

# Our regulatory role in cases concerning public confidence

## What is a public confidence concern?

Anyone can raise a concern with us about a doctor's fitness to practise. These concerns can relate to a doctor's behaviour, performance, and/or the impact of a health condition on their ability to practise safely and effectively.

A public confidence concern can arise when a doctor's actions, in or outside the workplace, could undermine public trust in the profession even if they did not directly affect patient care. Some behaviour in a doctor's personal life may also raise a patient safety concern if it could affect the care they provide at work. For example, an allegation of domestic abuse may raise a risk of a doctor not appropriately following safeguarding procedures.

Public confidence is important as patients need to trust doctors when they are sick or vulnerable. If this trust is broken, people may not seek a doctor's help when they need it.

## Why might we need to take action in a public confidence case?

We have a legal duty under the Medical Act 1983 to maintain and promote public confidence in the medical profession. This means we may need to take action where a doctor's behaviour could make people lose trust in doctors more generally and the care they provide.

[Good medical practice](#)<sup>\*</sup> says that doctors must make sure that their conduct justifies patients' trust in them and the public's trust in their profession. This is consistent with case law (previous decisions by the Courts) which has established that higher standards of behaviour are expected of regulated professionals, such as doctors and solicitors, compared to the general public.

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<sup>\*</sup> Paragraph 81. This professional standard also applies to physician associates and anaesthesia associates that are registered with us.

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# What types of behaviour can raise a public confidence concern?

## Violence and dishonesty

Violence and dishonesty can undermine public trust in doctors. However they can include a wide range of behaviour and less serious concerns may not require us to take action. For example, a single failure to pay for a ticket covering all or part of a journey on public transport or a physical argument outside work resulting in minor injuries. More information can be found in our [guidance on violence and dishonesty which may represent a lower risk to public protection](#).

## Bullying, harassment and discrimination

Bullying, harassment and discriminatory behaviour can have a negative effect on the public's confidence in the profession. It could also raise a risk to patient safety if a doctor's personal views affect how they treat some patients due to characteristics such as their race, religion or sexual orientation.

Views expressed by doctors on social media that could amount to discrimination, bullying or harassment have the potential to affect public trust in doctors. This is because online content is highly accessible. Private group messages may become public, and anonymous content traced back to its source.

The [Social media advice](#) section of our ethical hub includes more information.

## Criminal behaviour

Doctors must follow the law inside and outside of work.

We investigate criminal convictions and police cautions received by doctors apart from those that would be unlikely to call their fitness to practise into question such as speeding and other traffic offences.

If a doctor is investigated by the police but they take no further action, we will still consider whether the doctor's alleged behaviour could harm public confidence or raise a risk to patient safety.

This is because our fitness to practise process has a different purpose to criminal proceedings and is intended to protect the public rather than punish a doctor. Proving an allegation beyond reasonable doubt is required in criminal cases. In our processes, we use the standard of proof applicable to civil proceedings, and consider if it's more likely than not, that an allegation is true.

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## How do we assess public confidence concerns?

We consider public confidence concerns in the same way as any other information about a doctor as set out in [How we assess and respond to fitness to practise concerns](#). We use a proportionate approach, taking all the individual circumstances into account.

Features that increase the seriousness of a public confidence concern include, but are not limited to, the doctor's conduct taking place at work or being directed towards or impacting on a vulnerable person.

## What action can we take?

Once we've assessed if a doctor poses any risk to public protection, we may:

- take no further action if the concern is minor and there's no risk to patients or to public confidence
- give a warning if the behaviour represents a significant departure from the professional standards expected but restricting the doctor's practice is not necessary
- send the case to a medical practitioners tribunal (MPT), which can restrict, suspend or remove the doctor's registration.

If a doctor is convicted of a criminal offence and given a prison sentence – including a suspended sentence – we must refer the case to the Medical Practitioners Tribunal Service (MPTS) for a hearing. This is required in law and we don't have any choice over this.

For further information, please see [How we make decisions about a doctor's fitness to practise](#) and the [Guidance for MPTS Tribunals](#) and [Hearings and decisions](#) sections of the MPTS website.

## Examples of when we may take action to maintain public confidence

The following are hypothetical examples of behaviour which may raise concerns that would undermine public trust and confidence in doctors. We always assess the individual circumstances of any concern.

### Violence and dishonesty

- A doctor physically assaulted their partner on several occasions.
- A doctor stole a bag belonging to a patient's relative on a hospital ward.

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## Bullying, harassment, and discrimination

- A doctor made social media posts expressing discriminatory views, using racist and sexist language.
- A doctor shared sensitive confidential information about a member of the public on social media.

## Criminal behaviour

- A doctor stole a sentimental item from a colleague's work locker, damaging it while taking it home.
- A doctor is subject to a Stalking Protection Order after repeatedly harassing a former girlfriend by following her, waiting outside her house, sending unwanted messages, and filming visitors to her home.

## Is there support and advice available?

### Doctors going through fitness to practise processes

We understand that being investigated by the GMC can be a stressful experience for a doctor. They may be worried, and unsure of what to do, or where to go for advice. We offer a range of [support for doctors](#).

### Witnesses, including doctors and patients

We know that raising a concern can be a daunting experience and there are organisations that can help if support is needed. These include the [Independent Support Service](#) – a free, confidential and independent telephone support service for complainants, patients, witnesses, and their families.

More detailed information about the support available to those we regulate, patients raising concerns, and witnesses can be found on our [How we can support you](#) page.