Agenda item: 17
Report title: Adverse information
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Action: To note

Executive summary
We are carrying out work to integrate Responsible Officers (and their relationship with our Employer Liaison Advisers) into our fitness to practise processes. To improve understanding about the types of information that Responsible Officers and others need to refer to us we have renamed ‘adverse information’ as ‘supplementary fitness to practise concerns’. We hope this will streamline the information we receive and speed up our procedures.

This will be supported by training for staff, updated guidance and clearer correspondence with Responsible Officers on what information we want to receive.

When the review is complete, our Employer Liaison Advisers will notify Responsible Officers of the changes.

Recommendation
The Strategy and Policy Board is asked to note changes on how we deal with adverse information.
Issue

1. When concerns about a doctor are under investigation or when we are monitoring a doctor who is suspended or has restrictions on their practice, we often receive further information about the doctor. This can be received in response to our asking third parties such as employers during an investigation if they have any concerns about the doctor or in response to something that has happened locally.

2. On receipt of that information we assess it to decide if it raises a question about the doctor’s fitness to practise (i.e. whether we need to investigate). It may be related or unrelated to the concerns we are already investigating or monitoring.

3. We term this information ‘adverse’ information and we consider the information and make what we call an adverse information decision. This has no basis in our statutory rules as the test for investigation is whether the information we have raises a question about a doctor’s fitness to practise. In reality, this is the test we apply to all information we receive but the fact that we ask Employers and Responsible Officers (ROs) to send us ‘adverse’ information leads to large volumes of information being received that could never raise a question about the doctor’s fitness to practise and which we then have to sift and make decisions about.

4. As part of our work to make our procedures more focused and targeted, and to integrate ROs (and their relationship with our ELAs) into our fitness to practise processes, we propose to improve understanding about the types of information that need to be referred to us. We have renamed ‘adverse information’ as ‘supplementary fitness to practise concerns’. We have reviewed and updated the guidance for staff to introduce the new terminology and to enhance the explanation of the threshold to ensure that staff are clear that the threshold is whether the information raises a question about the doctor’s fitness to practise (the same threshold as applies at the triage stage of our procedures).

5. The next stage of the project is to review our letters to third parties to ensure that we are clear about the types of information we would like to receive. Once that review is complete the ELAs will speak to ROs about the changes and we will deliver training sessions for staff. This is likely to be in early 2016.

6. In due course we will need to make changes to SIEBEL. The earliest we are likely to be able to do this is in the first release in 2016, likely to be between April-June 2016 but we propose to implement the changes in advance of that, during the early part of 2016 and work around the SIEBEL constraints in the interim.