Introduction

1 It is important that patients trust doctors and have confidence that they are competent in their field and abide by high ethical standards. Our duty is to protect this public interest by maintaining the integrity of the medical register. We do this by ensuring that:

- only doctors who are suitably qualified and fit to practise can gain entry to the medical register and obtain a licence to practise.
- all licensed doctors regularly demonstrate that they are up to date and fit to practise medicine through revalidation.

2 This document sets out the key overarching principles that apply to decision making in relation to our registration and revalidation functions. It applies to formal decisions that involve the exercise of discretion* by a decision maker. This includes, by way of example, a decision:

- By the Registrar (or Assistant Registrar acting under delegated authority) exercising his functions under the Medical Act 1983 (the Act) or delegated legislation.

  - For example, when deciding whether the criteria for registration are met. This applies whether the applicant is entitled to registration if the criteria are met, or whether the Registrar retains a discretion whether to register the doctor.

  - For example, when deciding whether to withdraw the doctor’s licence to practise on the basis that they have failed to meet the requirements for revalidation, without reasonable excuse.

*Discretion means acting on one's own authority and judgement. For example, where legislation uses the word 'may', the decision-maker is given a discretionary power.
By a Registration Panel regarding the advice to the Registrar on a matter or question referred to it under the Registration and Licensing Decisions – Arrangement of Procedures or The GMC (Licence to Practise and Revalidation) Regulations 2012 (as amended) (Regulation 7).

By a Registration Appeals Panel when considering an appeal brought to it under Schedule 3A (Registration and Training Appeals) or 3B (Licence to Practise and Revalidation: Appeals) of the Act.

3 This document does not apply to our administrative decisions or business processes, that do not result in a formal decision. However, all such decisions must also be made in a way that is fair, consistent and transparent, in accordance with our relevant procedural guidance and business rules.

Our approach to decision making

4 We seek to align our approach to decision making to the principles set out by the Professional Standards Authority that regulation should be: proportionate, consistent, targeted, transparent, accountable and agile*.

5 In particular, all our decisions should:

a Act in the public interest. Our overarching objective, which underpins all of our functions, is the protection of the public (Section 1(1A) of the Act). Acting in the public interest means protecting, promoting and maintaining the health, safety and well-being of the public; promoting and maintaining public confidence in doctors; and declaring and upholding professional standards and conduct for doctors (Section 1(1B)).

b Be made in accordance with applicable law. All decisions should be underpinned by statutory authority, and be taken in accordance with the laws which govern our work (including human rights and equality legislation).

c Be taken by those competent and authorised to do so. Our legislation gives authority to certain individuals or panels to take certain decisions. Delegation is generally only permissible where there is an express power to do so. The Registrar is entitled to delegate any of his functions to one or more assistant registrars (under paragraph 16(3) of Schedule 1 to the Act). All decisions should be taken at the appropriate level, by those properly appointed, authorised and trained to do so.

* ‘Right Touch Regulation’ dated August 2010, which includes the five principles of better regulation identified by the Better Regulation Executive in 2002, and adds the principle of ‘agility’.
**d** Be fair and proportionate. It is essential that decisions are reached in a way that is both fair and seen to be fair. Fairness requires decision makers to apply the principles of proportionality, balancing public interest with those of the doctor. It also requires decision makers to give parties a reasonable opportunity to make representations on any decision which will affect their rights and interests.

**e** Be objective and evidence-based. Decision makers should seek to gather and evaluate all relevant information, from the doctor or a third party as necessary. Decision makers should ensure that decisions are not influenced by evidence that is irrelevant to the issue to be decided.

**f** Be impartial. Decisions should be free from discrimination and bias* (including unconscious bias†), or the appearance of bias. It is essential that decision makers declare any conflict of interest and do not make a decision where they have such a conflict. Decision makers should reflect on their own personal biases or preferences, and make sure that their decisions are based on the evidence, and not unfairly influenced by assumptions or stereotypes.

**g** Be consistent and criteria-based. The criteria set out in standards and guidance should be applied consistently to reach a decision. Any departure from guidance must be explained and reasoned.

**h** Be documented and reasoned. Good reasons are key to ensuring fairness and public confidence. All decisions should be recorded at the time they are made together with the reasons for the decision. The reasons should provide sufficient detail to allow the affected parties to understand why the particular decision has been reached in their case. Decision makers do not need to recite every fact or matter. However, they must be able to justify their decisions and demonstrate that they have considered and addressed all the material issues raised, taking all relevant factors or considerations into account.

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* Bias is an inclination or prejudice for or against a person or a group, in a way that may be considered to be unfair.
† Unconscious bias is rarely explicit – biases tend to be hidden and are triggered by our brains making quick judgements about people and situations in a way that can favour or be against particular characteristics or groups.

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