



Ms G Mackenzie

**Code A**

27 November 2009

Dear Mrs Mackenzie,

**The GMC's fitness to practise case against Dr Jane Barton**

Following on from our telephone conversation, I am writing to provide you with information about CHRE and our role in scrutinizing final fitness to practise decisions.

Under section 29 of the NHS Reform and Health Care Professions Act 2002, we have the power to consider final fitness to practise decisions. Where we consider that the decision is unduly lenient and does not protect the public, we may refer the case to court.

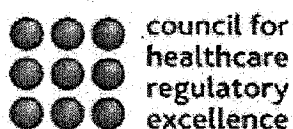
I can confirm that we will review the GMC's final decision against Dr Jane Barton in accordance with our standard procedures. We would be happy to take account of any comments that you wish to make on the GMC's case when undertaking our consideration. However, I should note that have to appeal cases within a strict legal timeframe, which is 40 days from the date of the hearing or the last date on which the registrant could appeal against the decision. Therefore you should make sure your complaint is sent to us promptly. Please address your complaint to Briony Mills and send it to the address set out in the left hand corner of this letter.

I also enclose a copy of a print out from our website which provides general information on the role of CHRE.

Yours sincerely,

**Code A**

~~Briony Mills~~  
Good Practice Officer



## About us

### Our vision

Our vision is to be a strong and independent influence within the regulation of healthcare professionals. All of our activities are directed towards achieving this vision.

### Our mission

We protect the public by:

- helping the regulatory bodies to improve their performance
- setting and driving up standards for health professions regulation
- encouraging greater consistency of regulatory practice and outcomes
- shaping future developments in the regulation of health professions.

### Our values

Our values act as a framework for our decision making. They are at the heart of who we are and how we would like to be seen by our stakeholders. Our values are:

- fairness
- patient and public focus
- proportionality
- transparency
- agility
- adding value to regulation.

### Our activities

Under our Acts of Parliament, the NHS Reform and Health Care Professions Act 2002 and the Health and Social Care Act 2008, we have the powers to carry out the following activities:

#### • Monitoring how the health professions regulators carry out their functions

Every year we carry out a performance review with each regulator. The review looks at how the regulators carry out their functions against agreed standards. It highlights good practice and identifies issues that might benefit from a co-ordinated approach.

#### • Referring cases to court where decisions are considered too lenient

When concerns about the conduct or performance of a health professional are referred to a regulatory body, the regulator carries out an investigation to determine whether the concerns are valid and whether the professional should continue to practise.

We look at the final stage decisions made by the regulators on professionals' fitness to practise. If a decision is unduly lenient and fails to protect the public interest, we can refer the case to the High Court (the Court of Sessions for Scotland or the High Court of Justice for Northern Ireland).

#### • Promoting good practice

We work with the regulatory bodies to improve quality and share good practice. For example, we share learning points arising from the scrutiny of fitness to practise cases and we organise seminars to explore regulation issues.

#### • Advising health ministers

The Secretary of State and health ministers in Scotland, Wales and Northern Ireland request advice from us about the regulation of health professions.

#### • Influencing national and international policy on health professions regulation

We consult with the UK government and governments in Wales, Scotland and Northern Ireland on the development of guidelines for the sector. In addition, we keep abreast of international policies that may affect health regulation in the UK, particularly in Europe. We work with colleagues in the UK and abroad, ensuring that we are aware of these developments and strengthening our relationships with these partners.

- **Involving patients and the public in our work**

Our purpose is to serve patients and the public by promoting their health, safety and well-being. To do this we need to listen to people's views and concerns and consider them when developing our work. We held two public and patient consultation meetings in 2007, that were attended by members of patient representation organisations, and in March 2008 our Council agreed recommendations for a focused patient involvement plan. We are in the process of implementing our plan.