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15 April 2004

Dear Mr. O'Carroll,

Please find attached the Royal Pharmaceutical Society of Great Britain's views on the **Review of the Alert Letter System** as per your request in your letter dated 27th February 2004, which has been produced by Miss Mandie Lavin, Director - Fitness to Practise & Legal Affairs Directorate.

With best regards,

Gail Taylor

PA to Director of Fitness to Practise and Legal Affairs

Enc

Review of the alert letter system

Response form

Name of respondent: Miss Mandie Lavin Organisation (if any): RPSGB

<p>1. Are the criteria for the issuing of alert letters fair, understandable and workable? Should letters cover all healthcare professionals and others? As long as strict criteria are followed where there is sufficient concern about an individual. Public safety is paramount*. Should cover all healthcare professionals. The individual should also be aware that they are subject to this process.</p>
<p>2. Should there be an appeal process? This may cause delay and further put the public at risk. However it may be necessary in order to comply with Human Rights legislation.</p>
<p>3. Who should issue alert letters? Strategic Health Authority, Director of Public Health.</p>
<p>4. What advice should be available to decision makers? Is the proposal workable? Same professional or experience of the profession. The decision makers should also receive appropriate training.</p>
<p>5. Is the current system for distribution of letters satisfactory? What alternatives should be considered? Depends on the cases, if a health issue arises, the RPSGB could circulate to inspectors and it be flagged up on the Register, but with provision to remove this after an appropriate time. The individual concerned would also be made aware.</p>
<p>6. Is there a need for a central database? What should this contain? What safeguards should be put in place? Yes – particularly in light of Shipman. Issues of Data Protection and confidentiality would need to be addressed and also who has access.</p>
<p>7. What arrangements should there be for withdrawal of letters? Lifespan of alert letter – 12 months but to be reviewed monthly as to progress. Depends on the circumstances of each case. The individual should be informed when an alert has been withdrawn.</p>
<p>8. Geographical limitation to England – should the system cover the whole of the UK? How would this be achieved? Yes – cover all of the UK. An agreement would have to be made with the other UK countries.</p>
<p>9. Equality & Diversity – what arrangements should there be for monitoring the system? Strict criteria should be applied to ensure no bias. An audit and monitoring scheme should also be implemented.</p>
<p>10. What training needs should be addressed to ensure that SHAs can handle this responsibility? How should these be delivered? Induction programme regarding the reviewed system and points of contact if queries and questions arise. Ongoing training, monitoring and audit are essential components to ensure best practice.</p>

The information you send to us may need to be passed to colleagues within the Department of Health and/or published in a summary of responses to this discussion paper. We will assume that you are content for us to do this and if you are replying by e-mail, that your consent overrides any confidentiality disclaimer that is generated by your organisation's IT system, unless you specifically include a request to the contrary in the main text of your response to us.

** It is very important letters are worded carefully and sufficient support and training is given to those receiving such letters.*