
Protocol for the use of Fitness to Practise cases to illustrate principles in Good Medical Practice

This protocol outlines the selection criteria used when linking fitness to practise cases to *Good Medical Practice (GMP)*. The GMC feels that it is helpful to link fitness to practise cases to *GMP* on the website to facilitate a better understanding of how the principles apply in real-life situations. All cases are actual cases heard by a Fitness to Practise Panel and none have been fabricated. Therefore, it may be the case that there are many examples under some sub-sections, and few or none under others.

1. All cases, and only the cases, that meet the criteria in this protocol will be linked to *GMP*.
2. Only cases heard under the Fitness to Practise Rules 2004, implemented in November 2004, will be linked to *GMP*.
3. Only cases where a doctor's fitness to practise is found impaired will be linked to *GMP*.
4. Only cases dealing solely with conduct issues will be linked to *GMP*.
 - a. Where a conduct case involves health and/or performance issues, the case will not be linked to *GMP*.
5. Cases will not be linked to *GMP* until;
 - a. The appeal period has passed and no appeal has been made, or
 - b. The appeal process is complete and the doctor's fitness to practise is upheld as being impaired.
6. Cases will be posted on the *GMP* website on a quarterly basis starting in November 2006.

7. Cases will take the format of the determinations posted in the 'Concerns about doctors' section of the GMC website. The following additions and alterations will be made:
 - a. Cases will be completely anonymised i.e., the doctors name will not appear anywhere in the case.
 - b. The following short statement will be inserted on every case. 'The following case was heard by the Fitness to Practise Panel. It is presented here to give an example of one possible outcome of breaching the principle/s [insert relevant principle/s]. It is not intended to give a clear threshold between acceptable and unacceptable behaviour. Each case which comes before a Fitness to Practise Panel is judged on its own merits and assessed on the particular circumstances of the case.'
 - c. A brief 'Summary of the case' will follow the short statement.
 - d. After the summary will follow, 'This case relates to paragraph/s [insert paragraph number/s] of *Good Medical Practice*.'
 8. Cases will be linked to the relevant sub-section of *GMP*.
 - a. If a case relates to more than one sub-section it will be linked to all the applicable sub-sections.
 9. A maximum of 10 cases per sub-section will be linked at any one time.
 - a. Where there are more than 10 cases per sub-section the 10 most recent cases will be used.
 10. Where a case is linked to more than one sub-section and there are 10 more recent cases in one of the sub-sections but not the other/s;
 - a. the case will no longer be linked to the sub-section with 10 more recent cases but,
 - b. will remained linked to the other sub-section/s.
 11. A case will be removed as a link to *GMP* at the point where the case is 5 years old.
 12. This protocol will be made available on the GMC website.
 13. This protocol and the cases linked to *GMP* will be kept under review and any changes will be posted on the GMC website.
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How the cases appear online

1. Each case has been randomly assigned a unique number. This number is used to identify cases online.
 2. Each webpage with guidance from *Good Medical Practice* has a box on the right hand side entitled 'Fitness to Practise'.
 3. Where there is a case relevant to a sub-section of *Good Medical Practice* the case will appear in the 'Fitness to Practise' box. The case will be labelled using its' unique number, for example 'Case 22'.
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