
The Meaning of Fitness to Practise

This statement of policy has been approved by the GMC¹

1. To practise safely, doctors must be competent in what they do. They must establish and maintain effective relationships with patients, respect patients' autonomy and act responsibly and appropriately if they or a colleague fall ill and their performance suffers.

2. But these attributes, while essential, are not enough. Doctors have a respected position in society and their work gives them privileged access to patients, some of whom may be very vulnerable. A doctor whose conduct has shown that he cannot justify the trust placed in him should not continue in unrestricted practice while that remains the case.

3. In short, the public is entitled to expect that their doctor is fit to practise, and follows the GMC's principles of good practice described in *Good Medical Practice*. It sets out the standards of competence, care and conduct expected of doctors, under the following main headings:

Good Medical Practice

Good clinical care – doctors must provide good standards of clinical care, must practise within the limits of their competence, and must ensure that patients are not put at unnecessary risk.

Maintaining good medical practice – doctors must keep up to date with developments in their field, maintain their skills and audit their performance

Relationships with patients – doctors must develop and maintain successful relationships with their patients, by respecting patients' autonomy and other rights.

Working with colleagues – doctors must work effectively with their colleagues.

¹ This statement was approved in November 2001. Quotes from *Good Medical Practice* have been updated following the publication of the new edition in 2006 (see paragraph 5 in particular).

Teaching and training – where doctors have teaching responsibilities they must develop the skills, attitudes and practices of a competent teacher.

Probity – doctors must be honest and trustworthy.

Health – doctors must not allow their own health condition to endanger patients.

4. Most doctors measure up to these high standards but a small number fall seriously short and thereby put patients at risk, cause them serious harm or distress or undermine public confidence in doctors generally. For that reason, the GMC has legal powers to take action where it appears that a doctor's fitness to practise may be affected by poor skills or performance, ill health, misconduct or a criminal conviction.

The GMC's role in regulation

5. All human beings make mistakes from time to time. Doctors are no different. While occasional one-off mistakes need to be thoroughly investigated by those immediately involved where the incident occurred and any harm put right, they are unlikely in themselves to indicate a fitness to practise problem. *Good Medical Practice* puts it this way:

'Serious or persistent failures to meet the standards in this booklet will put your registration at risk'.

6. A question of fitness to practise is likely to arise if:

- **A doctor's performance has harmed patients or put patients at risk of harm;**

A risk of harm will usually be demonstrated by a series of incidents that cause concern locally. These incidents will indicate persistent technical failings or other repeated departures from good practice which are not being, or cannot be, safely managed locally or local management has been tried and has failed.

- **A doctor has shown a deliberate or reckless disregard of clinical responsibilities towards patients;**

An isolated lapse from high standards of conduct – such as an atypical rude outburst– would not in itself suggest that the doctor's fitness to practise was in question. But the sort of misconduct, whether criminal or not, which indicates a lack of integrity on the part of the doctor, an unwillingness to practise ethically or responsibly or a serious lack of insight into obvious problems of poor practice will bring a doctor's registration into question.

- **A doctor's health is compromising patient safety;**

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.

- **A doctor has abused a patient's trust or violated a patient's autonomy or other fundamental rights;**

Conduct which shows that a doctor has acted without regard for patients' rights or feelings, or has abused their professional position as a doctor, will usually give rise to questions about a doctor's fitness to practise.

- **A doctor has behaved dishonestly, fraudulently or in a way designed to mislead or harm others;**

The doctor's behaviour was such that public confidence in doctors generally might be undermined if the GMC did not take action.

7. The advice above is only illustrative of the sort of behaviour which could call registration into question. *Good Medical Practice* and other published GMC guidance provides a more complete picture of behaviour of this kind, but even it is not exhaustive. The outcome in any case will depend on its particular facts.