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**1980 No. 859**

**MEDICAL PROFESSION**

**The General Medical Council Health Committee  
(Procedure) Rules Order of Council 1980**

<i>Made</i> - - - -	<i>23rd June 1980</i>
<i>Laid before Parliament</i>	<i>1st July 1980</i>
<i>Coming into Operation</i>	<i>1st August 1980</i>

At the Council Chamber, Whitehall, the 23rd day of June 1980

By the Lords of Her Majesty's Most Honourable Privy Council

Whereas in pursuance of paragraph 1 of Schedule 4 to the Medical Act 1978(a), the General Medical Council have made the General Medical Council Health Committee (Procedure) Rules 1980:

And whereas by sub-paragraph (5) of the said paragraph 1 such Rules shall not come into force until approved by Order of the Privy Council:

Now, therefore, Their Lordships, having taken the said Rules into consideration, are pleased to approve the same as set out in the Appendix to this Order.

This Order may be cited as the General Medical Council Health Committee (Procedure) Rules Order of Council 1980, and shall come into operation on 1st August 1980.

*N. E. Leigh,*  
Clerk of the Privy Council.

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THE GENERAL MEDICAL COUNCIL HEALTH COMMITTEE  
(PROCEDURE) RULES 1980

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THE GENERAL MEDICAL COUNCIL HEALTH COMMITTEE  
(PROCEDURE) RULES 1980

The General Medical Council, in exercise of their powers under paragraph 1 of Schedule 4 to the Medical Act 1978, and after consulting with such bodies representing medical practitioners, as appeared to the Council to be requisite, as required by that paragraph, hereby make the following rules:—

## PART I

## PRELIMINARY

*Citation and Commencement*

1. These rules may be cited as the General Medical Council Health Committee (Procedure) Rules 1980, and shall come into operation on 1st August 1980.

*Interpretation*

2. In these rules, unless the context otherwise requires:
  - “the Act” means the Medical Act 1978;
  - “the Committee” means the Health Committee;
  - “the Council” means the General Medical Council;
  - “defence society” means the Medical Defence Union, the Medical Protection Society, or the Medical and Dental Defence Union of Scotland;
  - “the Legal Assessor” means an Assessor appointed by the Council under paragraph 7 of Schedule 4 to the Act;
  - “medical adviser” means, in relation to “the practitioner” as defined in this rule, any other registered medical practitioner (but not more than one) whom the practitioner has consulted as a patient in regard to his own health and whom the practitioner elects to treat as his medical adviser for the purpose of proceedings under these rules;

“medical assessor” means a person chosen by the President as provided in the Second Schedule to the rules to advise the Committee under rule 11(2);

“medical examiner” means a person chosen as provided in the Second Schedule to the rules either by the President to examine and report on a practitioner under rules 6, 7 and 8, or by the Committee under rule 18 or 22;

“person acting in a public capacity” means an officer of a Regional, Area, or District Health Authority, Health Board, Common Services Agency or Board of Governors of a Hospital, or of a Government Department or a local or public authority, or any person holding judicial office, or any officer attached to a Court, or the Solicitor to the Council;

“the practitioner” means a registered medical practitioner whose fitness to practise has been called into question by reason of a mental or physical condition;

“Preliminary Proceedings Committee” and “Professional Conduct Committee” respectively mean the Committees of those names constituted under section 6 of the Act;

“the President” means the President of the Council and includes any other member appointed under rule 5(2);

“the Register”, in relation to fully or provisionally registered persons, means the Register of Medical Practitioners, and in relation to persons with limited registration means the Register of Medical Practitioners with Limited Registration;

“the Registrar” means the Registrar of the Council;

“the Solicitor” means any Solicitor, or any firm of Solicitors appointed by the Council, or any member of such a firm.

#### *Times and places of meetings of the Committee*

3. The provisions of the First Schedule to these rules shall have effect as to the times and places of meetings of the Health Committee, and the mode of summoning members.

#### *Appointment of medical assessors and medical examiners*

4. The provisions of the Second Schedule to these rules shall have effect as to the appointment of medical assessors and medical examiners and the selection of a particular person to act as a medical assessor or examiner in any case, and the duties of medical assessors.

## PART II

### ARRANGEMENTS FOR THE INITIAL CONSIDERATION OF CASES

#### *Appointment of member to conduct initial consideration of cases*

5—(1) No case shall be considered by the Health Committee unless it has been referred either:

- (a) by the Preliminary Proceedings Committee in accordance with rule 11 of the General Medical Council Preliminary Proceedings Committee and Professional Conduct Committee (Procedure) Rules 1980; or
- (b) by the Professional Conduct Committee in accordance with rule 41 of those rules; or
- (c) by the person appointed under paragraph (2) of this rule.

(2) The Council shall appoint either the President or some other member to undertake the initial consideration of cases under rules 6 to 9 of these rules. Before the appointment is made, the President shall inform the Council whether he proposes to sit on the Health Committee. If the President proposes to sit on that Committee, or if for other reasons he does not wish to be appointed under this rule, he shall then nominate some other member for appointment by the Council under this rule, and references in these rules to the President shall be construed as references to such member.

(3) Without prejudice to the generality of the foregoing paragraph, if at any time the President is absent or unable to act, anything authorised or required by these rules to be done by the President may be done by any other member of the Council authorised in that behalf by the President or (if the President be unable to give authority) authorised by the Preliminary Proceedings Committee.

*Information raising question as to practitioner's fitness to practise*

6—(1) Where information in writing is received by the Registrar about any practitioner which raises a question whether the fitness to practise of the practitioner is seriously impaired by reason of his physical or mental condition the Registrar shall submit the information to the President.

(2) Unless the information has been received from a person acting in a public capacity or from a representative of a hospital's medical staff committee or of a body exercising similar functions the matter shall not proceed further unless and until there has been furnished to the satisfaction of the President one or more statutory declarations in support thereof; and every such statutory declaration shall state the address and description of the declarant and the grounds for his belief in the truth of any fact declared which is not within his personal knowledge.

(3) Unless it appears to the President that the matter need not proceed further he shall direct the Registrar to write to the practitioner:

- (a) notifying him that information has been received which appears to raise a question whether his fitness to practise has become seriously impaired by reason of his physical or mental condition and indicating the clinical conditions which are alleged to affect his fitness to practise;
- (b) inviting the practitioner to agree within 14 days to submit to examination by at least two medical examiners to be chosen by the President and to agree that such examiners should furnish to the President reports on the practitioner's fitness to practise;
- (c) informing the practitioner that it is also open to him to nominate other medical practitioners to examine and report to the President on the practitioner's fitness to practise; and
- (d) inviting the practitioner to submit any observations or other evidence which he may wish to offer as to his own fitness to practise.

(4) Before giving a direction under the foregoing paragraph the President may cause such inquiries to be made in relation to the matter as he may think fit.

(5) If in any case the information received by the Council includes reports on the practitioner by other medical practitioners who have recently examined him, and it appears to the President that such reports afford sufficient medical evidence that the practitioner's fitness to practise may be seriously impaired by reason of a physical or mental condition, the President shall direct the Registrar so to inform the practitioner. In such a case paragraph (3)(b) of this rule shall not apply, but the remainder of paragraph (3) shall apply.

(6) Subject to the provisions of paragraph (7) of this rule the President may direct the Registrar to enclose with any letter sent under paragraph (3) of this rule a summary of the information received by the Council and copies of any reports on the practitioner by other medical practitioners who have recently examined him.

(7) If in the opinion of the President such reports contain any material (a) which is not relevant to the present fitness to practise of the practitioner and also (b) which it would not be in the best interests of the practitioner to see, the President may direct the Registrar to exclude such material from the documents sent to the practitioner under this rule. Any material so excluded shall not subsequently be presented to the Preliminary Proceedings Committee or to the Health Committee.

*Examination by medical examiners*

7—(1) If the practitioner agrees to submit to medical examination in response to an invitation sent under rule 6(3)(b) and (c) the Registrar shall make arrangements for such examination. The medical examiners shall be chosen by the President in accordance with the provisions of the Second Schedule to these rules.

(2) The Registrar shall send to the chosen medical examiners the information received by the Council and shall ask the medical examiners to report on the fitness of the practitioner to engage in practice, either generally or on a limited basis, and on the management of his case which they recommend.

*Action following consideration of reports by medical examiners*

8—(1) The President shall then consider the reports received from the medical examiners, including any reports by medical practitioners nominated by the practitioner under rule 6(3)(c), and shall cause the Registrar to send copies of them to the practitioner.

(2) If in the opinion of the President the reports contain any material which is not relevant to the present fitness to practise of the practitioner and which it would not be in the best interests of the practitioner to see, the President may direct the Registrar to delete such material from the reports:

Provided that this paragraph shall not apply to any material contained in any report made by a medical practitioner nominated by the practitioner under rule 6(3)(c), and that no material so excluded shall subsequently be presented to the Preliminary Proceedings Committee or to the Health Committee.

(3) (a) If the medical examiners report unanimously that the practitioner is not fit to practise, or is not fit to practise except on a limited basis, or if in the case of a difference of opinion among the medical examiners it appears to the President that the practitioner may not be fit to practise or may not be fit to practise except on a limited basis, the President shall direct the Registrar so to inform the practitioner by letter and to invite him to state within 28 days from the date on which such letter was despatched whether he is prepared voluntarily to accept the recommendations of the medical examiners (or, where there is a difference of opinion between examiners, of the President) as to the management of his case, including any limitations on his practice which they recommend.

(b) A letter under the foregoing sub-paragraph shall be delivered to the practitioner or sent by registered post or by the recorded delivery service to him at his address on the Register or to his last known or any other address if it appears to the Registrar that a letter so addressed is more likely to reach him.

(4) If the practitioner undertakes within 28 days to accept the recommendations on the management of his case, including any recommended limitations as to his practice, the President may then, if satisfied that the undertaking is being implemented, postpone further action on the case, and cause the practitioner to be so informed.

(5) If the practitioner does not within 28 days (or such further period as the President may allow) undertake to accept the recommendations on the management of his case or on the limitation of his practice, or if the practitioner, after stating that he accepts the recommendations, subsequently ceases to comply with them, or if the practitioner does not reply within 28 days to any letter sent to him for the purpose of paragraph 4(a) above, or if he has refused to submit to medical examination, the President may, if he thinks fit, refer the information received, together with the reports of any of the medical examiners, to the Health Committee.

(6) Before referring a case to the Health Committee under this rule the President shall consult with not less than two other members of the Council who have been appointed in accordance with the Third Schedule to these rules, and shall take account of their views in reaching his decision on the action to be taken: provided that if the President considers that in the public interest it is urgent that any case should be referred to the Health Committee, he may give a provisional direction to that effect before consulting the other members.

*Reference to the Preliminary Proceedings Committee*

9—(1) If in the opinion of the President it may be desirable, having regard to the circumstances of any case, that an order for interim suspension or interim conditional registration should be made by the Preliminary Proceedings Committee before that case is considered by the Health Committee, the President may, instead of referring the case

to the Health Committee under the foregoing rule and notwithstanding that it is not alleged that the practitioner has been convicted of a criminal offence or that he has been guilty of serious professional misconduct, either remit it to the person appointed under rule 4 of the Preliminary Proceedings Committee and Professional Conduct Committee (Procedure) Rules 1980 for reference to the Preliminary Proceedings Committee, or if he is himself that person remit the case to that Committee.

(2) Where a case is referred to the Preliminary Proceedings Committee under the foregoing paragraph rules 8 and 11 to 16 of those rules shall then apply with the exclusion of the references in those rules to the Professional Conduct Committee.

*Provisions applying when a case has been referred to the Health Committee by the Preliminary Proceedings Committee or by the Professional Conduct Committee*

10—(1) Where a case has been referred by the Preliminary Proceedings Committee or by the Professional Conduct Committee to the Health Committee the President may, if he thinks fit, direct the Registrar to invite the practitioner to submit to examination, before his case is considered by the Health Committee, by at least two medical examiners to be chosen by the President and to agree that such examiners should furnish to the Health Committee reports on the practitioner's fitness to practise, and to inform the practitioner that it is also open to him to nominate another medical practitioner to examine him at the Council's expense and to report to the Health Committee on him.

(2) If the practitioner agrees to submit to examination as aforesaid the Registrar shall make arrangements for such examination and any reports received shall be referred to the Health Committee, together with the information on which the Preliminary Proceedings Committee or the Professional Conduct Committee, as the case may be, decided to refer the case.

### PART III

#### PROCEDURE OF THE HEALTH COMMITTEE AT THE FIRST HEARING OF ANY CASE

##### *Notice of referral*

11—(1) Subject to the foregoing rule, as soon as may be after a case has been referred to the Health Committee the Registrar shall send to the practitioner a "notice of referral" which shall:

- (a) indicate the physical or mental condition by reason of which it is alleged that his fitness to practise is seriously impaired; and
- (b) state the day, time and place at which the Health Committee will meet to consider the matter.

(2) Except with the agreement of the practitioner no case shall be referred for consideration at any date earlier than 28 days after the date of posting the notice of referral.

(3) A notice of referral shall be delivered to the practitioner or sent by registered post or by the recorded delivery service to him at his address on the Register or to his last known or any other address if it appears to the Registrar that a notice so addressed is more likely to reach him.

(4) When sending a notice of referral the Registrar shall inform the practitioner that it is open to him to be represented at the inquiry as provided in rule 14(2) and also to be accompanied by his medical adviser. The Registrar shall also invite the practitioner to state whether he proposes to attend the inquiry.

(5) The Registrar shall send with any notice of referral a copy of these rules and copies of any reports and other information which it is proposed to present to the Health Committee, other than reports of which copies have already been sent to the practitioner under rule 8(1).

(6) The provisions of rule 8(2) shall apply to any reports or information sent under the foregoing paragraph.

(7) When forwarding copies of the information or medical reports to the practitioner under the foregoing paragraph the Registrar shall ask the practitioner to state not less than 14 days before the date when the case is to be considered by the Health Committee whether he will require evidence of any part of the information or of the findings and opinions contained in the reports to be given orally before the Health Committee.

*Preliminary circulation of evidence*

12. Before the meeting of the Committee the Registrar shall send to each member of the Committee, and to the medical assessors chosen to advise the Committee on any case, copies of the notice of referral, of the information received by the Council, of any medical reports received in accordance with rules 8 and 9, and of any observations or other evidence submitted by or on behalf of the practitioner.

*Medical assessors*

13. At any meeting of the Health Committee called to consider a case in accordance with these rules, the President shall arrange for one or more medical assessors to attend the meeting of the Committee. Such assessors shall be chosen by the President in accordance with the Second Schedule to these rules, and shall perform the duties set out in that Schedule.

*Opening of Inquiry*

14.—(1) The Health Committee shall sit in private.

(2) The practitioner shall be entitled to be present while his case is considered, and may also be represented by an officer of his Defence Society or of any other organisation of which he is a member, or by counsel or solicitor, or by any member of his family, and may be accompanied by his medical adviser.

(3) Where the practitioner is neither present nor represented the Chairman of the Committee shall ask the Registrar whether the notice of referral has been received by the practitioner. If it does not appear to have been so received the Committee may nevertheless proceed with the inquiry if they think fit on being satisfied that all reasonable efforts have been made to serve the notice of referral.

*Calling of witnesses after notice has been given*

15. If in any case before the opening of the inquiry the practitioner has within the period indicated in rule 11(7) required that all or part of the information or reports be supported by oral evidence, the persons on whose testimony or opinion such information or reports depend shall be called as witnesses. Such witnesses may be examined by the Committee, the Registrar or the Solicitor, and may be cross-examined by or on behalf of the practitioner.

*Calling of witnesses where no previous notice has been given*

16. If in any case where no prior notice has been given on behalf of the practitioner that all or part of the evidence shall be given orally, the practitioner or his representative indicates that he requires such evidence to be given orally, the Committee shall consult the legal assessor whether in the interests of justice they should adjourn the hearing in order to secure the attendance of such persons as witnesses or whether to proceed with the hearing without taking such oral evidence.

*Presentation of the practitioner's case*

17. At the conclusion of any oral evidence given as aforesaid the Chairman shall invite the practitioner or his representative to address the Committee and to adduce evidence as to the practitioner's fitness to practise.



*Adjournment for further medical reports*

18. At the conclusion of proceedings under the foregoing rules the Committee may adjourn the case in order to obtain further medical reports or evidence as to the physical or mental condition of the practitioner.

*Determination of the Committee*

19—(1) If the Committee do not think fit to adjourn the case under the foregoing rule they shall consider and determine whether they judge the fitness to practise of the practitioner to be seriously impaired by reason of his physical or mental condition.

(2) If the Committee judge that his fitness to practise is so impaired, they shall next consider and determine whether it shall be sufficient to direct that the registration of the practitioner shall be conditional on his compliance, during such period not exceeding three years as the Committee may specify, with such requirements as the Committee may think fit to impose for the protection of members of the public or in his interests.

(3) If the Committee so determine they shall then consider and decide what conditions (of whatever nature) shall be imposed in accordance with section 8(1) of the Act and the Committee may impose more than one condition under this paragraph.

*Direction for suspension of registration*

20—(1) If the Committee decide that it is not sufficient to impose conditions on the practitioner's registration they shall direct that the registration of the practitioner shall in accordance with section 8(1)(a) of the Act be suspended for such period not exceeding 12 months as the Committee may determine.

(2) If in any case the Committee determine to suspend the registration of a practitioner, the Committee shall also consider and determine whether it is necessary for the protection of members of the public or would be in the best interests of the practitioner to order that his registration shall be suspended forthwith.

*Announcement of determination*

21. The Chairman shall announce the determination or determinations of the Committee under the foregoing rules in such terms as the Committee may approve.

*Provision for resumed hearings*

22—(1) In any case in which the Committee have imposed conditions on, or suspended, the registration of the practitioner for a period they shall, when announcing such decision, intimate that they will, at a meeting to be held before the end of such period, resume consideration of the case, and shall indicate the medical evidence of the practitioner's fitness to practise which they will require at that meeting.

(2) for the purpose of the foregoing paragraph the Committee may require the practitioner to submit to examination, at a future date specified by them, by at least two medical examiners chosen by the Committee as provided in the Second Schedule to these rules.

*Revocation of order for interim suspension or interim conditional registration*

23. If in any case referred by the Preliminary Proceedings Committee an order has been made by that Committee for interim suspension or for interim conditional registration, the Health Committee may if they think fit revoke such order.

*Cases referred by the Professional Conduct Committee: Practitioner's fitness to practise found not to be impaired*

24. If in any case referred by the Professional Conduct Committee the Health Committee judge that the fitness to practise of the practitioner is not seriously impaired by reason of his physical or mental condition they shall certify such opinion to the Professional Conduct Committee.

## PART IV

## RESUMED HEARINGS BY THE HEALTH COMMITTEE

*Direction for resumed hearing*

25—(1) If, in any case where the Committee have suspended the registration of the practitioner, or imposed conditions upon his registration, it appears to the President that the Committee should resume consideration of the case at an earlier meeting or date than that specified by the Committee, the President may direct the Registrar to notify the practitioner that the Committee will resume consideration of the case at such earlier meeting or date as the President shall determine.

(2) Without prejudice to the generality of the foregoing paragraph, where in any case the Committee have imposed conditions upon a practitioner's registration, and it appears to the President from information subsequently received that the practitioner is in a material respect not complying with such conditions, the President may exercise his powers under the foregoing paragraph.

(3) Before exercising his powers under paragraph (1) above, the President may invite the practitioner to submit to further medical examination as provided in rule 22(2).

(4) In any case in which the President has given a direction under paragraph (1) of this rule, the Committee shall then resume consideration of the case at the meeting determined by the President notwithstanding their earlier decision.

*Notice of resumed hearing*

26—(1) Where under any of the foregoing rules the Committee had adjourned the case or have imposed conditions upon the registration of the practitioner or have directed that his registration shall be suspended, or where the President has given a direction under rule 25, the Registrar shall not later than four weeks before the day fixed for the resumption of the proceedings send to the practitioner a notice which shall:

- (i) specify the day, time and place at which the proceedings are to be resumed and invite him to appear thereat;
- (ii) in any case where the President has exercised his powers under rule 25 state the nature of the information in consequence of which he has exercised his powers;
- (iii) if the Committee or the President have so directed, invite the practitioner to submit to examination by the medical examiners chosen by the Committee or by the President;
- (iv) if the Committee have so directed, invite the practitioner to furnish the names and addresses of medical practitioners or other persons to whom the Committee will be able to apply for confidential information as to their knowledge of his fitness to practise since the time of the original inquiry.

(2) Paragraphs (3), (4), (5), (6) and (7) of rule 11 shall apply to the sending of notices under this rule.

*Medical assessors at resumed hearing*

27. In choosing medical assessors to assist the Committee at any resumed inquiry the President shall have regard to any opinion expressed by the Committee at the previous hearing as to the nature of the matters on which medical advice would be useful.

*Application of rules 12 to 22*

28. At any resumed hearing the procedure shall be that provided by rules 12 to 22 for the original hearing and the Committee may exercise any power which under those rules they could have exercised at the original hearing save that:

- (i) the Committee shall not extend any period of conditional registration for more than 12 months on any resumed hearing; and

- (ii) the Committee may revoke any previous direction for conditional registration or revoke or vary the conditions previously imposed on the practitioner's registration.

PART V

GENERAL

*Adjournment of proceedings*

29. The Health Committee may adjourn any of their proceedings or meetings from time to time as they think fit.

*Deliberation in camera*

30. Subject to the provisions of these rules the Committee may deliberate in camera at any time and for any purpose during any proceedings and for such purpose may exclude the practitioner, his representatives, and his medical adviser.

*Evidence*

31. The Committee may receive oral, documentary or other evidence of any fact or matter which appears to them relevant to the inquiry into the case before them:

Provided that, where any fact or matter is tendered as evidence which would not be admissible as such if the proceedings were criminal proceedings in England, the Committee shall not receive it unless, after consultation with the Legal Assessor, they are satisfied that its reception is desirable to enable them to perform their duty.

*Voting*

32. The following provisions shall have effect as to the taking of the votes of the Committee on any question to be determined by them:—

(1) The Chairman of the Committee shall call upon the members present to signify their votes by raising their hands, signify his own vote, and declare the way in which the question appears to him to have been determined.

(2) If the result so declared by the Chairman is challenged by any member, the Chairman shall:

- (a) call upon each member severally to declare his vote,
- (b) announce his own vote, and
- (c) announce the number of members of the Committee who have voted each way and the result of the vote.

(3) If the votes are equal, the question shall be deemed to have been resolved in favour of the practitioner.

*Postal service of documents*

33. Without prejudice to any requirement of these rules as to the service of documents by registered post or recorded delivery services, any notice authorised or required by these rules may be sent by post.

*Notes and transcript of proceedings*

34—(1) A shorthand writer shall be appointed by the Registrar to take shorthand notes of the proceedings of the Committee.

(2) The practitioner shall, on application to the Registrar and on payment of the proper charges, be furnished with a transcript of the shorthand notes of any part of the proceedings at which the practitioner was entitled to be present.

## FIRST SCHEDULE

*Provisions as to meetings of the Health Committee*

1. The Committee shall meet on such days as the Chairman, Committee or Council may determine and at such time as the Chairman may determine.
2. Members of the Committee shall be summoned to meetings of the Committee by the Registrar, by notice addressed to each member. Such notice shall be sent not less than three weeks before the meeting to which it relates.
3. Meetings of the Committee shall be held at the offices of the Council unless the Council or in emergency the President shall otherwise direct.

## SECOND SCHEDULE

*Medical examiners and medical assessors*

1. Subject to paragraph 5 of this Schedule medical examiners and medical assessors shall be chosen by the President or by the Committee from persons nominated by the following Bodies:—

<i>Psychiatrists</i>	The Royal Colleges and their Faculties
<i>Neurologists</i>	The Central Committee for Hospital Medical Services of the British Medical Association
<i>Physicians</i>	
<i>Surgeons</i>	
<i>General Practitioners and other branches of medicine</i>	The General Medical Services Committee of the British Medical Association

2. Members of the Council shall not be eligible for nomination as medical examiners or as medical assessors.

3. The Council shall from time to time determine the minimum number of persons to be nominated in respect of each branch of medicine, the periods for which nominations shall be made, and the intervals at which the lists of those nominated shall be revised, and may give directions as to the nomination of persons on a geographical basis.

4 (a) Subject to paragraph (b) below, in choosing medical examiners and medical assessors to act in relation to particular cases, the President or Committee shall have regard to the nature of the physical or mental condition which is alleged to impair the practitioner's fitness to practise.

(b) In choosing medical assessors to advise the Committee the President shall include one assessor who is engaged in the same branch of medical practice as the practitioner.

(5) (a) It shall be the duty of the medical assessors to be present at the proceedings before the Committee for which they have been chosen to act and to advise the Committee on the medical significance of the evidence before the Committee.

(b) Medical assessors shall give such advice on questions referred to them by the Committee, and shall also advise the Committee of their own motion if it appears to them that, but for such advice, there is a possibility of a mistake being made in judging the medical significance of such evidence (including the absence of evidence) on any particular matter relevant to the fitness to practise of the practitioner.

6. If in any case referred to the Health Committee:

- (i) the practitioner is a practitioner who was registered under Part III of the Medical Act 1956(a) or under section 18 or 22 of the Medical Act 1978, and
- (ii) the Committee do not include a member who was so registered, the President shall invite a member of the Council who was so registered to sit as an additional assessor with the Committee when they consider the case.

## THIRD SCHEDULE

*Panel of members to assist the President*

1. For the purpose of assisting the President in deciding under rule 8(6) whether to refer a case to the Health Committee the Council shall maintain a panel of not less than six members of the Council, who shall be appointed by the President with the approval of the Council.

2. The members appointed for this purpose shall not be members of the Health Committee.

Given under the official seal of the General Medical Council, this twenty-second day of May, nineteen hundred and eighty.

(L.S.)

*Richardson,*  
President.

## EXPLANATORY NOTE

*(This Note is not part of the Order.)*

The Rules approved by this Order provide for the reference of cases to the Health Committee established under section 6 of the Medical Act 1978 and for the procedure to be followed and the rules of evidence to be observed in proceedings before the Committee. They also provide for the times and places of meetings of the Committee, the mode of summoning the members, for the selection of medical examinations and assessors to advise the Committee, and for the maintenance of a panel of members of the Council to assist the President in the initial consideration of cases.

