General Medical Council

Proposals to reduce the impact of our fitness to practise processes

Headlines

1 Continue to engage with responsible officers to ensure that concerns are dealt with at the right level, and resolved locally where possible.

2 Increasing use of early enquiries to ensure investigations are only carried out where necessary, particularly in cases involving concerns about health.

3 Where investigation is necessary and the concerns relate to the doctor's health, diverting these cases to a process that is swift, as supportive and consensual as possible.

4 Developing a co-ordinated approach in health from start to finish and greater co-ordination of correspondence from the GMC in all types of cases.

5 Increasing access and availability of support for doctors under investigation.

6 Ensuring a proportionate approach to publication and disclosure of sanctions particularly in cases involving adverse mental health.

7 Raising awareness of the need for commissioning arrangements to be developed to support all doctors (not just GPs) in accessing confidential mental health treatment.

Summary Proposals

8 Only carrying out a full investigation where necessary, reducing the overall number of investigations:

- **a** reviewing our online complaints form – signposting mechanisms for resolving matters locally first and providing greater clarity on thresholds.
- **b** through engagement with responsible officers, improving the mechanisms for working with local procedures to ensure concerns are dealt with at the right level to reduce the impact on doctors

c filtering or diverting cases at the Triage stage by reviewing guidance to ensure it supports a proportionate approach and improving the information we have at this stage through expanding use of provisional enquiries.

9 Where an investigation is necessary, increasing support for doctors and reducing the stress of an investigation, with enhanced support for doctors with mental health concerns:

a faster, more focused investigations – frontloading investigations, putting senior case examiner resource in earlier to identify key issues and focus the investigation

b co-ordinated management – specially trained staff, with a single point of contact, in cases involving adverse mental health and exploring this for other cases.

c communication – reviewing the timing and number of letters and co-ordinating all GMC correspondence through the investigation officer, helping doctors understand likely outcomes earlier in the process and a further review of the language used in correspondence particularly in cases involving adverse mental health.

d pausing the process where appropriate – to allow particularly unwell doctors to get treatment (with appropriate interim protection where needed)

e providing greater support for doctors during the process, including at hearings.

10 Strengthening medical input into decision making about cases involving adverse mental health:

a developing access to specialist psychiatric advice for staff before deciding whether to open an investigation

b exploring an enhanced role for medical supervisors in monitoring restrictions to reduce the amount of direct contact for the doctor with the GMC

c developing guidance for medical supervisors on how to respond where they believe a doctor who is being monitored is not receiving appropriate medical treatment.

11 Pursuing a consensual approach where possible, increasing the number of consensual outcomes – a consensual approach to be the preferred route within our legal powers.

a seeking legislative change to provide us with more flexibility about when we need to undertake an investigation

b progressing cases where there are risks relating solely or primarily to adverse mental health, as quickly as possible to consensual undertakings

c seeking greater powers to agree outcomes with doctors and in the meantime explore a greater use of voluntary erasure in appropriate cases.

12 Expanding the availability of support for doctors during the fitness to practise process, particularly at the hearing stage

13 Ensuring our publication and disclosure policy promotes a proportionate approach.

14 Expanding the availability of support and advice for staff where they have concerns about a doctor's wellbeing during the fitness to practise process:

a developing new guidance for staff on signs a doctor may be unwell

b providing access for staff to expert psychiatric advice if they're concerned about a doctor's wellbeing

c exploring arrangements with local services in Manchester to enable assessment and treatment of doctors who become very unwell at a hearing

15 Raising awareness of our approach to fitness to practise and tackling misconceptions about the fitness to practise process.

16 Exploring whether we can achieve improvements to our access to information about the cause of doctor deaths during and after being in the fitness to practise process.