, such as witness statements and reports from experts in clinical matters. Following the investigation, we may issue advice or a warning to the doctor, or we may agree with the doctor that he or she will restrict their practice, retrain, or work under supervision.
- 11** In some cases, we will refer the case to the Medical Practitioners Tribunal Service (MPTS) for a hearing. When action is needed to protect the public or to maintain

public confidence in doctors, a MPTS panel can suspend a doctor's right to work or restrict their practice — for example by requiring them to work under supervision or undergo further training. If necessary, a panel can also suspend or restrict a doctor's right to work while the investigation is conducted.

- 12** In a few very serious cases, a doctor may be removed from the medical register — often this is described as 'being struck off' the register. This means they are no longer able to work as a doctor in the UK.

Taking action on concerns

The information in this section is correct as of 31 December 2020. It is taken from our 2020 annual report.

- 8,468 concerns about doctors were raised with us (8,654 in 2019). 6,318 concerns were raised by a member of the public.
- 707 concerns were related to the pandemic, 415 were considered under provisional enquiry, enabling us to close 318 without a full investigation (602 in 2018, with 404 closed).
- 1,117 met our statutory threshold for investigation (1,532 in 2019).
- There were 465 calls to our confidential helpline, through which people can raise a patient safety concern if they don't feel able to do so locally.

Outcomes of case examiner decisions in 2020:

- 641 were concluded with no further action.
- 276 were referred to a medical practitioners tribunal.
- 59 warnings were issued.
- 52 doctors agreed undertakings.

Outcomes from MPTS fitness to practise tribunals

The information in this section is correct as of December 2020 and is taken from the MPTS 2020 report to parliament.

Outcomes	2020	2019	2018
Erasure	43	55	66
Suspension	52	120	101
Conditions	14	14	25
Undertakings	0	0	0
No impairment (warning)	17	17	10
Impairment (no further action)	0	4	2
No impairment	16	44	41
Voluntary erasure	2	3	3
Total	144	257	247

N.B not all cases referred to tribunal in 2018 and 2019 were listed during the same year

- In 2020, of the 144 cases concluded at the MPTS only two related to purely issues of performance. These two cases represent 0.5% of the total number of cases concluded in 2020.
- Other cases included criminal conviction, misconduct, dishonesty or health issues impacting on the doctor's performance and fitness to practise.

Helping to raise standards through revalidation

13 We work with employers to make sure every doctor has an annual check or appraisal. Every five years, we ask for formal confirmation that each doctor is following the standards set out in *Good medical practice* through a system call revalidation — this covers knowledge, skills and performance; safety and quality; communications, partnership and teamwork; and maintaining trust. Revalidation drives up the

standards of care that doctors provide by helping to identify problems earlier and by helping all doctors to reflect on their practice, understand what they do well and how they can improve.

The role of the Medical Practitioners Tribunal Service

- 14** The MPTS is a statutory committee of the GMC. It is accountable to the Chair of the GMC and directly to Parliament. It is operationally separate from the GMC with separate leadership and staff. It acts as an independent tribunal service.
- 15** It also arranges for tribunal hearings to make decisions on the more serious allegations about doctors and to decide whether a doctor's fitness to practise is impaired and whether any sanction needs to be imposed on their registration. Tribunal members, Legally Qualified Chairs of tribunals and Legal Assessors (who sometimes advise tribunals) are all recruited and trained by the MPTS.
- 16** Tribunals make independent decisions after hearing submissions and receiving evidence from both parties. Both the doctor and the GMC currently have a right of appeal against a MPTS decision following this process.
- 17** The role of the MPTS in making its decisions is not to 'punish' doctors in the manner, for example, of a criminal court, but to come to decisions about a doctor's ongoing fitness to practise.

Our accountability to the Devolved Legislatures of the UK

- 18** Our Belfast office was established in 2006. In 2019, we opened new offices, located in Belfast city centre, which supports our engagement with doctors, patients, and stakeholders. The team, led by Jane Kennedy, Head of GMC Northern Ireland, is dedicated to supporting doctors and medical students on the frontline. We offer learning and development opportunities to help doctors understand our ethical guidance and apply it to their day-to-day work.
- 19** As we regulate the profession across all four countries of the UK, at least one of our Council members has to predominantly live or work in Northern Ireland. Our current Northern Ireland Council member is Professor Deepa Mann-Kler.
- 20** The UK and devolved governments consulted on proposals to reform the system of professional regulation across the UK in *Promoting professionalism; Reforming regulation*. In their response to this, in 2019, they said they believed transparency is vital not only for public safety but also for establishing public confidence in the actions of the regulatory bodies. One of the measures to achieve this is the introduction of requirements for regulatory bodies to present annual, nation-specific reports to each legislature in which they operate. We very much welcome this duty, and the enhanced accountability to the Northern Ireland Assembly this brings.

21 Ahead of this duty becoming a statutory requirement, we submitted [our first report](#) to the Northern Ireland Assembly in March 2021. The report was submitted along with this written evidence.

What is voluntary erasure?

22 Doctors can at any time apply for voluntary erasure, which means they choose to be removed from the medical register and cannot practise medicine in the UK. This is provided for in legislation.

23 If they have already been referred for a MPTS hearing, their application is decided by the tribunal, which operates independently from the GMC.

24 When a doctor is removed from the medical register we no longer have any legal powers to consider their fitness to practise. We are unable to continue any open investigations.

Can a doctor apply to go back on the register?

25 Doctors cannot practise in the UK, if they are not on our register. They may make an application to be restored to the register; at this point any investigations into the outstanding fitness to practise concerns would resume.

26 Any application would be referred to a tribunal hearing to determine whether to restore the doctor to the register, with the onus on them to demonstrate they are fit to practise.

Our role in investigating the fitness to practise of Dr Watt

27 Dr Watt was referred to us by the Belfast Health and Social Care Trust in 2018, after it restricted his practice locally in 2017.

28 We referred Dr Watt to an Interim Orders Tribunal at the MPTS. We do this where the allegations against a doctor are serious enough that, if proven, would mean the doctor poses a threat to patients or the public.

29 On 9 May 2018, the Interim Orders Tribunal imposed conditions on Dr Watt's registration for 18 months, which required him to notify the GMC of any changes to his employment and training arrangements, and increased supervision and some restrictions on his practice. On 3 January 2019, Dr Watt was suspended from the UK medical register while we continued our investigation, meaning he could not practise medicine.

30 Concerns about Dr Watt's practice were also shared with us by the Neurology Inquiry and by individual patients. Where there are a substantial number of patients who

have experienced poor care, we investigate a sample of these which cover all areas of concern.

- 31** We obtained a detailed objective performance assessment of Dr Watt's practice. This assessment enables us to identify if the doctor is safe to work as a doctor and highlights specific areas of concern. It can be a quicker and more effective way of assessing performance than seeking multiple expert reports relating to the treatment of individual patients. Our processes are designed to protect future patients, and our performance assessment process can be an effective way of addressing this.
- 32** We believed we did have sufficient evidence to show that Dr Watt's fitness to practise was impaired. Our Case Examiners (CE) decide whether a doctor should be referred to the MPTS within 12 months. In this case they did so, and Dr Watt was referred to the MPTS on 6 February 2019 for the allegations to be considered.
- 33** The hearing was originally due to take place in August/September 2019 but was postponed following a request from Dr Watt's representatives. We did not oppose this request to postpone. It was then due to take place in April/May 2020, but unfortunately in March 2020, due to the Covid-19 pandemic, the Medical Practitioners Tribunal Service decided to postpone all hearings.
- 34** The full hearing was then due to start in November 2021 but voluntary erasure was agreed to on 1 October 2021 by a preliminary hearing before a tribunal. Dr Watt had made two previous requests prior to this but we refused these.
- 35** We are extremely disappointed that the MPTS allowed this application for voluntary erasure, as we felt it was strongly in the public interest for the allegations against him to be heard by the tribunal in an open and transparent way.

Our response to the MPTS decision to allow voluntary erasure

- 36** The GMC does not have a statutory right of appeal against decisions by a Medical Practitioners Tribunal to grant an application for voluntary erasure. Following the Tribunal's decision, we have given careful consideration, with the benefit of external advice from specialist leading counsel, to the possibility of challenging this decision by way of judicial review.
- 37** Having done so, we have reluctantly concluded that there is no realistic prospect that we could bring a successful challenge against this decision.
- 38** To succeed in such a challenge, we would need to be able to demonstrate not simply that this Tribunal should have reached a different conclusion, but that no Tribunal could reasonably have reached the conclusion that this Tribunal did on the evidence it had before it. That is a very high threshold and one which we are advised is not met in this case.

Our engagement with patients

- 39** Patients of Dr Watt have suffered immense harm and our thoughts are with them and their families. We know that the MPTS decision to grant Dr Watt voluntary erasure, and our decision not to challenge this, is disappointing to them.
- 40** Our primary concern has been to ensure we communicated both these decisions to patients and their families first where possible. We are engaging with the Patient and Client Council to support their work with neurology patients in understanding our fitness to practise processes. We have also offered to meet with patients to help them understand the recent decisions.

Our engagement with the Neurology Inquiry

- 41** Following the establishment of the Neurology Inquiry in 2018, GMC representatives had preliminary discussions with the Inquiry Panel in September and November 2018.
- 42** Representatives of the GMC have attended three oral evidence hearings before the Inquiry Panel:
- On 13 March 2019, our Chair, Chief Executive and our Director of Registration and Revalidation gave evidence;
 - On 15 January 2020, our Chief Executive and Director of Fitness to Practise gave evidence;
 - On 8 September 2020, our Northern Ireland Employer Liaison Advisor and our Director of Fitness to Practise gave evidence.
- 43** We have also provided the Inquiry Panel with disclosure of Dr Watt's fitness to practise history, witness statements and written evidence submissions.
- 44** We continue to have regular engagement with the Inquiry team and are committed to working collaboratively to learn from the recommendations in their final report.