General Medical Council

Agenda item:	**14**
Report title:	**Update on the Hooper pilot**
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Action:	**To note**

Executive summary

This paper provides an update on the first three months of the Hooper pilot, progress to date and planned handling of the pilot going forward.

Recommendation

The Strategy and Policy Board is asked to note the progress of the Hooper pilot.

Issue

1 In 2015 an independent review of our procedures was carried out by Sir Anthony Hooper. Sir Anthony made a number of recommendations including that the GMC ought to have more understanding about the circumstances surrounding referrals from organisations and the timeline of events leading to the referral.

2 As a result, a series of measures are being piloted which are intended to give us greater understanding about the circumstances surrounding the referral and the timeline of events leading to the referral.

3 The pilot commenced on 11 July 2016, with the introduction of a new referral form which requires senior individuals acting on behalf of an organisation to make their referral using the new form, and will ask them to:

- **a** State whether the doctor has raised concerns about patient safety or systems and if so, how and when it was investigated locally.
- **b** Confirm when they made the doctor aware of their concerns about the doctor's practice.
- **c** Answer a statement to confirm that the referral has been made in good faith and that the doctor's Responsible Officer has taken reasonable steps to make sure that the referral is fair and accurate.

4 If the referral involves a doctor who has raised concerns and the information provided does not contain objective evidence to support it (evidence that is not solely based on the views of those who are employed by the organisation about which the doctor raised concerns), we will seek to gather more information about the compliant using our provisional enquiry process. This will help us assess whether an investigation is necessary.

5 If we need to open a full investigation, the background information from the referral form will be given to the investigator and decision makers, so that it continues to be taken into account throughout our decision making. New procedures ensure that the investigation will focus on gathering evidence that is not solely based on the views of those who are employed by the organisation about which the doctor raised concerns and new guidance helps decision makers weigh up the evidence.

6 A total of 10 potential referrals have been considered by a daily review group since the start of the pilot to ascertain if they would be suitable to run through our provisional enquiry process. Of those, one has been identified as suitable to include in the pilot. The case had been promoted to Stream 1 prior to the start of the pilot and the doctor subsequently notified us they had raised public interest concerns locally.

Our pilot procedures for ensuring that their whistleblowing status is taken into account in the gathering of evidence have been implemented.

7 Of the remaining nine cases, four were assessed as below our threshold for investigation and the ELA has been notified, two were promoted to Stream 1, two are still under consideration and pending further information and one involved missing information on the referral form and was subsequently confirmed to not involve whistleblowing issues.

8 We proposed to pilot the new process for an initial period of six months, to monitor throughput before considering the length of the pilot, as we thought throughput was likely to be slow. As we have not yet engaged our provisional enquiry process in relation to one case at this stage it is likely we will run the pilot for longer than 6 months. We propose a further review of throughput at the six month mark to allow us to revisit the proposed length of the pilot. The Board will be further updated on progress with the pilot in due course