

GMC thresholds

- 1** This guidance is for medical directors, responsible officers and other relevant staff who are involved in the employment, contracting or management of doctors and has been designed to clarify those matters where we can, and cannot, take action. This guidance explains the thresholds for referral to the General Medical Council (GMC). Our overriding obligation is to ensure patient safety – we do not aim to resolve individual complaints or punish doctors for past mistakes, but rather to take action where we need to in order to protect patients or maintain the public’s confidence in the medical profession.
- 2** A detailed explanation of our fitness to practise procedures, including decision making at the end of a GMC investigation, can be found on our website, www.gmc-uk.org.
- 3** We can act on any information we receive from any source, which raises a question about a registered doctor’s fitness to practise. Common sources of information include patient complaints, referrals from employers, media reporting and notifications from the police.

Section 35C(2) of the Medical Act 1983 as amended states that a doctor’s fitness to practise can be impaired by any or all of the following:

- a** misconduct
- b** deficient professional performance
- c** a criminal conviction or caution in the British Isles (or elsewhere for an offence which would be a criminal offence if committed in England or Wales)
- d** physical or mental ill-health
- e** not having the necessary knowledge of English
- f** a determination (decision) by a regulatory body either in the UK or overseas to the effect that fitness to practise as a member of the profession is impaired.

- 4 During an investigation we can consider all aspects of a doctor's fitness to practise. In many cases we may consider not only the matters raised in the original complaint, but also any other concerns that have come to light during the investigation.

Cases closed at an early stage

- 5 In some cases, it is clear from the outset that there is no need for us to investigate because the complaint is about matters that cannot raise an issue of impaired fitness to practise. We will normally close these cases without taking any further action.
- 6 Examples of cases closed without any investigation are:
 - a minor motoring offences not involving drugs or alcohol
 - b a delay of less than six months in providing a medical report
 - c a minor non-clinical matter
 - d a complaint about the cost of private medical treatment
- 7 Where the events that gave rise to the concerns took place more than five years ago we would only investigate if, despite the difficulties that arise as a result of the delay, there is a public interest in progressing the matter.
- 8 Some concerns about doctors would not on their own raise a question about the doctor's fitness to practice but repetition should be avoided. We conclude these but, as they are matters that a doctor should reflect on as part of their appraisal and revalidation, we seek consent to disclose them to the doctor and their responsible officer.
- 9 If a doctor has no responsible officer, we disclose them to the doctor's employers or contractors to satisfy ourselves that a complaint is not part of a wider pattern of concerns and would only progress them if the employer/contractor raised further concerns.

- 10** Examples of cases disclosed to the doctor and their RO or shared with employers are :
- a.** complaints about the quality of treatment received where there is no indication of any serious risk to the patient or that the doctor acted significantly below appropriate standards
 - b.** complaints about doctors' poor attitudes to patients, or failing to take their preferences into account.

Provisional enquiries

- 11** Some cases that appear to meet the threshold for an investigation, are referred for provisional enquiries. These are cases where, although the allegation initially appears to be serious, we need more information to decide whether to investigate further. This may be because it isn't clear whether there will be sufficient evidence to support the allegation, or because further review including through expert input might show that the allegation is not as serious as first appeared.
- 12** If clarification is likely to be achieved by obtaining one or two pieces of discrete information that can be obtained relatively swiftly than that information will be requested in order to assist a decision about whether an investigation is needed.
- 13** Types of cases that typically lead to provisional enquiries are those where:
- a.** Expert input is needed to confirm the seriousness of the concerns Where an allegation may be based on a misperception or it contains information that suggests it may not raise a question about a doctor's fitness to practise and this could be checked by obtaining more information that can be obtained swiftly.
 - b.** A pilot of increasing our use of provisional enquiries to better inform decisions about single clinical incidents and concerns and referrals involving whistleblowing by the referred doctor commenced in July 2016.

Full investigation

- 14** For the remainder of cases, we carry out a full investigation into the doctor's fitness to practise before we decide what action to take. This may include taking witness statements, obtaining an expert report, or undertaking an assessment of the doctor's health or performance. We must then decide whether we should conclude the case with no further action (with or without advice to the doctor), issue a warning, offer the doctor undertakings or refer the doctor for a hearing by a medical practitioners tribunal.

Cases where we are likely to take action

15 In some cases, the allegations about a doctor are so serious that, if proven, they are likely to result in us taking action on the doctor's registration. These types of case tend to fall within five main headings:

- a. sexual assault or indecency
- b. violence
- c. improper sexual or emotional relationship with a patient or someone close to them
- d. dishonesty
- e. knowingly practising without a licence.

16 Therefore any allegations that fall within any of these five categories are likely to meet the threshold to be referred to us.

Concerns about the standard of the doctor's clinical care and practice

- 17** Many of the cases we investigate concern the standard of the doctor's medical practice, including the quality of the care and treatment provided by the doctor. Whilst not all breaches of Good Medical Practice will require us to take formal action, because many issues can be dealt with adequately by the employer or contractor, GMC action is more likely to be required where the allegations are of serious or persistent failures to meet the standards set out in Good Medical Practice.

18 Allegations of serious or persistent failures to practise in accordance with the principles set out in Good Medical Practice can be categorised under the following domains:

- a** knowledge, skills and performance
- b** safety and quality
- c** communication, partnership and teamwork
- d** maintaining trust.

19 The GMC threshold for referral is likely to be met when any of the following features occur.

- a** A doctor's conduct or performance falls below the standard set out set out in Good Medical Practice and (including where attempts to improve the doctor's performance locally have failed) there remains an unacceptable risk to patient safety.
- b** A doctor about whom the employer or contractor has developed significant concerns leaves the employer or contractor's employment and the employer or contractor is not confident that alternative safeguards are in place.
- c** A doctor has shown a deliberate or reckless disregard of clinical responsibilities towards patients.
- d** A doctor has abused a patient's trust or violated a patient's fundamental rights.
- e** A doctor has behaved dishonestly, fraudulently or in a way designed to mislead or harm others.
- f** The doctor's behaviour was such that public confidence in doctors generally might be undermined if we did not take action.
- g** A doctor's health is compromising patient safety – see below.
- h** A doctor's lack of knowledge of the English language is compromising patient safety.

Health

- 20** Only a relatively small number of doctors with a health concern are referred to us each year. There is no need for our intervention if there is no risk to patients or to public confidence because a doctor with a health issue has insight into the extent of their condition, and is seeking appropriate treatment, following the advice of their treating physicians and/or occupational health departments in relation to their work, and restricting their practice appropriately.
- 21** We will seek to restrict a doctor's registration in these circumstances:
- a** If significant concerns arise about their fitness to practise or patient safety, for example, where a doctor's ill-health (including addiction) appears to be uncontrolled or where there is evidence that the doctor is not following advice.
 - b** If there is a significant risk of relapse or loss of insight, which may be characteristic of a condition, for example, addiction or certain mental health conditions.
 - c** In respect of significant misconduct issues, for example, where a doctor has stolen controlled drugs.

Summary

- 22** If a doctor working for or contracted by your organisation appears to have reached, or be close to, any of the thresholds (see paragraphs 12–18), you should contact us for advice on how to proceed. You can contact your employer liaison advisor on 0845 375 0022 or by email at liaison@gmc-uk.org. Should you wish to make a referral,

you can contact our Fitness to Practise directorate on 0845 357 0022 or by email at practise@gmc-uk.org.

Further information

- 23** This guidance summarises other guidance we have produced for our decision makers.
- 24** More detailed guidance for case examiners, the investigation committee and medical practitioners tribunals is available on our website, as is all our other guidance on the standards expected of doctors (including Good Medical Practice). Hard copies can be obtained from our publications department.