

The meaning of fitness to practise

This statement of policy has been approved by the GMC

- 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 our 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

Domain 1: Knowledge, skills and performance – doctors must develop and maintain their professional performance, must apply their knowledge and experience and practise within the limits of their competence and must record their work clearly, accurately and legibly. They must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK.

Domain 2: Safety and quality – doctors must contribute to and comply with systems to protect patients, respond to risks safely and protect patients and colleagues from any risk posed by their own health.

Domain 3: Communication, partnership and teamwork – doctors must communicate effectively with patients and establish and maintain partnerships with them. They must work collaboratively with colleagues, be willing to contribute to teaching, training, supporting and assessing and must contribute to the continuity and coordination of care for patients transferring between providers.

Domain 4: Maintaining trust – doctors must show respect for patients, treat patients and colleagues fairly and without discrimination and must act with honesty and integrity.

- 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, we have 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 follow this guidance 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 our other guidance provide 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.