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Lay representation - the UK experience

Why lay members?

In recent years, the medical profession in the UK has faced a series of high profile scandals. Many of the cases relate to doctors who have been subject to General Medical Council (GMC) disciplinary procedures, and there has been a growing lack of confidence in the profession's own ability to regulate itself. The general public, the government and the media dislike the concept of self-regulation, stating that the medical profession "protects its own".

The medical profession is working hard to tackle this image, and is trying to restore confidence in self-regulation by making its processes more transparent and open to public scrutiny. One of the best ways to do this is by strengthening the role of lay (ie non-medically qualified) representatives on medical bodies such as the GMC.

Lay members represent the interest of the patient. They bring balance, in terms of skills and backgrounds, and open debate between the profession and the public. Experience has shown that lay people readily appreciate the difficulties and challenges faced by doctors and they have proved very strong allies in the face of widespread criticism, often unjustified, from politicians and journalists. In the current climate, the UK medical profession strongly supports lay involvement as a means of breaking down communication barriers demonstrating that the medical profession values the input of patients and proving that self-regulation is a fair and open process.

The General Medical Council (GMC)

The GMC is the statutory body with responsibility for setting professional standards, overseeing medical education, registering doctors and dealing with doctors whose fitness to practice is in doubt. Its mission statement is "guiding doctors, protecting patients", and it is an organisation with a strong tradition of lay involvement.

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At the current time, the GMC has 104 members. 54 are doctors, elected by their peers, 25 are doctors appointed by educational bodies such as universities, the Medical Royal Colleges and Faculties, and 25 are lay. The lay members come from a wide range of backgrounds, including other health professions, health managers, and the general public. They are appointed by the Privy Council, an official body of government Ministers with powers to advise on specific issues. Trained lay members take an active part in working groups, committees and disciplinary panels, alongside the medical members of the GMC.

The GMC has been widely criticised by the media, the government and by sectors of the medical profession, and doctors have faced a real threat of the end of self-regulation. In response to this, the GMC has undertaken a major review of its structure and function, and has agreed to the following:

The GMC will be reduced to 35 members, comprising 19 elected doctors, 2 appointed doctors and 14 lay members. The lay members will be appointed by an independent commission, according to agreed criteria such as equal opportunities, independent scrutiny and commitment to the value of public service. This will provide more transparency and openness. Members for disciplinary panels and working group will be drawn from the Council and from other trained lay and medically qualified representatives.

When the new format of the GMC was being debated, there was virtually no opposition to increasing the lay representation from 24% to 40%. There was even some discussion in favour of 50% lay membership, although 40% has now been agreed. The changes will be implemented once legislation has been passed by Parliament.

Revalidation

GMC revalidation proposals also include major lay involvement. Under the proposals, doctors will prepare folders every five years showing that they fulfil the standards set out in the GMC's booklet "Good Medical Practice". Each doctor's folder will be assessed by a revalidation group, comprising of a registered doctor with personal knowledge of the doctor, a registered doctor who works in the same field of practice but without personal knowledge of the doctor, and a lay person. The lay members of the revalidation groups will be recruited on the basis of ability, set against specific competencies and will receive full training. Lay members will also be involved centrally, in the quality assurance of the revalidation procedures, and will form part of the panel which assesses a sample of folders in order to ensure standards are being maintained.

Revalidation has an important role to play in demonstrating that the medical profession is committed to the quality agenda. Lay involvement is vital in this procedure, to represent the patient's voice and to ensure transparency of process.

Other bodies

The Council of the Royal College of General Practitioners includes one lay member - the Chairman of the College's Patient Liaison Group. The Joint Committee on Postgraduate Training in General Practice (the statutory body for GP training) has two lay members. The Specialist Training Authority (the statutory body for hospital training) has one lay member.

Although there are no lay members on the Council of the British Medical Association, some of its committees use the expertise of non-medically qualified representatives. For example, the Medical Ethics Committee includes lay members representing areas such as law, philosophy and other health professionals. The BMA enjoys an open dialogue with patient groups and consults a wide range of non-medical organisations on many important issues.

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