



**The Association for
Clinical Biochemistry**

A response to the Department of Health consultation on “*Fitness to Practise Adjudication for Health Professionals: Assessing different mechanisms for delivery*” on behalf of the Association for Clinical Biochemistry.

*Q1 Should the Government proceed with its preferred option – Option 2
Yes or No? Please give your reasons.*

YES

The Association for Clinical Biochemistry is the professional body for clinical scientists and medical practitioners in the specialties of Biochemistry, Immunology and Microbiology. Some of our members are regulated by GMC and most by HPC.

HPC has since its creation operated a more robust procedure on FTP than did GMC at the time. It is evident that GMC has made considerable improvements probably due to the impact of CHRE and OHPA, but further work is needed and pressure must be maintained and possibly further legislation introduced to ensure that momentum is continued.

Other regulators must work together and with GMC to ensure that FTP processes are fair, transparent and equitable across all professions and that sanctions are proportional to the seriousness of the misdemeanour, while protecting public safety.

Complete independence of adjudicators may compromise understanding of the role of a profession and the pressures faced by its practitioners.

Q2 Do you have any comments on the identified benefits, costs and risks of the Options that are detailed in this document and its accompanying impact assessments and are there any other considerations that the Government should consider?

We have concerns that if OHPA were later to expand to take over the fitness to practise role of other regulators it would have a detrimental effect upon other professions with less opportunity and capacity than medical practitioners to do harm, inherent in their role in healthcare, to the public and to whom medical standards may be applied inappropriately. OHPA would have to grow into a large and costly organisation to cope with the current and expanding workload on complaints across the full range of Healthcare Regulators.

It is doubtful whether any approach could attain the Holy Grail of satisfying all public expectations which are fuelled by media speculation following headline, high profile catastrophes but serious attempts must be made.

The Government could consider introducing measures to facilitate the identification of professionals on the verge of failing to meet expected standards of capability and competence rather than waiting for disaster to happen. This would of course need to be aligned to corrective measures rather than sanctions on practice.

G H Lester
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Association for Clinical Biochemistry