

Publication and disclosure policy

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The legislative context

- 1** The GMC has a statutory duty under Section 35B(4) of the Medical Act 1983 to publish, in such a manner as we see fit, a range of decisions by Fitness to Practise Panels, Interim Orders Panel, the Investigation Committee, and undertakings agreed with doctors. We have a discretionary power to withhold any information concerning the physical or mental health of a person which we consider to be confidential.
- 2** We also have a discretionary power to publish or disclose any information about a doctor, to any enquirer, where we consider it to be in the public interest. The power to disclose information where we consider it to be in the public interest is not subject to any statutory requirement to consider the public interest in relation to individual doctors or cases. This means we are able to agree and implement policies which apply to the disclosure of general categories of information, in the public interest.
- 3** The GMC is subject to a range of legislative duties in relation to information governance including the Data Protection Act 1998, Human Rights Act 1998, and the Freedom of Information Act 2000. The Data Protection and Freedom of Information Acts impose a particular set of duties in respect of information disclosure. This document outlines our policy in relation to the routine publication and disclosure of fitness to practise information.

Key principles

- We are committed to transparency about our processes and decisions.
- We believe openness about our decisions is of benefit to all parties involved.
- We are committed to publishing information about a doctor's registration in a format which is easily accessible to all enquirers.

Publication of fitness to practise information

- 4 Fitness to practise information is published in three places:
- Our website 'Recent Decisions' page.
 - The List of Registered Medical Practitioners.
 - Our monthly Decisions Circular.

The List of Registered Medical Practitioners

- 5 The List of Registered Medical Practitioners (LRMP) is an online database of all doctors registered with the GMC. All sanctions currently attached to a doctor's registration are displayed on their individual record, together with relevant hearing minutes.
- 6 The LRMP also displays details of a doctor's fitness to practise history from 20 October 2005 (which is when we started keeping electronic records). This includes historical information about all restrictions previously imposed on a doctor's registration which no longer apply. (Details of any sanctions effective on a doctor's registration prior to October 2005 can be obtained via enquiry to our Contact Centre.)
- 7 All sanctions on a doctor's registration, imposed by either a Fitness to Practise Panel or Interim Orders Panel, including erasure, suspension and conditions and any undertakings agreed with a doctor remain on their fitness to practise history on the LRMP indefinitely. The only exceptions to this are information solely relating to a doctor's health, and interim orders where a case is closed with no finding of impairment or no warning.
- 8 Warnings are published on our website on a doctor's record on the LRMP for a period of five years and disclosed to any enquirers. After five years, warnings cease to be published on the LRMP or disclosed to general enquirers. However, they are kept on record and disclosed to employers on request indefinitely. This approach seeks to achieve an appropriate balance between the need to be transparent and open with the public, with our duty to be fair to the doctor.

Hearing minutes

- 9 Minutes of all Panel hearings where there is a finding of fact and minutes of all Investigation Committee hearings which conclude in a warning are published on our website under the 'Recent Decisions' page for one year from the end of the hearing.
- 10 Minutes of all Panel hearings where there is a finding of impairment are published on the LRMP as a permanent record.
- 11 Minutes of all Panel hearings where there is no finding of impairment, but a warning is issued are published on the LRMP for a period of five years.
- 12 Minutes of Panel hearings where there is no finding of impairment or warning issued are not published on the LRMP.
- 13 Minutes of Investigation Committee hearings which conclude in a warning are published on the LRMP for five years. Minutes of Investigation Committee hearings which do not conclude in a warning are not published on the LRMP.
- 14 Minutes of Interim Orders Panel hearings are not published. Decisions of the Interim Orders Panel to issue an order are published via a press release on the 'Recent Decisions' page of our website for six weeks.
- 15 Minutes of all Panel hearings to consider an application for Voluntary Erasure are published on the 'Recent Decisions' page of our website. If VE is granted after a finding of impaired fitness to practise the minutes are also published on the LRMP.
- 16 Minutes of Panel hearings to consider an application for restoration of doctors previously found to be impaired are published on the 'Recent Decisions' page of our website and the LRMP. Minutes of Panel hearings to consider an application for restoration where there is no previous finding of impaired fitness to practise are published on the 'Recent Decisions' page of our website only.

Information about a doctor's health

- 17** We do not publish any information relating solely to a doctor's health. We treat this information as confidential regardless of whether the case is heard under 'old rules' (the Fitness to Practise Rules which we used before 2004) or under the Fitness to Practise Rules 2004 (our current Rules which we have used since 2004).
- 18** This means we do not publish conditions or undertakings that directly relate to a doctor's health.
- 19** Where information regarding a doctor's health is disclosed during any part of a hearing which is held in public, by any party, this information is redacted from the published minutes.

Multi-factorial cases

- 20** Sometimes, concerns about a doctor relate to a variety of factors, for example conduct, performance, and health (we call these multi-factorial cases). In multi-factorial cases, Panels are expected to hold as much of the hearing as possible in public, while entering into private session only for those parts of a hearing which relate to a doctor's health.
- 21** If, in exceptional circumstances, a Panel holds the whole of a multi-factorial case in private, the doctor will be notified at the hearing before evidence is presented that only information relating directly to the doctor's health will be redacted from the published minutes.

Witnesses

- 22** The names of all witnesses are redacted from the published minutes.
- 23** In exceptional circumstances, vulnerable witnesses may be allowed to give evidence in private. The legal definition of a vulnerable witness is anyone who may have a serious mental health condition or learning difficulties, young people under the age of 17, people with physical disabilities who require assistance to give evidence at a hearing, witnesses who complain of intimidation, and witnesses who are the victim of sexual assault. However their evidence will be published in the minutes in accordance with this publication policy. The witness will be notified of this at the hearing before evidence is presented.

- 24** In particular, vulnerable witnesses will be made aware of the extent to which we can redact minutes to protect their anonymity, for example, by removing the name of the witness. In exceptional circumstances, it may also be possible to remove other identifying details such as the address and name of a health centre, or broadening the scope of the doctor's practice (for example, the South East rather than London).

Vetting and barring scheme

- 25** Information about decisions by the Independent Safeguarding Authority or Disclosure Scotland to bar someone from working with vulnerable adults or children is not published by the GMC.

The Decisions Circular

- 26** We issue a decisions circular each month to a range of UK health bodies. The circular includes all hearing outcomes made in the preceding month, including details of any conditions imposed or undertakings agreed (excluding information about a doctor's health), interim orders, warnings and cases where administrative or voluntary erasure has been granted in a fitness to practise case.
- 27** We also share details of fitness to practise decisions with a range of international medical regulators via the Decisions Circular. Whilst any sanctions on a doctor's registration imposed by the GMC are only applicable to the UK, overseas healthcare regulators may take this information into consideration as part of their regulatory processes.

Accessibility

- 28** The GMC is committed to a publication policy that is accessible to people with sensory impairment. Our website contains an accessibility section with tips and guidance on how to resize the text, ways to change the text and background colour together with other accessibility features. It works with a number of screen readers to offer users the option to have web pages and PDFs read to them (this is available at no cost via Browsealoud). The site performs well on a Vischeck (colour blindness simulator) test, and has high contrast and scalable text options which can be chosen from the home page.

Disclosure of fitness to practise information

Complainant confidentiality

29 On receipt of a complaint from a complainant we ask their consent to disclose it to the doctor in order to enable us to take forward our investigation. If the complainant refuses to give consent, or decides that they do not want to pursue the complaint, it is unlikely that we will take the enquiry forward, unless there is a clear public interest reason for doing so.

Disclosure at initial enquiry stage

30 When we have received the complainant's consent to disclose the complaint, or where it is clearly in the public interest to do so, we will disclose the complaint to the doctor without delay. At this stage, we will also fulfil our statutory duty to notify the doctor's employers and the Department of Health. Concerns about a doctor which are the subject of an investigation will not be disclosed to enquirers (apart from current or prospective employers) or the media unless or until a warning is issued, undertakings are agreed or a hearing takes place, except where it is necessary to impose an Interim Order to restrict the doctor's practice as a precautionary measure.

Employer checks

31 NHS Employers and others are expected to check registration with us when first employing a doctor. In consultation with the Department of Health, NHS Employers has developed mandatory standards for pre and post employment checks for all persons working in the NHS in England. The NHS Employment Check Standards 2010 directs employers to submit a request to our Contact Centre. In addition to the information published on the LRMP, we may provide employers with a summary of any fitness to practise concerns which are currently under investigation but are not subject to an Interim Order and information about any warnings which are more than five years old.

Public interest disclosure

32 We receive requests to share information with a range of public authorities including the Police, Crown Prosecution Service (CPS) or other regulatory bodies seeking information about a doctor's fitness to practise history or matters currently under investigation. We seek to co-operate with such requests where it is reasonable and in the public interest to do so.

Vetting and barring scheme

33 Information about decisions by the Independent Safeguarding Authority or Disclosure Scotland to bar someone from working with vulnerable adults or children is not disclosed by the GMC.

Transcripts

34 Transcripts of public hearings are available to the parties to the hearing.

Media enquiries

35 All media enquiries are dealt with by our press office.