Streamlining Fitness to Practise in the UK

General Medical Council

Ninth Asian Medical Education Association Symposium cum Frontiers in Medical and Health Sciences Education 2017, Hong Kong

Saturday 16 December 2017

Professor Terence Stephenson, Chair, General Medical Council

Complaints and outcomes in 2015

Total UK licensed doctors

232,000

Complaints	Investigations	Hearings	Suspended	Erased
8,269	2,240	269	98	93

The challenge

- Increasing volumes of complaints since 2008.
- Around 80 per cent of all investigations closed with no action or advice.
- Investigations can take a long time minimum six months – resource intensive and challenging for doctors and complainants.
- Can lead to dissatisfaction for both doctors and complainants.

Reforms we have introduced

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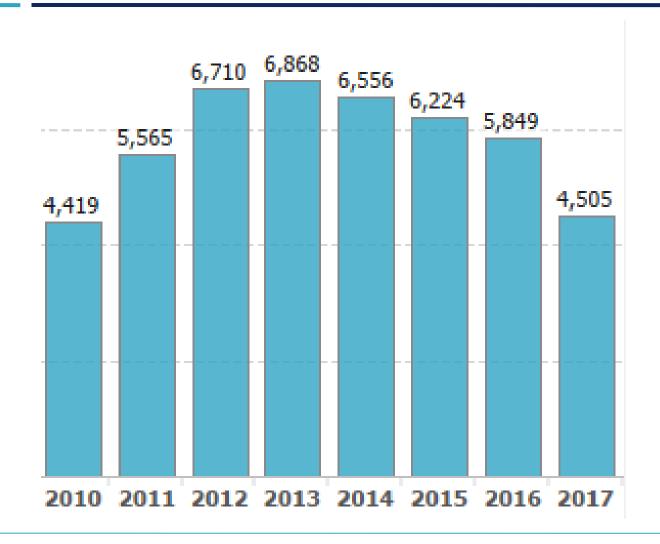
Employer Liaison Advisers



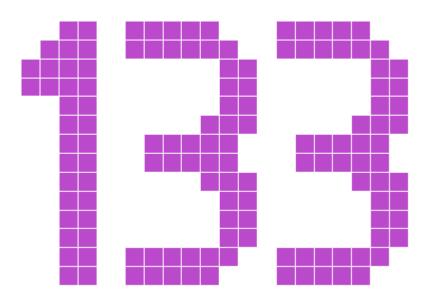
Provide advice on when cases need to be referred to the GMC

Focus is on risk to public – can it be handled locally?

The volume of complaints is changing



Provisional enquiries – faster and fairer



days difference between the median duration of a full investigation and that of a provisional enquiry.

(based on median durations from Q4 2015)

Meetings with doctors



Since 2012 we have offered meetings with doctors at the end of an investigation to improve the information we hold. This helps us decide if a hearing is necessary.

We have been able to avoid around 30 hearings each year since.

The Doctor Support Service

Confidential emotional support to any doctor who has a complaint made against them to the GMC

'I probably would have struggled to get through that time without that extra support'

'It reduced my anxiety and helped me feel much less isolated...It was an open door. I don't feel I could have got through these three years without that support.'

The Doctor Support Service

Independent confidential support for doctors involved in a fitness to practise case

The General Medical Council (GMC) has commissioned BMA Doctors for Doctors to provide dedicated confidential emotional support to any doctor involved in a fitness to practise case who would like it.

Having your fitness to practise investigated can be a very stressful experience, and some doctors find it particularly difficult. This service provides doctors going through a fitness to practise case with an independent source of emotional support.

The service is open to any doctor, whether or not you are a BMA member, and is free of charge.



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Humane/compassionate handling

All doctors

Mental Health awareness training for all GMC staff

Improve filters – only investigate where necessary

Frontload investigation

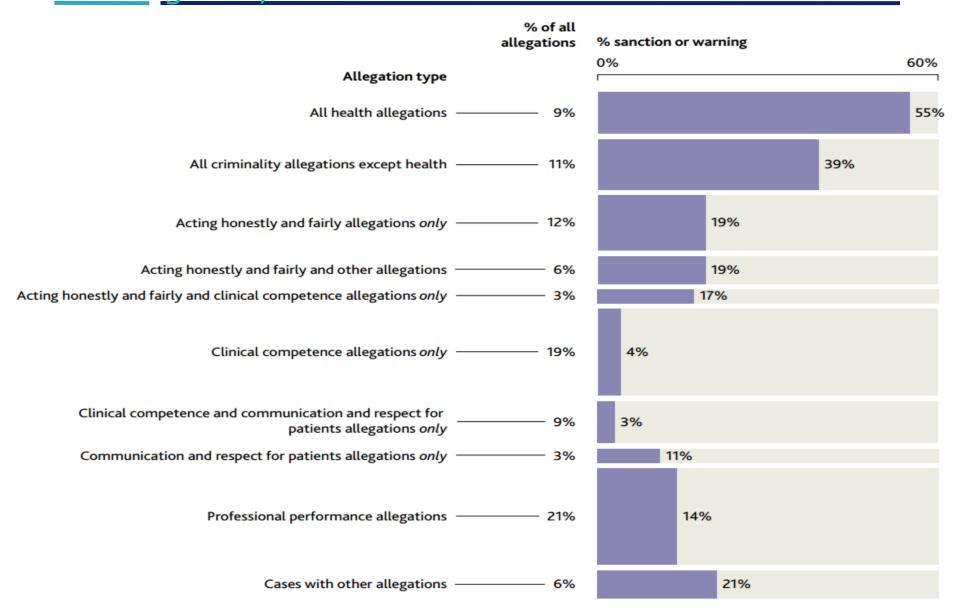
Consensual outcomes where possible

Co-ordinate all GMC correspondence through investigation officer

Single point of contact throughout

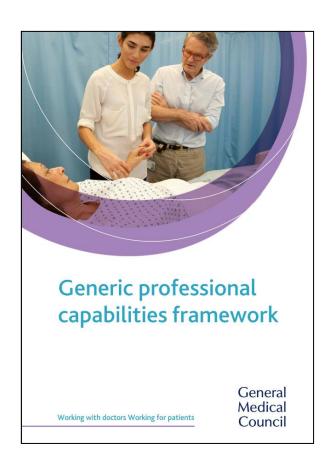


Likelihood of sanction or warning varies by type of allegation, 2011–15



Generic Professional Capabilities

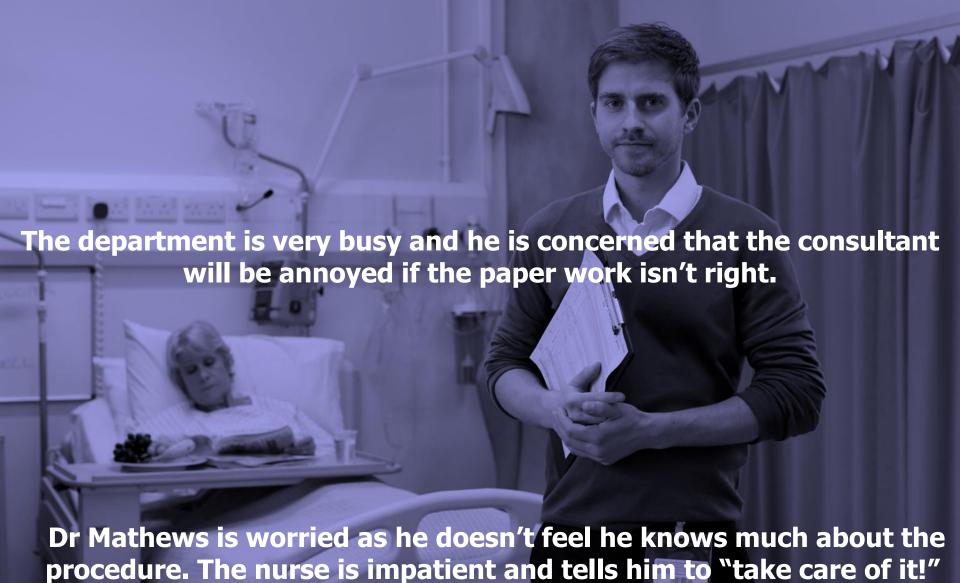
- Developed with the Academy of Medical Royal Colleges
- Doctors will need to show they are capable of exercising good professional judgement and decision making in complex situations
- For example:
 - able to demonstrate appropriate understanding of legal aspects of digital and written records
 - Shared decision making appreciating their leadership style and their impact on others
 - understand needs of people with learning disabilities



Scenario 1

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Dr Mathews is a new F1. A nurse asks him to obtain consent from Mrs Howard to having a colonoscopy





GMC – a source of advice and guidance

You must recognise and work within the limits of your competence.

(Good medical Practice para 14)

Delegation checklist:

- suitably trained and qualified
- has sufficient knowledge of the proposed investigation or treatment, and understands the risks involved
- understands, and agrees to act in accordance with GMC guidance
- make sure that the patient has been given enough time and information to make an informed decision

(Consent guidance para 26–27)

Protecting patients

Dr Belfast, GP, prescribes antibiotics over the phone to Steve, an intravenous drug user who has an abscess in his armpit, leaking pus and painful. Dr Belfast did not ask how long he'd had abscess, any changes or fever or advise him to attend Practice or Hospital. Next day abscess bursts and patient in intensive care after losing large amount of blood.

Dr Cardiff, a paediatrician, has been depressed since her mother's death and, to alleviate her low mood, drinks a litre of vodka daily.

Protecting confidence in doctors

Mr Edinburgh, a surgeon, argued with an attending nurse, Mrs Glasgow, during a surgical procedure. Mr Edinburgh threw a scalpel at Mrs Glasgow before a third colleagues intervened.

Dr Cambridge lied about qualifications and forged reference. He was dismissed and referred to GMC. He lied about disciplinary or GMC involvement to get new post. GMC imposed interim suspension. He lied about this to locum agency and practised while suspended. When challenged, said his mother had died which was not true.

Going further

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Reforming regulation - needs legislation



'Up-streamimg' =
Support doctors
better to avoid them
getting into difficulty
in the first place

Local investigations in most cases

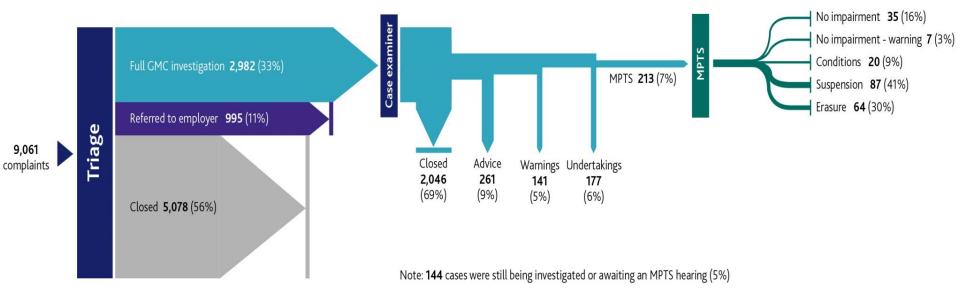
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Thank you

www.gmc-uk.org

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Our fitness to practise process



Current UK doctor population

Country	Licensed Doctors	EEA/IMG PMQ
England	195,000	66,000
Scotland	20,500	3,500
Wales	10,000	3,500
Northern Ireland	6,500	1,000
UK TOTAL	232,000	74,000

Impact for patients and doctors



Patients

- Swifter decision
- Offer patients a meeting
- Decisions explained.

Doctors

- Swifter decision
- Not a full investigation
- Disclosure more proportionate.

