

## Proposals to reduce the impact of our fitness to practise processes

### Key aims

- 1 Reduce overall number of full investigations.
- 2 Avoiding full investigations whenever possible in cases that are (solely or primarily) about a doctor's health<sup>1</sup>.
- 3 Strengthen medical input to decision-making in cases about a doctor's health.
- 4 Reduce stress in all investigations through changes to process, communication, and duration.
- 5 Pursue consensual conclusion as the preferred outcome.
- 6 Work more closely with employers on the number & appropriateness of referrals.
- 7 Expand support for doctors during the fitness to practise process including a tribunal hearing.
- 8 Promote the need for mental health services for doctors nationally.
- 9 Ensure supervision of doctors with restrictions and publication & disclosure after the fitness to practise case has concluded are proportionate.
- 10 Improve learning when doctors die by suicide.

<sup>1</sup> A doctor's health condition is not in itself a matter that would require investigation - only where there is a risk to the public for example because it is not being treated or the potential risks are not being effectively managed. All references to cases about a doctor's health in this document should be read as cases about health conditions that pose a risk to the public.

## Key proposals

### The GMC

- 1 Make mental health safety a strand that runs throughout the way the GMC performs its role, influencing culture, leadership, standards and training.
- 2 Greater use of early enquiries to improve information and reduce full investigations.
- 3 Front-load enquiry/investigation decisions with medical expertise where appropriate.
- 4 A senior medical appointment to oversee training, guidance, audit, case examiners, medical supervision.
- 5 A case co-ordinator role initially in cases about a doctor's health and exploring the practicability in all cases going forward – a personal approach, early meetings, extent & timing of investigations to be proportionate, closure.
- 6 Review publication & disclosure for sanctions and particularly in cases solely or primarily about a doctor's health.

### Working with others

- 7 Health providers/employers: local handling where possible, especially in performance cases; strengthening the RO role supported by GMC employer liaison adviser; providing referral numbers to the CQC.
- 8 Support: promote & fund increased use of doctor support services; greater focus on unsupported doctors at Medical Practitioner Tribunal Service hearings.
- 9 Services: raise with the NHS the need for all areas to services for doctors with mental illness or addiction, which may include dedicated services, occupational health, nominated local services.
- 10 Work with national data sources (e.g. ONS, GRO): to identify all doctors who die by suicide during & after investigation; improve information & learning.

## Proposed changes to our process

### Ensure complaints and concerns dealt with at the right level, with local handling where possible

- 11 Review the information for complainants in the online complaints form and continue to engage with responsible officers through employer liaison advisers to ensure complaints and referrals are appropriate.

### Guidance for staff at the early stage of the process to support a proportionate approach

- 12 Guidance for staff on signs a doctor may be unwell and amending guidance for assessing risk from adverse health to identify it early and only investigate if there is an ongoing risk.

### Avoiding unnecessary investigation

- 13 Undertake more provisional enquiries as proposed in paragraph 2 of the Key Proposals to improve the information available when deciding if a full investigation is needed, including specialist input in relation to adverse health.

### Greater specialist co-ordination of and communication in cases about a doctor's health

- 14 A specialist team of GMC health investigators for cases about a doctor's health, acting as a single point of contact for doctors throughout the process as proposed in paragraph 5 of the Key Proposals. Staff will have access to specialist medical advice about dealing with unwell doctors during an investigation. Carry out a further tone of voice review of letters about a doctor's health to acknowledge the health context in which the concerns have arisen, avoiding investigatory terms where possible.

### A faster, more sensitive, consensual process for cases about a doctor's health

- 15 For cases about a doctor's health, moving to consensual undertakings as quickly as possible, referring to a hearing only where, despite efforts to resolve an issue consensually, a doctor has not engaged and there are continuing risks or where there are concerns about conduct or performance in addition to health that are serious.
- 16 In some cases about a doctor's health (in discussion with the doctor and their treating physician/legal representative where appropriate), pausing an investigation to enable a doctor to get treatment, with appropriate interim protection if necessary. Where independent health experts differ, facilitating the sharing of reports.
- 17 Explore legislative change to remove the need to obtain two independent health reports that are currently required in all cases where a doctor's health needs to be assessed.

## **Faster investigation of all cases**

- 18** Speeding up the process as proposed in paragraph 3 of the Key Proposals by frontloading investigation through earlier case examiner involvement, to identify the key issues early and focus the investigation, demonstrating and communicating about improved timescales, including with doctors under investigation.

## **Better communication in all cases**

- 19** All GMC correspondence with a doctor to be sent via the investigation officer when doctors are under investigation, to enable the number and timing of letters to be managed. Developing proposals for direct communication with doctors and their legal representatives early in the investigation, to explain what is likely to happen (given the information available at the time), the GMC's concerns and encourage early information sharing to promote faster resolution. Exploring the practicalities of this proposal with the medical defence organisations. Notify doctors as early as possible of the outcome of investigations and explore mechanisms to discuss with the doctor any conditions or undertakings to explain their impact on the doctor's practice. More support during an investigation in all cases
- 20** To increase support as proposed in paragraph 8 of the Key Proposals, investigation staff and particularly case co-ordinators to actively promote the Doctor Support Service and the MPTS legal helpline to increase uptake. Explore the practicalities of a single point of contact in all cases.

## **Consent to be the preferred route in all cases**

- 21** The GMC has sought legislative powers to enable it to agree consensual arrangements in all cases – to continue to press for those powers.

## **Advice and support for Medical Practitioner Tribunal Staff**

- 22** Access for MPTS staff to specialist advice about unwell doctors before and during a hearing including exploring links with local services where immediate care is needed.
- 23** MPTS staff to promote the Doctor Support Service to improve support for doctors at hearings.
- 24** Trained MPTS staff to liaise with some doctors during hearings (those who are unrepresented or do not have supporters with them) to reduce stress and isolation.

## **Monitoring restrictions on practice**

- 25** An enhanced role for medical supervisors in monitoring doctors who have restrictions so that their direct contact with GMC staff is reduced. Providing guidance for medical supervisors who believe a doctor is not receiving appropriate medical treatment.

## **Ensuring publication and disclosure of sanctions is proportionate**

- 26** Taking forward work to reduce the length of time that sanctions are published and disclosed as proposed in paragraph 6 of the Key Proposals, particularly in cases about a doctor's health.

## **Seek improvements to data about cause of death**

- 27** To support learning as proposed in paragraph 10 of the Key Proposals, obtain better information about deaths of doctors during or after an investigation to strengthen the serious incident enquiry process.

## **Myth busting**

- 28** Raise awareness of the approach to investigating cases, and in particular our approach to cases involving a doctor's health, to tackle misconceptions and reduce overall anxiety about being subject to a GMC complaint.