The GMC Perspective
What happens when a doctor is reported to the GMC

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AAGBI Linkman Conference 2016
The GMC’s purpose

‘To protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine’

Medical Act 1983, as amended in 2000
Four Statutory Functions

- Education & Training
- Registration & Revalidation
- Fitness to Practise
- Standards and Ethics
Good Medical Practice

The duties of a doctor registered with the General Medical Council

2013
Complaints

Complainants:
- Patients
- Relatives
- Managers
- Colleagues
- Police
- etc. etc.

Public 6572 (2014)
PAPC 1200 (2014)
Other 1852 (2014)
Complaints about doctors

![Graph showing the number of complaints about doctors from 2007 to 2014. The number of complaints increases each year.]
The risk for anaesthetists

- Fairly low rate of referral
- PAPC
- Serious allegations – clinical care
  - probity
  - health
  - relationships with patients
- Annual risk of referral is 0.8%
- Average lifetime risk of referral is ~25%
The Fitness to Practise process

What the GMC can investigate:

- Criminal behaviour
- Probity/dishonesty
- Clinical underperformance
- Sick doctors
The process – action and outcomes

- Two stage process consisting of
  - Investigation – GMC
  - Adjudication – MPTS
Initial handling of complaints / referrals

- **Initial assessment** –
  - Are there issues for the GMC to investigate?

- **Possible outcomes (2015)**
  - Closed at the initial triage assessment stage (66%)
  - Provisional enquiry 351 – 75% closed
  - Full investigation (25%)
What happens next?

A guide for doctors reported to the GMC

General Medical Council
Overview of Investigation Process

- GMC receives an allegation
- Interim Orders Panel (IOP)?
- Initial disclosure to Dr
  - LETB & employer disclosure
  - Gathering evidence – witness statements/expert reports, medical records, Health and Performance Assessments, Police, NHS Counter Fraud, English language
- Final Disclosure
- Case Examiner Decision
Health Assessment

Two assessors in appropriate specialties
Report on:
- Fitness to practise, limited or unlimited
- Recommendations for management
- +/- NCAS
Performance Assessment

The assessment team:

- Team leader (medical)
- One or more medical assessors
- One or more lay assessors
Options following investigation:

- No further action
- Advice
- Warning
- Agree undertakings
- Referral to FTP panel
Fitness to Practise Panel

- Chair
- Medical member/s
- Lay member/s
- Legal Assessor
1. Determination on Facts

2. Impairment?

3. +/- sanctions
‘Not impaired’

Warning
Sanctions (on the ‘impaired’)

- No action
- Conditions
- Suspension
- Erasure

(CPS – manslaughter)

All subject to appeal in the High Court
239 MPTS hearings (237 in 2014)

Erasures: 72 (71 in 2014)

Suspension 95

No impairment 38 (16%) (as in 2014)
2005 – 2013:
- 114 doctors died while under investigation
- 24 suicides
- 4 suspected suicides

Doctors Who Commit Suicide While Under GMC Fitness–to Practice Procedures

Sarndrah Horsfall

December 2014
Avoiding the GMC

Top Tips
Avoiding the GMC

- Make the care of your patient your first concern
- Keep your professional knowledge and skills up to date
- Recognise and work within limits of your competence
- Work with colleagues
- Listen to patients
- Be honest

GMP 2013
Avoiding the GMC

Be competent
Avoiding the GMC

Be nice
Avoiding the GMC

Make notes
Make notes
Make notes
Avoiding the GMC

Make friends
Avoiding the GMC

Be truthful
(Duty of candour)
Avoiding the GMC

Join a Medical Defence Organisation
And if you fail--------

Be truthful
And if you fail--------

Show insight
And if you fail--------

Be contrite