To consider

**Review of our Indicative Sanctions Guidance, warnings and restriction banks**

**Issue**

1. We are holding a public consultation in the summer of 2014 on the guidance used by the Medical Practitioners Tribunal Service fitness to practise panels. This will include our Indicative Sanctions Guidance, restriction banks, a glossary of terms and the role of warnings in our procedures.

**Recommendation**

2. The Strategy and Policy Board is asked to consider arrangements for the review of the Indicative Sanctions Guidance, the role of warnings and restriction banks, including the proposed governance arrangements and timetable for consultation.
Review of our Indicative Sanctions Guidance, warnings and restriction banks

Issue

3 In 2011-2012, we held a public consultation on our core guidance on standards for doctors, Good medical practice (GMP), to ensure it is up to date and reflects what doctors and patients think are the important values and principles of good care. A new version of GMP was published in April 2013.

4 We now need to review our Indicative Sanctions Guidance which Medical Practitioners Tribunal Service (MPTS) fitness to practise panels use to decide what action to take in the light of the changes to GMP.

5 The review of our Indicative Sanctions Guidance will consider which types of allegations should result in the most serious sanctions, fairness, and the role of apology and insight in deciding the outcome of cases. We also propose to draft guidance on the length of suspension to ensure this appropriately reflects the seriousness of concerns.

6 The consultation will also look at our guidance for decision makers on restricting a doctor’s practice to address concerns, either through voluntary agreement or imposing requirements on a doctor’s registration. This will involve reviewing the conditions, undertakings and interim order banks and glossary to ensure these are effective, workable and reflect the modern environment in which doctors work.

7 We will also conduct a fundamental review of warnings and the role they play in dealing with a significant breach of guidance. Changes to how we use warnings may require amendment to legislation in the future.

Timetable

8 We propose to hold the public consultation from 1 August to 31 October 2014. This timetable will enable us maximise the opportunity for engagement with key interests in consultation activities after the holiday period and launch the revised guidance in August 2015.

Governance arrangements

9 To achieve the above timetable, we propose to submit a discussion paper for Council to consider at its meeting on 21 May 2014. The Strategy and Policy Board will have an opportunity to comment in advance on the draft paper, using the following timeline:

a 23 April 2014 (approximately): Discussion paper circulated to the Strategy and Policy Board, for approval ahead of consideration by Council.
b 21 May 2014: Council considers the discussion paper.

c 22 May 2014: The Strategy and Policy Board considers the discussion paper at its meeting, taking into account the views of Council from the previous day.

d June 2014: The draft consultation document to be considered by the Strategy and Policy Board. Once agreed, it will be circulated to Council for approval.

e 1 August 2014: Consultation launch.
Supporting information

How this issue relates to the corporate strategy and business plan

10 Strategic Aim two of our 2014 Business Plan is to give all our key interest groups confidence that doctors are fit to practise. To achieve this, it is crucial that the action we take in response to concerns about doctors is perceived as fair, proportionate and adequate to protect the public and maintain confidence in the medical profession.

How the issues support the principles of better regulation

11 The guidance used by MPTS fitness to practise panels supports transparent and consistent decision making. The public consultation on our guidance is expected to promote accountability in the way we work and help to ensure the action we take is targeted and proportionate.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

12 We ran a series of Fitness to Practise and MPTS staff and panellist consultation activities last year including workshops, drop-in sessions, webinars, teleconference and surveys. Completed engagement activities with external stakeholders include notifying the Professional Standards Authority, government officials in the four countries, other UK health and social care regulators and medical defence organisations. We have produced a communication and engagement plan.

What equality and diversity considerations relate to this issue

13 The timetable for consultation is intended to maximise opportunities for consultation with key interests, including those sharing protected characteristics, across the four countries.

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