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Improving how we communicate fitness to practise decisions

The GMC has a statutory duty to notify the Secretary of State for Health in England, equivalent Ministers elsewhere in the UK and organisations for which a doctor provides services, of any restrictions on a doctor's registration.

In the public interest we distribute the information more widely, e.g. to overseas regulators and medical Royal Colleges.

We issue a monthly "Decisions Circular" to over 300 UK and overseas organisations. This provides details of all decisions affecting a doctor's registration taken by Fitness to Practise and Interim Orders Panels.

The circular contains details of sanctions imposed and was recently extended to include those doctors who receive a Warning or who are granted voluntary erasure whilst under the fitness to practise procedures.

We have reviewed the format, content and distribution of the circular. Our aim was to ensure that the information was compiled and presented in the most efficient and user friendly manner, that the circulation list included all relevant overseas regulators and that we took account of developments in information technology, e.g. the List of Registered Medical Practitioners (LRMP).

We piloted a new version of the circular. This included a table in place of the previous numerous detailed annexes, with a search facility and links to the LRMP. Some 35 organisations on the current distribution list were invited to comment on the new format. The vast majority of responses were positive and indicated that recipients were more easily able to identify those doctors whose registration status had changed.

We plan to roll out the new version of the circular early next year. All EU countries and those countries from which at least 100 doctors are registered with us will be included in the updated circulation list.

Referrals to Postgraduate Deans and General Practice Directors

It can be helpful, both to the Fitness to Practise Panel and some of the doctors who appear before them, to involve a Postgraduate Dean or GP Director when a doctor's fitness to practise has been found to be impaired.

Their role is, however, limited and panels must take care to ensure that referrals are appropriate and not to raise expectations that Postgraduate Deans and GP Directors are more than a willing and useful source of advice, information and introductions.

Doctors whose registration is suspended or subject to conditions are responsible for their own remediation. Postgraduate Deans/GP Directors can offer doctors in training grades a managed return to training under intensified supervision but often only if the doctor was in a training grade at the time their registration was suspended or conditions imposed. For those doctors in non-training grades (i.e. consultants, associate specialists or staff grades) the Deanery can offer:

- advice about their career options;
- information about relevant courses;
- a review of their curriculum vitae;
- assistance with developing a Personal Development Plan;
- continuing professional development and support for GPs,

Additionally Deaneries may be able to offer places on their Induction and Refreshment Schemes for six

months or pro rata part-time depending on availability, and may be able to provide access to clinical attachments (unpaid, largely observatory roles, see [separate guidance](#)).

A Postgraduate Dean/GP Director cannot usually help a doctor whose performance is deficient unless an assessment has been carried out and the problem clearly defined.

They may also be able to arrange a refresher programme for doctors whose registration has been suspended because of problems relating to mental health or abuse of alcohol or drugs **provided** the doctor has a job to go back to.

Postgraduate Deans/GP Directors do not have access to remedial training in honesty, probity, medical ethics or inappropriate sexual behaviour. It will rarely be appropriate to refer doctors whose fitness to practise is impaired as a result of conduct or behavioural issues.

It is also important to bear in mind that postgraduate training is delivered through salaried posts and recruitment to those posts is through open competition and the standards are often extremely high.

GMC welcomes HRH The Princess Royal

Her Royal Highness, the Princess Royal visited our London office on 6 November to unveil a plaque to mark the GMC's 150th anniversary.

In 1858, the Princess' great, great, great, grandmother, Queen Victoria, gave Royal Assent to the Medical Act 1858 which established '*The General Council of Medical Education and Registration of the United Kingdom*'. The Council was set up to protect the public by enabling 'those in need of medical aid to distinguish the qualified from

the unqualified'. 150 years later, the two functions of maintaining the List of Registered Medical Practitioners and setting the standards for doctors' education and training remain central to the GMC's role.

150th anniversary events also took place in Belfast, Cardiff and Edinburgh.



Updated supplementary ethical guidance

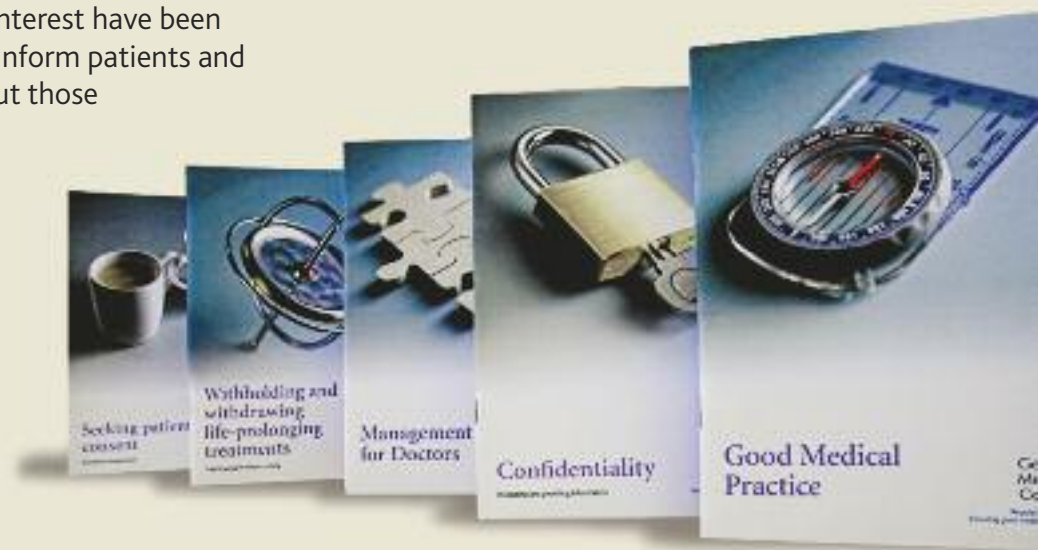
In addition to *Good Medical Practice* the GMC publishes supplementary ethical guidance. The following supplementary guidance has recently been updated.

Reporting criminal and regulatory proceedings within and outside the UK clarifies doctors' obligations to notify us about fixed penalty notices for offences such as shoplifting, criminal damage and threatening behaviour. That guidance also includes a new duty on doctors to notify the GMC if they receive a warning for the possession of cannabis or an anti social behaviour order.

Conflicts of interest now includes additional advice on a number of issues that doctors and others have identified as raising particular concerns or confusion. These include Practice Based Commissioning, doctors' relationships with the pharmaceutical industry and target payments for preventative health measures and health monitoring. Restrictions on doctors accepting patients for specialist services without referral in institutions in which they have a financial interest have been relaxed. The requirement to inform patients and those funding their care about those financial interests remains, as does the advice on sharing information with patients' general practitioners, unless they object.

Good practice in prescribing medicines has been amended to address concerns raised about the inappropriate supply and administration of Botox and similar medicines. The guidance makes clear that Patient Group Directions are not an appropriate mechanism for the supply of these medicines and that they require an assessment of individual patients' suitability and, when administration is delegated to a nurse for example, that patient specific directions are given.

The consultation on revised **Confidentiality** guidance officially ended on 28 November. Responses received by Friday 5 December will still be considered. Go to www.gmc-uk.org/confidentiality to find out more and to take part.



Workload (sitting days in 2008)

| | 2008 Quarter 1 | 2008 Quarter 2 | 2008 Quarter 3 | Total |
|----------------------------------|-------------------|-------------------|-------------------|--------------------|
| Investigation Committee | 5 | 6 | 3 | 14 (18) |
| Interim Orders Panel | 66 | 73 | 70 | 209 (164) |
| Fitness to Practise Panel | 541 | 493 | 382 | 1416 (1493) |
| Totals | 612 | 572 | 455 | 1639 (1675) |

Figures in brackets represent the equivalent figures for 2007



Patients' help

Patients' help enables patients to navigate the complaints system. The site provides case studies, includes a timeline for the life of a GMC complaint, and an interactive map with contact details for local help and advice centres across the UK.

Patients' help can be found on our website www.gmc-uk.org/patientshelp. It includes an online complaints form which asks users questions to ascertain whether their complaint should come to the GMC or should be directed elsewhere.

A recent survey conducted on behalf of the GMC found that nearly a quarter of people questioned said that they did not know who to complain to about their doctor.

Patients' help is designed to help patients understand when a complaint should be directed to the GMC and when to contact another local organisation where the incident occurred. The GMC receives some 5,000 complaints a year, yet only around 1,700 of these are appropriate for the GMC to investigate.

The next issue of the Bulletin will be published at the end of January 2009.

Your questions answered

Q. Can a Panel issue a warning at a review hearing if it finds that the doctor's fitness to practise is not impaired?

A. No. Warnings can only be issued when a Panel initially considers the case and makes a finding that the doctor's fitness to practise is not impaired (see Section 35D(3) of the Medical Act 1983, as amended).

Q. If there is a successful application under Rule 17(2)(g) (half time submission) that insufficient evidence has been adduced to support a finding of impairment, could a Panel then issue a warning?

A. No. As indicated above warnings can only be issued after a finding that the doctor's fitness to practise is not impaired. A successful half time submission means that the Panel will not reach the stage of considering impairment as insufficient evidence has been adduced to support such a finding.

Q. When considering whether a doctor's fitness to practise is impaired should the Panel consider impairment in relation to each finding of fact (or group of facts relating to a particular incident) or should it consider impairment in relation to all the facts found proved?

A. Panels should consider the impairment in the round, i.e. on the basis of **all** the facts found proved. There should be only one finding of impairment even if the facts found proved relate to several different incidents. Panels should also bear in mind the other factors identified by Mr Justice Silber in *Dr Cohen v GMC [2008] EWHC 581 (Admin)*, that may be relevant to a determination on impaired fitness to practise.

Q. Could you clarify when a Panel's decision to impose a further period of conditions or suspension, or to replace conditions with suspension (or vice versa), at a review hearing takes effect?

A. The position is set out in paragraph 11 of Schedule 4 to the Medical Act 1983, as amended. Briefly, the new sanction takes effect at the end of the statutory 28-day appeal period or upon determination of any appeal. The existing order for suspension or conditions continues to have effect until such time.