"I hope we have the right triage to stop [trivial or vexatious allegations reaching fitness to practise hearings]," says Mr Dickson. "I do recognise, however, that where allegations are a bit more serious and we do start to investigate them, that causes enormous anxiety for individual doctors. And it's something obviously we have to do, and the fact is that we're getting more of these and so there will be more examples of it." He suggests that the GMC does everything possible to minimise the trauma and stress that a doctor can experience as a result of a fitness to practise complaint: "We try to investigate as quickly as we can so that if there is nothing to [the allegation], then they don't have that cloud hanging over them. But we need to make sure that the way we communicate to doctors is clear and sympathetic," he adds, "and that they understand the difficulty they will face as they go through this process and are clear that what we're trying to do is not punish them but protect patients."

One way the GMC is trying to speed up the process is by proposing that doctors can opt not to have a public hearing if they accept the allegations levelled against them and the sanctions that the regulator puts forward. "Going through a public hearing is traumatic for witnesses, and it's certainly traumatic for the doctor and his or her family," says Mr Dickson. "This new approach is predicated on a very clear principle, which is that the GMC is not here to punish doctors: if we can find a way in which we can reach agreement with the doctor about what action should be taken to protect the public, then why would we need to go and subject everybody involved to that public hearing?" This new approach will require a "culture change" within the GMC, he concedes. "It will also require a cultural change among medical defence organisations so that it's a slightly less adversarial process and so that we're trying to reach a common understanding about what is in the best interest of patients," he adds.

There have been some concerns that this new approach might mean some doctors accepting sanctions that they might not necessarily agree with to avoid the trauma of a public hearing, something that Mr Dickson accepts is possible. "We will hear at an earlier stage the doctor's mitigation and the reason why this happened and so forth and see the extent to which the doctor is demonstrating insight into it and how we can take things forward from there," he explains. "But then it will be up to the doctor to decide—and I'm sure some will say, 'Well, I don't want a hearing and, you know, I'm a bit reluctant to accept this, but I accept it and I'm willing to accept it because that seems a better option for me.' But they would still absolutely have the right to go to a panel for it to be determined there if they wanted to."

Niall Dickson on . . . reforming the fitness to practise process

"At present as an organisation we are, in effect, the policeman, the prosecutor, and the judge and jury. So what we've decided to do is create an organisation within the GMC family but where the autonomy of the fitness to practise panels is more visible than it is now. Under the new arrangements, we're setting up a medical practitioner tribunal service, which will be an autonomous service within the GMC. This will create within the GMC a very clear 'Chinese wall' that does not allow our fitness to practise work on the prosecution and investigation sides to see into the panel side at all. It's increasing the separation and thereby, I hope, reinforcing the fact that the decisions these panels make are their own. And we are also seeking the right to appeal, as the GMC, against those decisions where we think they're too lenient. Obviously if they're too harsh, the doctor themselves may decide to appeal."

- Hear more on the fitness to practise reforms at http://podcasts.bmj.com/bmj/2011/09/23/caring-for-the-carers/.

Niall Dickson on . . . regulating clinical commissioning

"I don't think there are any new principles which need to be applied that haven't already applied in our existing guidance. So what people are being required to do—GPs will be required to do—will I think raise conflicts of interest. And I think that the principles that we've set down should be the basic guidance which doctors have to apply. So those are, for example, that you have to recognise conflicts of interest, you have to be transparent about them, and you mustn't let those conflicts of interest influence your decision. If necessary you must withdraw yourself from that position if you think it's being affected.

"If it were found that doctors were making decisions about the way care was commissioned and harming the interests of patients in order to line their own pockets, then that I'm afraid is contrary to good medical practice. If they had a conflict of interest which they had failed to declare or make clear either to patients or in the decision making process, that is contrary to good medical practice. The guidance I think is fairly clear: if in doubt, declare it."

- Read more on the GMC's role in regulating doctors' conduct with respect to clinical commissioning at http://careers.bmj.com/careers/advice/view-article.html?id=20004744.

Future of healthcare regulation

The GMC has come a long way since it was founded as the General Council of Medical Education and Registration of the United Kingdom by the Medical Act 1858. Where does Mr Dickson see the organisation going in the future?

"I think that professional regulation is on a journey. I think that journey started probably in the mid-1990s when *Good Medical Practice* came out and the GMC started being interested in positively what doctors should do rather than simply being interested in setting out what they should not," he says. What is being expected of the GMC is increasing, and the organisation is being required to become more proactive in ensuring standards among doctors. "Not intervening in doctors' lives," he says, "but making sure we're closer to the healthcare system—and we have to be because of our educational responsibilities as well as our practice responsibilities—and that we're interested in doctors throughout the whole of their career in a positive sense, not intermittently intervening when something goes wrong, because we want to support improvements in practice."

Competing interests: None declared.

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BMJ Careers podcasts

Hear Niall Dickson speak on exams, continuing professional development, responsible officers, and the fitness to practise reforms in a BMJ Careers podcast at podcasts.bmj.com. You can hear him discuss fitness to practise issues in more detail at http://podcasts.bmj.com/bmj/2011/09/23/caring-for-the-carers/.