

## Guidance for decision makers on allegations of low level violence and dishonesty

### Purpose

- 1 The purpose of this guidance is to support Triage and Provisional Enquiries decision makers in assessing the risk to public protection posed by a doctor as a result of low level violence and dishonesty allegations.
- 2 Decision makers should consider this guidance alongside:
  - Triage manual
  - [GMC Thresholds Guidance](#)
  - Provisional enquiries manual
  - Guidance on categorising Stream 1
  - Allocating cases to the National Investigation Team and the Regional Investigation Teams
  - Guidance for decision makers on when to take a doctor's fitness to practise history into account
  - Guidance for decision makers on Provisional enquiries
    - [Part A – Overarching principles of Provisional Enquiries](#)
    - [Part B – Assessing suitability for a Provisional Enquiry](#)
    - [Part C – Allocation to a Provisional Enquiry stream](#)
    - [Part D – Carrying out a Provisional Enquiry](#)
    - [Part E – Deciding the outcome of a Provisional Enquiry](#)

## Background

- 3** There are certain categories of cases where the allegations, if proven, would amount to such a serious failure to meet the standards required of doctors, that there will be a presumption of an issue of impaired fitness to practise. These tend to fall within seven main headings:
  - a** sexual assault or indecency
  - b** sexual or improper emotional relationships with a patient or someone close to them
  - c** violence
  - d** dishonesty
  - e** unlawfully discriminating in relation to characteristics protected by law
  - f** knowingly practising without a licence
  - g** gross negligence or recklessness about a risk of serious harm to patients.
- 4** Where allegations fall under one of the seven headings there is a presumption of impaired fitness to practise which means that they will generally meet our threshold for investigation<sup>1</sup>. However, in the case of violence or dishonesty allegations the presumption may be rebutted if the nature of the conduct does not indicate that the doctor poses a risk to public protection<sup>2</sup>.
- 5** Decision makers will have regard to where on the spectrum the doctor's alleged failure to meet the standards<sup>3</sup> sits when considering the risk posed by the doctor and deciding whether the violence or dishonesty allegations are likely to raise a question of impaired fitness to practise.

## Approach

- 6** Whether the doctor poses a risk to public protection and the extent of that risk will be determined on a case by case basis. Decision makers will weigh up the various factors set out in this guidance as they relate to each specific case to determine whether the doctor poses a risk, keeping in mind our overarching objective to protect the public which includes:

<sup>1</sup> Rule 4(2) of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) ('the rules')

<sup>2</sup> Our overarching objective to protect the public includes three elements as detailed in the [Approach section](#) of the guidance

<sup>3</sup> As set out in [Good Medical Practice](#)

- protecting and promoting the health, safety and wellbeing of the public
  - promoting and maintaining public confidence in the medical profession
  - promoting and maintaining proper professional standards and conduct for the members of the profession
- 7** Decision makers must assess each case on its own merits, ensuring they take the minimum action necessary to protect the public.

## Factors to consider

- 8** Doctors are among the most trusted professionals and trust is critical to the doctor/patient relationship. In view of this, violence and dishonesty allegations carry a presumption of impaired fitness to practise and therefore should normally be promoted for a full investigation so that the case examiners can consider whether the nature of the allegations are such that the presumption of impairment is rebutted or, if not, require referral for a hearing. However, the range of behaviours which fall into these two broad categories will vary considerably and the nature of some violence and dishonesty allegations are such that they are unlikely to raise a question of impaired fitness to practise and therefore require a full investigation. The conduct that gives rise to such allegations:
- a** will be minor in nature and less likely to pose a risk to patients, public confidence<sup>4</sup> or proper professional standards and conduct; and
  - b** will have occurred outside the doctor's professional practice; and
  - c** will have been investigated by the police or another relevant body, such as the doctor's employer.
- 9** If all these factors are met, the allegations are unlikely to raise a question of impaired fitness to practise and to meet our threshold for investigation.

## Considering risk

### *Violence*

- 10** Allegations of violence are less likely to pose a risk to patients, public confidence or proper professional standards and conduct where the following factors are met:

<sup>4</sup> Supported by [Promoting and maintaining public confidence in the profession](#), our research into public attitudes towards criminality outside a professional context

- a** the alleged violence was limited in nature rather than sustained or repeated; and
- b** no weapons were involved; and
- c** no physical, emotional or psychological harm was caused; and
- d** the alleged violence was not directed towards a vulnerable person<sup>5</sup>; and
- e** the doctor has no history of violent behaviour<sup>6</sup>; and
- f** there is no evidence on the face of it indicating that the doctor may repeat the alleged violence in the future; and
- g** there is no evidence on the face of it that the alleged violence was motivated by hostility towards someone's race, sexual orientation (or perceived sexual orientation), disability, sex, gender (or presumed gender identity), religion or age; and
- h** the investigation conducted by the police or another relevant body, such as the doctor's employer, resulted in no formal action or a single warning by the employer.

## **Dishonesty**

- 11** Allegations of dishonesty are less likely to pose a risk to patients, public confidence or proper professional standards and conduct where the following factors are met:
- a** the alleged dishonesty was a one off, isolated incident and not persistent or repeated over a period of time; and
  - b** the value of the financial or other material benefit derived by the doctor from the alleged dishonesty was low; and
  - c** the doctor has no history of dishonesty<sup>6</sup>; and
  - d** there is no evidence on the face of it indicating that the doctor may repeat the alleged dishonesty in the future; and
  - e** the alleged dishonesty was not directed towards a vulnerable person<sup>5</sup>; and

<sup>5</sup> Vulnerability can be permanent or temporary and caused by matters such as age (children and young people younger than 18 years should be considered vulnerable), frailty, disability, illness, or current circumstances such as bereavement or redundancy

<sup>6</sup> Please refer to our Guidance on taking a doctor's previous history into account

- f the investigation conducted by the police or another relevant body, such as the doctor's employer, resulted in no formal action or a single warning by the employer.

## **Allegations where further information is needed to decide if they are likely to raise a question of impaired fitness to practise**

- 12** If upon receipt of a violence or dishonesty allegation further limited and targeted enquiries are required to help decision makers decide whether the allegation is likely to raise a question of impaired fitness to practise, these will be carried out and the information received will be considered in line with our guidance on provisional enquiries.
- 13** This will include if:
  - on the face of it the allegation is serious enough to pose a risk to public protection but the information we hold suggests aspects may be confused, or based on a misperception, or unlikely to be supported by reliable evidence; and/or
  - information is required about whether the events that gave rise to the allegation occurred within or outside a doctor's professional practice; and/or
  - information is required from the police or any other relevant body, such as the doctor's employer, regarding whether the matter has been investigated and/or the outcome of the investigation.
- 14** If the information collected through our provisional enquiries is not sufficient to establish that the allegation is unlikely to raise a question of impaired fitness to practise, the allegation should be promoted to a full investigation as set out in our guidance on provisional enquiries.