

Fitness to practise referral form

This form is for Responsible Officers to refer concerns about a doctor's fitness to practise to us.

Fitness to practise is an assessment of a doctor's ability to practise safely and effectively. It includes considering a doctor's overall ability to perform their individual role, their professional and personal behaviour, and the impact of any health condition on their ability to provide safe care. More information is available in our publication [What we mean by fitness to practise \(Doctors\)](#).

We can only assess a doctor's fitness to practise when there is a legal basis for doing so. When we receive a concern, we are legally required to assess whether the doctor may pose any current and ongoing risk to one or more of the three parts of public protection. 'Public protection' is our legal duty to protect the public which is split into three distinct parts. It means acting in a way that:

- protects, promotes and maintains the health, safety and wellbeing of the public ('patient safety')
- promotes and maintains public confidence in the profession ('public confidence'), and
- promotes and maintains proper professional standards and conduct for members of the profession ('professional standards').

Our publication [Decision making principles in fitness to practise \(Doctors\)](#) explains this legal duty in more detail.

To make an assessment of risk to public protection we will consider:

- The **seriousness of the concern** about the doctor's behaviour, performance and / or the impact of a health condition on their ability to practise safely and effectively
- Any **relevant context** known about the doctor and / or their working environment, and
- How the **doctor has responded to the concern** including looking at evidence of insight and remediation and, where relevant, if they have kept their knowledge and skills up to date.

More information about how our decision makers assess risk can be found in our guidance [Decision on whether regulatory action is required \(Doctors\)](#).

When referring a concern to us, we will ask you to provide information on what has led to the concern, any relevant context and how the doctor has responded. This will help us to make a fair assessment of the doctor's fitness to practise.

Getting help

Guidance for completing this form is available in the [referral guidance](#). The guidance provides assistance on making fair and accurate referrals based on whether a matter is serious enough to give rise to a question of impaired fitness to practice.

Responsible Officers, Suitable Persons and their designates can seek advice and discussion about concerns and whether they are serious enough for us to investigate. For details about the Employer Liaison Adviser for your region, please visit [outreach section of our website](#).

If you are a professional raising concerns in your individual capacity or a member of the public, please visit our website to fill in our [online concern form](#).

Returning the form

Please return this form to us, using practise@gmc-uk.org. You should also copy your Employer Liaison Adviser into the email.

If the concerns are of a serious and urgent nature and completing the form could cause a delay to us being able to take action to protect the public, please e-mail practise@gmc-uk.org straight away with as much detail about the matters as possible copying your Employer Liaison Adviser into the email.

Details about the doctor

Doctor's full name	
GMC number	
Doctor's specialty	
Doctor's job title	
Doctor's grade	

The doctor's work details

Organisation the doctor was working for, or contracted to, or providing services for at the time the concerns arose	
How long have they worked here?	
Other organisations where the doctor is known to work or contract with (eg independent hospital, locum agencies)	

Your relationship to the doctor

Are you the doctor's Responsible Officer?	
If no, please specify your connection to the doctor.	

If no, and you have been able to identify the doctor's Responsible Officer or Suitable Person, have you shared your concerns with that individual?	
Have you shared your concerns with the doctor?	
Please confirm when and with whom you have spoken to about this:	
Is the doctor aware that you are making a referral to the GMC?	

Please note: If the referral is about multiple doctors please use the pages at the end of the form to add their details.

Summary of concerns

Responsible Officer referrals relating to a doctor's fitness to practise should be discussed with a GMC Employer Liaison Adviser **prior** to submitting the referral form.

*** Please note if the concern you are raising indicates an immediate patient safety risk or is of an urgent or high-profile nature then do not delay in referring, copying in your Employer Liaison Adviser. ***

Have you discussed your concerns with an Employer Liaison Adviser?	
If yes, did the Employer Liaison Adviser advise you to make a referral to us?	

(The Employer Liaison Adviser is a source of advice/support to you but as a Responsible Officer it is still ultimately your decision whether you make a referral to the GMC or not).

What is the concern about the doctor's fitness to practise?

Please use the box below to provide the following details:

- summary of the concern(s) including location and who else was involved
- a chronology of events
- details of risk to patient safety (if applicable)
- summary of all local action taken and on-going investigations (if any)
- any local support in place to manage the impact of the doctor's health condition (if applicable)
- please indicate where you have been unable to verify information contained within this referral (eg where the information is from a source outside of your remit, where a local process is on- going or where you believe there is an evidential conflict)
- details of any other relevant concerns or previous complaints you are aware of at this time (and local actions and outcomes). This will help us assess whether this incident is part of a pattern of behaviour
- details of involvement of any other regulator (that you are aware of).

This information will help us assess the seriousness of the concern which includes looking at:

- the extent of the doctor's departure from the professional standards, as set out in [Good Medical Practice](#) and the more detailed guidance, along with any specific features that may increase seriousness, and / or
- the impact of a health condition on the doctor's ability to practise safely and effectively.

The impact of a doctor's health condition will only be serious enough to give rise to a question of impaired fitness to practise where the impact of the health condition is not being effectively

managed and poses a risk to patients.

Please provide details of the concern:

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Local restrictions

Please provide details of any restrictions on the doctor's practise at a local level:

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Relevant context and doctor's response

For help completing this section, please read our [referral guidance](#).

Relevant context

Relevant context about the doctor and / or their working environment may impact the assessment of risk where it has influenced the doctor's behaviour, performance, or health. Any such influence can be in a positive or negative way. It is relevant to considering the risk of repetition of the concern.

There are different types of relevant context, summarised briefly below, and one or more types may be present:

1. **Working environment context.** This is made up of:
 - a. systems factors relating to the doctor's physical working environment, such as resource, equipment, workload, induction/mentoring, technology, clinical practice guidance and reasonable adjustments for disabled doctors; and
 - b. interpersonal factors relating to organisational culture, leadership and relationships with/support from those around.
2. **Role and experience context.** This is the doctor's work experience and the scope/expectations of their role, both at the time of the concern and currently (if they are working). It includes their grade and specialty, and any leadership positions. This information allows us to assess the doctor's behaviour or performance against the standards expected of a reasonably competent doctor working within a similar setting and the same role.
3. **Personal context.** This relates to the doctors' individual circumstances and includes things like a personal emergency. If you are aware of any personal context, please also include any information on whether it has now resolved, or if measures are now in place to avoid the circumstances arising again or to help the doctor cope if they did arise again.

More information about each type of relevant context can be found in the publication [What we mean by fitness to practise \(Doctors\)](#).

Are you aware of any relevant context?	
If yes, please provide details of: <ul style="list-style-type: none">● the type(s) of context● any action taken to address it.	

Doctor's response

How a doctor has responded to a concern helps us to assess risk. It involves us considering:

1. Insight.

This is whether the doctor recognises there is a concern, understands how it arose and how it can be addressed. For behaviour or performance concerns, this includes whether the doctor understands what went wrong, what should have been done differently, and how they should act to avoid a similar concern occurring again. For concerns related to the impact of a health condition, this includes whether the doctor is aware of the impact their condition could have on patient safety if it is not managed effectively. Where the doctor is working, they should be seeking and following treatment and advice and taking steps locally to manage any potential risk to patients. Where an individual has been affected by the concern about the doctor's fitness to practise, the doctor should offer an apology.

2. Remediation.

This is steps taken by the doctor to actively address the concern about their behaviour, performance, or the impact of a health condition. Remediation can take several forms and where successful, can reduce the risk of repetition of the concern. Efforts to remediate should be driven by the doctor with a focus on learning and impact on their future practice. It includes relevant professional development, their cooperation with any local investigation, details of any apology and details of practical steps taken to address the concern.

3. Knowledge and skills.

This is whether the doctor has kept their knowledge and skills up to date and is aware of relevant guidelines and developments that affect their work. Where a doctor has not been working for a period since the concern arose, either at all or in a specific specialty, they need to have taken steps to mitigate the risk of their knowledge and skills having deteriorated.

How has the doctor responded to the concern?

Please provide details of:

- Any insight demonstrated by the doctor
- Any remedial steps taken by the doctor
- Where relevant, if, and how, they have kept their knowledge and skills up to date

International Medical Graduates

UK practice can be very different for doctors who are International Medical Graduates (IMGs) and sub-optimal induction and /or support for such doctors may contribute to disproportionate fitness to practise referrals to the GMC. We would like to hear about the level of support that has been provided to the doctor.

Is the doctor an international medical graduate?	
<p>If no: Please go to the next section on Supporting documentation.</p> <p>If yes: Please provide details of the length of time the doctor has worked for and / or had a prescribed connection for revalidation to your organisation.</p> <p>If the doctor has worked for/had a prescribed connection to you for 5 years or less, please advise:</p> <ul style="list-style-type: none">● Did the doctor attend the organisational induction?● Was it an enhanced induction for IMGs? More information on inductions is available.● If they did not attend or this is not relevant, please explain why● Were there any cultural or communication differences that are material factors in this referral?● Might any issues you have identified in the context section above had a particular impact on this doctor as an IMG.	

Supporting documentation

Please list in the box below any available supporting information and mark which items are included with this form. Please forward to us any further supporting information which subsequently becomes available to practiseFI@gmc-uk.org as soon as possible and, if possible, indicate in the box below which information you expect to be able to send at a later stage.

Supporting documentation (where available) could include:

- notes, reports and transcripts of internal investigations or disciplinary documentation on this matter or related previous concerns
- complaint letter
- anonymised / redacted medical records
- Where supporting information contains patient identifiable details, we may ask you to seek consent from those individuals, where you have not done so already.
- expert report(s)
- relevant Royal College reviews
- relevant audit findings
- PPA (formerly NCAS) assessment reports and other relevant PPA correspondence
- conviction / caution cases: criminal records check or certificate of conviction
- health cases: (1) details of any relevant sickness absence; (2) medical records and (3) notes of any meetings where the doctor's health has been discussed
- where the incident being referred is part of a pattern of behaviour - all supporting documentation relating to the other concerns.

Details of supporting documentation (please indicate whether this is included with this form or will be available at a later date):

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Other sources of information

Please use the box below to detail any organisations and bodies (eg regulatory bodies, coroners, ombudsman, the police) that may be able to assist with providing relevant information to us.

Where possible, please include the contact details of a named person within that organisation.

Details of organisations and other bodies:	

Has the doctor raised any patient safety concerns?

<p>To your knowledge, has the doctor you are referring raised concerns with your, or any other, organisation that patient safety or care is being compromised by the practice of colleagues, the systems, policies, procedures in the organisations in which they work?</p> <p>More information on patient safety concerns can be found in the referral guidance.</p>	
<p>If yes: Please indicate the nature of the concern and provide details of when the doctor raised it:</p>	

Have the doctor's concerns been investigated?	
<p>Please list any supporting information available about the investigation. If the concern was not investigated, please provide an explanation below.</p> <p>Supporting documentation (where available) could include:</p> <ul style="list-style-type: none"> ● Reports or notes of internal / external enquiries or investigations. 	

Declaration

I am acting as Responsible Officer for my Designated Body, or on behalf and with full knowledge of the Responsible Officer. In accordance with my duty to raise concerns about the fitness to practise of doctors, I refer the named doctor(s) to the GMC. In so doing, I confirm that:

- the referral is made in good faith, based on all the information that is available to me at the present time
- I have taken reasonable steps to ensure that the referral is fair and accurate.

An impartiality check is required for most referrals to the GMC. This provides assurance that the decision to refer is fair and that consideration has been given to any bias that may impact on this decision. The check should involve senior/specialist advice to the referrer and document the factors considered, the decision and reasons. Your response should cover the fairness of any investigation/process undertaken as well as the final referral decision.

Please confirm whether this referral has been subject to an impartiality check:	
<p>If yes: Please provide details of:</p> <ul style="list-style-type: none"> ● how the referral was checked within your organisation ● how impartiality was exercised during the investigation. <p>If no: Not completing an impartiality check will only be appropriate in limited circumstances, e.g. issues external to the organisation such as serious criminal concerns. Please explain why you have not completed an impartiality check and whether you have taken advice on this.</p> <p>Please list any supporting information available about the investigation. If the concern was not</p>	

investigated, please provide an explanation below.

Supporting documentation (where available) could include:

- Reports or notes of internal / external enquiries or investigations.

Your Details

Signature:	
Date:	
Your full name:	
Organisation:	
Doctor's grade	

Where you are a nominated delegate, please provide the name and role of the person you are acting on behalf of, if applicable:

Acting on behalf and with the knowledge of:	
Role: (eg Responsible Officer, Suitable Person, Medical Director, or Chief Executive)	
Organisation:	

Additional doctor 1: Details about the doctor

Doctor's full name	
GMC number	
Doctor's specialty	
Doctor's job title	
Doctor's grade	

The doctor's work details

Organisation the doctor was working for, or contracted to, or providing services for at the time the concerns arose.
How long have they worked here?
Other organisations where the doctor is known to work or contract with (eg independent hospital, locum agencies):

Your relationship to the doctor

Are you the doctor's Responsible Officer?	
If no: Please specify your connection to the doctor:	
If no, and you have been able to identify the doctor's Responsible Officer or Suitable Person, have you shared your concerns with that individual?	

Have you shared your concerns with the doctor?	
Please confirm when and with whom you have spoken to about this:	
Is the doctor aware that you are making a referral to the GMC?	

Additional doctor 2: Details about the doctor

Doctor's full name	
GMC number	
Doctor's specialty	
Doctor's job title	
Doctor's grade	

The doctor's work details

Organisation the doctor was working for, or contracted to, or providing services for at the time the concerns arose.
How long have they worked here?
Other organisations where the doctor is known to work or contract with (eg independent hospital, locum agencies):

Your relationship to the doctor

Are you the doctor's Responsible Officer?	
If no: Please specify your connection to the doctor:	
If no, and you have been able to identify the doctor's Responsible Officer or Suitable Person, have you shared your concerns with that individual?	

Have you shared your concerns with the doctor?	
Please confirm when and with whom you have spoken to about this:	
Is the doctor aware that you are making a referral to the GMC?	

Additional doctor 3: Details about the doctor

Doctor's full name	
GMC number	
Doctor's specialty	
Doctor's job title	
Doctor's grade	

The doctor's work details

Organisation the doctor was working for, or contracted to, or providing services for at the time the concerns arose.
How long have they worked here?
Other organisations where the doctor is known to work or contract with (eg independent hospital, locum agencies):

Your relationship to the doctor

Are you the doctor's Responsible Officer?	
If no: Please specify your connection to the doctor:	
If no, and you have been able to identify the doctor's Responsible Officer or Suitable Person, have you shared your concerns with that individual?	

Have you shared your concerns with the doctor?	
Please confirm when and with whom you have spoken to about this:	
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