



Handbook for health examiners

Working with doctors Working for patients

General
Medical
Council

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How to use this handbook

This handbook sets out the key role played by health examiners in our fitness to practise processes. It does not cover all possible situations that a health examiner may face, but it does give practical advice on what we expect of a health examiner who is reporting to us about a doctor's health.

The handbook should be used as a point of reference alongside the *Standards for health examiners* (www.gmc-uk.org/DC6424_Standards_for_health_examiners.pdf_57912572.pdf).

The handbook contains links to other relevant guidance. We will update the guidance when there are changes to our processes or legislation, so you should make sure you are familiar with the guidance and always refer to the latest version online.

Helpful information

Acronyms

We try to keep use of acronyms to a minimum to make our documents easy to read, but here's a list of acronyms that you may come across.

AR	Assistant registrar	LRMP	<i>List of Registered Medical Practitioners</i> (also known as the medical register)
CDF	Contact details form		
CEs	Case examiners		
CRT	Case Review team	MPT	Medical practitioners tribunal
DB	Designated body		
EDF	Employment details form	MPTS	Medical Practitioners Tribunal Service
ERH	Early review hearing		
ES	Educational supervisor	MS	Medical supervisor
FOI	Freedom of information	OH	Occupational health
GMC	General Medical Council	PA	Performance assessment
GP	General practitioner	PDP	Personal development plan
HA	Health assessment	PGD	Postgraduate dean
HoS	Head of section	PR	Progress report
IA	Investigation assistant	RO	Responsible officer
IHLT	In-house Legal team	TP	Treating psychiatrist
IM	Investigation manager	WPR	Workplace report or reporter
Inv	Investigations team		
IO	Investigation officer		
IOT	Interim orders tribunal		
LA	Legal adviser		
LETB	Local education and training board		

Who's who at the GMC

Your report will need to be reviewed by several different people at the General Medical Council (GMC) – below is a list of them and their roles.

	Role
Investigation officer (Investigations team)	Carries out the day-to-day tasks associated with investigating concerns about a doctor's fitness to practise.
Investigation assistant (Health Assessment team)	Carries out the day-to-day tasks associated with organising an assessment of a doctor's health. Your first point of contact for specific queries about assessments. Reviews the quality of your reports when we receive them.
Case examiner	Reviews and interprets health assessment reports, and decides what action to take in a case. Inputs into reviews of the quality of your reports.
Head of section (Performance and Health Assessment team)	Oversees the running of the Performance and Health Assessment teams.

	Role
Solicitor or paralegal (GMC Legal team)	Assists in preparing cases for hearings, and contacts you before a hearing about giving evidence as a witness.
Associate appraisal and training officer	Gives you general support and feedback about the quality of your reports. Organises your annual appraisal and annual training events.

When does a doctor need a health assessment?

We are likely to question a doctor's fitness to practise if their health is compromising patient safety. We give the following definition in *The meaning of fitness to practise* (www.gmc-uk.org/the_meaning_of_fitness_to_practise.pdf_25416562.pdf).

The GMC does not need to be involved merely because a doctor is unwell, even if the illness is serious. However, a doctor's fitness to practise is brought into question if it appears that the doctor has a serious medical condition (including an addiction to drugs or alcohol); AND the doctor does not appear to be following appropriate medical advice about modifying his or her practice as necessary in order to minimise the risk to patients.

When we receive information suggesting that a doctor's fitness to practise may be impaired through ill health, the case examiners may ask the doctor to have a health assessment. The criteria that the case examiners consider can be found in our *Guidance for decision makers on assessing risk in health cases* (www.gmc-uk.org/Guidance_for_decision_makers_on_assessing_risk_in_health_cases.pdf_48690195.pdf).

A health assessment is one part of our wider investigation into the doctor's fitness to practise. The doctor is examined by at least two health examiners, usually two consultant psychiatrists, and sometimes by one or more health examiners chosen by the doctor. When we have completed the assessment and any other investigations, a decision on the doctor's fitness to practise is taken by two case examiners, one medical and one lay.

How do we appoint a health examiner?

Investigation assistants in the Health Assessment team identify appropriate health examiners. They aim to:

- locate an examiner who is as close to doctor's work or home as possible – if no local examiners are available, the doctor has to travel further afield
- ask an examiner who has previously assessed the doctor
- use a substance misuse specialist for doctors who are misusing or dependent on substances
- make sure appropriate facilities for alcohol or drug testing are available when needed.

When we ask you to take on a new assessment, you must tell us if there is any conflict of interest. If you think that there could be a conflict, you should discuss this further with the investigation assistant. If a conflict of interest arises at any point during the assessment, you must tell the investigation assistant as soon as possible.

You should only agree to take on a new case if you can commit to the time needed and meet the agreed deadline.

You must have a licence to practise, so you should accept an assessment only if you intend to hold a licence until the report has been produced.

Outcomes of the health assessment

If the case examiners find that a doctor's fitness to practise is impaired through ill health, they can either agree undertakings with the doctor or they can refer the doctor to a medical practitioners tribunal.

Agreeing undertakings with the doctor

We can offer undertakings if the doctor demonstrates insight into their impairment and is willing to engage in a programme to support a return to unrestricted medical practice.

Undertakings are suitable in cases where the doctor has had a health or performance assessment that recommends the doctor is only fit to practise with restrictions, and there are no additional probity or conduct issues that we need to act on.

Referring the case to a medical practitioners tribunal

If a medical practitioners tribunal finds that a doctor's fitness to practise is impaired, it can do one of the following:

- take no action
- place conditions on the doctor's registration
- agree undertakings offered by the doctor
- suspend the doctor
- erase the doctor (but not in cases that relate only to health).

Gathering information for your report

What we give you

To help you prepare your report, we will send you the following information via GMC Connect:

- an instruction letter setting out the questions we need you to answer in your report
- details of any chemical testing we need you to do
- details of the alleged condition that is impairing the doctor's fitness to practise
- the deadline for the report
- case papers containing the referral information
- the doctor's contact details
- a consent form signed by the doctor, allowing you to contact their general practitioner (GP) and other health professionals who have examined or treated them, and gain access to the doctor's medical records.

GMC Connect is our secure online portal – please refer to the GMC Connect guidance for further details on how to use it (www.gmc-uk.org/DC6876_GMC_connect_guidance_for_health_examiners_and_medical_supervisors.pdf_59324817.pdf).

Important: The consent form signed by the doctor does **not** give you consent to contact the doctor's employers. You should not discuss a doctor's confidential health details with their employers, Health Education England (previously postgraduate deaneries) or any person not specified on the consent form – doing so could be considered a breach of our information security policy.

We give background information that relates directly to a doctor's health only. If there are other aspects to the investigation, such as performance or conduct concerns, we will investigate these separately. But, if we ask you directly in the instruction letter, please offer your opinion on the extent to which performance or misconduct may be a result of physical or mental illness you diagnose.

Meeting with the doctor

You should make an appointment directly with the doctor by email or phone, using the contact details we send you. You need to tell the investigation assistant when you have made an appointment with the doctor. If you have any problems contacting the doctor or arranging an appointment, let us know so we can help.

As with all your patients, it is important that you try to maintain a good relationship with the doctor you are assessing. You should take reasonable steps to make sure you give adequate notice of appointments, are flexible where appropriate, and meet with the doctor in an acceptable setting – ie somewhere that is comfortable, clean and confidential.

If you need to do chemical testing, you should always make sure this is done with respect and remains confidential. This is particularly important if the doctor works for the same employer as you.

Medical records and information from third parties

If you need to review the doctor's medical records, you should ask for these immediately. But you don't need to wait to receive the records before offering the doctor an appointment.

If you receive any additional information about the doctor – such as a GP report, medical records or test results – you need to share this information with the other health examiner. You should talk to the other health examiner to decide which one of you will ask for this information from the relevant organisations.

Any information received should be uploaded to the folder for that assessment on GMC Connect so the other health examiner can access it. You should tell us and the other health examiner about the additional information as soon as it becomes available as it may affect the content of their report.

Other types of health assessment

Reassessing a doctor's health before a tribunal hearing

In most cases where a medical practitioners tribunal finds a doctor to be impaired because of ill health, the doctor will need to have a health assessment before any review hearing.

You may also need to assess a doctor who previously agreed undertakings with us in relation to concerns about their health and, due to further concerns, they are now being referred to a tribunal.

In both cases, the assessment process is the same as above – you will be expected to give your opinion on the doctor's fitness to practise and recommendations on future management. We may need you to give oral evidence at the hearing.

Assessing whether to revoke undertakings

To revoke undertakings, the case examiners must be satisfied that the doctor's fitness to practise is no longer impaired to a degree that would justify restrictions on their registration. You can find more detail about what factors the case examiners consider when revoking undertakings in our guidance (www.gmc-uk.org/Revocation_of_undertakings___supplementary_guidance_for_case_examiners.pdf_36983127.pdf).

In health cases, we will consider whether to revoke undertakings when we receive a report from the doctor's medical supervisor stating that the doctor is fit to practise generally. If we have received all the evidence listed in our guidance on revoking undertakings and there are no concerns about the doctor's fitness to practise, the doctor will usually be invited to attend health assessments to confirm if they are fit to practise generally.

All the evidence, including the health assessments, will then be submitted to the case examiners for a decision. The case examiners need to be satisfied that:

- the doctor's illness is being appropriately self-managed and/or managed by their treating doctors
- the doctor's ill health does not pose any ongoing risks to patient safety or the doctor has fully recovered.

The assessment process is the same as above – you will be expected to give your opinion on the doctor's fitness to practise and recommendations on how to manage the case.

Assessing whether to restore the doctor to the medical register

A doctor who has been erased by a medical practitioners tribunal or granted voluntary erasure can apply to have their name restored to the medical register.

If we have current or historical concerns about the doctor's health, they will usually need to have a health assessment to establish whether their fitness to practise is impaired.

The assessment process is largely the same as above – you will be expected to give your opinion on the doctor's fitness to practise, which can include that the doctor is fit to practise on a restricted basis. You should be aware, however, that a doctor cannot be restored to the medical register with restrictions.

Testing for alcohol or drug misuse

If the doctor's ill health may be related to misuse of alcohol or drugs, we will tell you in our instruction letter which laboratory tests you **must** do as part of your assessment. You should carry out any additional testing you feel is appropriate and tell us about it.

Only one health examiner needs to do laboratory tests – please talk to the other health examiner to decide who will carry out the testing. You should organise for the testing to be done as soon as possible. Once you have received the test results, please share them with the other health examiner through GMC Connect so that they can interpret and comment on them in their report.

You should not send the doctor to their GP for testing or rely on results from other sources, such as occupational health professionals or a medical supervisor.

If you cannot carry out the required tests please tell us immediately. We will then arrange for independent testing and send the results to both health examiners to comment on. If the doctor you are assessing refuses to allow you to test them, you should tell us immediately, giving full details.

Important: You must include a copy of the test results with your report, as this is a key piece of evidence needed to make a decision on a doctor's fitness to practise. Regardless of whether you carried out the testing, you should always include an interpretation of the results in your report.

Information on the doctor's treatment

You should talk to health professionals involved in the doctor's care to get sufficient information about their treatment, prescribed medication and progress with managing their ill health. This is particularly important if the doctor's health has deteriorated recently.

You should not treat or prescribe for the doctor you are assessing, unless on an emergency basis. You must tell us immediately if a situation arises where you have to do so.

You have a duty as a doctor to make sure your patient – in this case, the doctor you are supervising – receives appropriate treatment. This means you should act as soon as you receive information, such as test results, which indicate that the doctor may have an undiagnosed condition that needs further treatment or investigation. This may include contacting the doctor's GP or referring the doctor to other agencies. Simply referring to the concerns in your report is not adequate. You should always tell us about the concerns and the action you have taken. The investigation officer will be able to help if you are not sure what action to take.

You should always tell us about the concerns and the action you have taken. The investigation assistant will be able to help if you are not sure what action to take.

Assessing vulnerable doctors

Some of the doctors you assess will inevitably have seriously ill health and may be at risk of self-harm or suicide. If a doctor has a history of attempting self-harm or suicide, you are expected to comment on the risk of this in your report.

If you become aware that a doctor is at risk of self-harm or suicide during the health assessment, you should tell us immediately and take any action that you would normally take for a patient, including informing the doctor's GP or treating psychiatrist.

Inpatient treatment

If the doctor becomes an inpatient, either before or during the health assessment, the assessment should be suspended until the doctor is discharged and well enough to take part.

If you are told that a doctor is receiving inpatient treatment – for example, by their GP or treating psychiatrist – you should tell the investigation assistant immediately and they will tell you what further action to take, if any.

Putting interim orders on a doctor's registration

If a doctor's health or performance has deteriorated to such an extent that the safety of patients, the public or the doctor could be put at risk, we may need to refer them to an interim orders tribunal. You must tell us as soon as possible if you are concerned that the doctor you are assessing poses a risk to themselves or to patients. You should not wait until you submit your report to give us this information.

The tribunal does not decide whether the allegations against the doctor are true. Instead, it considers whether to restrict a doctor's registration on an interim basis – either by imposing conditions or suspending them from the medical register – while the concerns about their fitness to practise are resolved.

An interim order can suspend or restrict a doctor's registration for up to 18 months initially. The order must be reviewed at least every six months, and the tribunal can review the order more often if it feels this is appropriate.

Writing your report

Structuring your report

Your report should always include:

- the background to the assessment and an introduction
- clear headings to separate the report into the sections set out in the instruction letter
- paragraph numbers so that readers can easily refer to specific sections of your report
- a conclusion summarising your opinion and recommendations
- a brief statement giving your title and qualifications – you do not need to submit a full CV with your report.

What to include

- Your findings on the doctor's current physical and mental state, with particular reference to their alleged condition.
- A diagnosis using the ICD-10.
- The reason for, and results of, a physical examination, where needed.
- Relevant medical history, with reference to the alleged condition impairing the doctor's fitness to practise.
- Copies of tests results, where applicable, and your interpretation of them.
- Information from other sources – such as a treating psychiatrist, GP or counsellor – and a clear statement of the source of any information you have received or observations they have made. If you do not think you need to contact these individuals, you should state this in the report with your reasons why.
- Your opinion on whether the doctor is fit to practise generally, on a limited basis or not at all, with reasons, supporting information and evidence.

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- Recommendations on how to manage the case, including specific restrictions to limit or abstain from alcohol consumption, prescribing arrangements, self-medication, attendance at support groups and clinical supervision.
 - Recommendations on the future testing regime, including neuropsychiatry tests, where applicable.

When you are giving your assessment and opinion, you should focus and comment on the aspects of the doctor's health that are within your professional expertise. You should say in your report if:

- you are not able to comment on specific aspects of the doctor's health
- you think it would be beneficial to discuss your diagnosis, opinion or recommendations with the other health examiner.

You should proofread and check the report for factual and spelling errors before submitting it. The report needs to be clear and accurate as it will be a key piece of evidence in our fitness to practise processes – the quality and presentation is very important to its credibility.

Submitting your report

Uploading to GMC Connect

You should submit only one report via GMC Connect, which is our secure online portal. Please upload your final report to your **personal connect folder** (not the one for the health assessment). You can find further information on how to use GMC Connect in our *GMC Connect guidance* (www.gmc-uk.org/DC6876_GMC_connect_guidance_for_health_examiners_and_medical_supervisors.pdf_59324817.pdf).

When you upload your report or any other documents to GMC Connect, please email or phone the investigation assistant immediately so we can check your report as soon as possible.

Your report will be shared with the doctor in all but exceptional cases. If you feel that the content of the report might have a detrimental effect on the doctor's health, you should tell the investigation assistant so we can decide how to share the information.

Deadlines and delays

Our instruction letter includes the deadline for submitting your report. It is important that we receive your report by this deadline so we can move forward with the investigation and respond quickly to any concerns you raise.

If the report is going to be included in the papers presented to a medical practitioners tribunal, the tribunal members, the doctor and the doctor's legal representative all need time to review your report ahead of the hearing. A delay in submitting your report could result in the hearing being postponed.

If you think you will miss the deadline, or you need further information to complete the report, then you should tell the investigation assistant as soon as possible.

Giving evidence at a medical practitioners tribunal hearing

If the doctor you have assessed is referred to a medical practitioners tribunal, you may be asked to give oral evidence at the hearing – a member of our Legal team will contact you to make arrangements for this.

Our Legal team will give feedback to the Associate Appraisal and Training team about the quality of your evidence at the hearing.

Feedback on the quality of your reports

We will review the quality of each report you submit to check it includes all the information we asked for, including your opinion on the doctor's fitness to practise, diagnosis and test results.

If there is anything missing from your report, we will ask you to urgently submit a supplementary report with the missing information. This leads to delays in the process and could put patient safety at risk.

The Associate Appraisal and Training team will give you regular feedback on how you are doing. If your audit results consistently fall below the standard expected – set out in the *Standards for health examiners* – we may need you to do further training. If we do not see an improvement, we may decide you can no longer be a health examiner.

Revalidation, licensing and voluntary erasure for doctors under investigation

Detailed information about revalidation, licensing and voluntary erasure can be found on our website at www.gmc-uk.org/doctors/index.asp.

Revalidation

Revalidation is the process by which fully registered and licensed doctors regularly demonstrate that they are up to date and fit to practise.

Doctors have to revalidate to keep their licence to practise. If a doctor cannot revalidate, they will have their licence removed through an administrative process.

Doctors under investigation cannot revalidate. But doctors with restrictions (undertakings or conditions) on their registration can revalidate as long as they are complying. A doctor who is suspended from the medical register cannot revalidate.

Licensing

A doctor under investigation may decide to give up their licence to practise before or during a health assessment. They will still have to take part in the health assessment because fitness to practise concerns are attached to a doctor's registration, not their licence.

Voluntary erasure

A doctor can apply to voluntarily remove their name from the medical register at any time. If a doctor you are assessing informs you they have applied for voluntary erasure, you should continue with the health assessment unless we tell you otherwise.

Keeping information secure

In your role as a health examiner, you are given a range of highly confidential information about a doctor's health and fitness to practise. You must handle this information appropriately and securely, and you need to be familiar with the requirements set out in our *Information security policy for associates and contractors* (www.gmc-uk.org/DC6422_Information_security_policy_for_associates_and_contractors.pdf_57912264.pdf).

Please contact us if you are not sure whether or how to share information. If you realise you have breached information security, you should contact us immediately. We will investigate the matter and tell you the outcome.

Your reports will be used throughout the fitness to practise process and will be seen by a range of people, such as the Medical Practitioners Tribunal Service, the doctor and their legal team. With this in mind, please do not include any contact details for the doctor you are assessing in your report. Only include your own personal contact details – for example on the cover letter or front page of your report – if you are happy for these to be shared.

We publish all practice-related restrictions, including details of interim orders, on our online medical register at www.gmc-uk.org/lrmp. Restrictions related to a doctor's health are confidential and are shared only with health professionals involved in the doctor's care, the medical supervisor, the health examiners and occupational health professionals. You should not discuss a doctor's ill health with their employer or anyone involved in their training or remediation, unless the doctor has given written consent. If you are not sure whether to discuss a doctor's ill health with certain health professionals, you should ask us.

Equality and diversity

We have statutory obligations to make sure our fitness to practise activities are fair. Anyone acting on our behalf is expected to be aware of, and adhere to, the spirit and letter of equality and human rights legislation. This includes compliance with the aims of the public sector equality duty.

The opinions and recommendations you provide must be fair and untainted by bias or prejudice on the grounds of gender, race, disability, lifestyle, culture, religion or beliefs, sexual orientation or age.

Doctors must treat colleagues and patients fairly, whatever their life choices and beliefs. Our guidance on this is at paragraphs 48, 54 and 59–60 of *Good medical practice*. Your conduct as an assessor or examiner must also be in line with the our *Equality and diversity policy* and *Dignity at work policy*.

We will make reasonable adjustments for disabled people.* If you would like us to consider making reasonable adjustments for a doctor you are assessing or for yourself, please let us know as soon as possible.

* The *Equality Act 2010* defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (ie, has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities.

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Published January 2015

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The GMC is a charity registered in England and Wales (1089278)
and Scotland (SC037750)

Code: GMC/HHE/0416

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