

Referral Guidance

Introduction

- 1 This referral guidance is provided to assist Responsible Officers (ROs) in making referrals to us. ROs should consult the guidance whenever they are considering making a referral.
- 2 The most up to date version of this guidance can always be found on our website. If you would like to check that you have downloaded the latest version, please visit our [webpages](#) about the guidance.

Statutory framework for referrals

RO Regulations

- 3 The [Responsible Officer Regulations](#) give you responsibility for the evaluation of the fitness to practise of every doctor with a prescribed connection to your designated body. Additionally, doctors have a duty to protect patients under *Good Medical Practice*. If a concern is raised about the fitness to practise of a doctor connected to your designated body (that is if you believe that a doctor's behaviour poses a risk to patients or public confidence in doctors), you have a responsibility to take all reasonable steps to investigate those concerns, and where appropriate, refer those concerns to us.

The Medical Act 1983

- 4 Under the powers set out in the [Medical Act 1983](#), we can take action if we believe that a doctor's fitness to practise is impaired. A question may arise about a doctor's fitness to practise for the following reasons:
 - misconduct
 - deficient performance

- a criminal conviction or caution in the British Isles (or elsewhere for an offence which would be a criminal offence if committed in England or Wales)
 - physical or mental ill-health
 - a determination (decision) by a regulatory body either in the British Isles or overseas
 - lack of the necessary knowledge of English language to be able to practise medicine safely in the UK.
- 5** In the event that you have a concern about a doctor, you should consider whether it is appropriate to refer the concern to us, in accordance with your responsibilities as set out in the Responsible Officer Regulations. This referral guidance provides assistance to you by:
- outlining the threshold criteria for referral to us
 - highlighting some of the factors that you should consider before deciding whether to make a referral
 - introducing our referral form
 - explaining some of the steps that you must take when submitting your referral.

The threshold for referral

- 6** We can act on any information, from any source, which raises a question about a doctor's fitness to practise.
- 7** In some cases, it is clear from the outset that there is no need for us to investigate because the concern is about matters that cannot raise an issue of impaired fitness to practise. We will normally close these cases without taking any further action. Examples of cases closed without any investigation include:
- minor motoring offences, not involving drugs or alcohol
 - a delay of less than six months in providing a medical report
 - a minor non-clinical matter
 - a complaint about the cost of private medical treatment.
- 8** Allegations of serious or persistent failures to practise in accordance with the principles set out in *Good Medical Practice* may raise a question about a doctor's fitness to practise. These can be categorised under the following domains:

- knowledge, skills and performance
- safety and quality
- communication, partnership and teamwork and
- maintaining trust.

9 Our threshold for referral is likely to be met when:

- a doctor's performance has deviated from the guidance set out in *Good Medical Practice* and as a result has harmed patients or put patients at risk of harm
- attempts to improve a doctor's performance locally have failed and you are aware of a remaining unacceptable risk to patient safety
- a doctor about whom you have significant concerns leaves your designated body and you are not confident that alternative safeguards are in place
- a doctor has shown a deliberate or reckless disregard of clinical responsibilities towards patients
- a doctor has abused a patient's trust or violated a patient's autonomy or other fundamental rights
- a doctor has behaved dishonestly, fraudulently or in a way designed to mislead or harm others
- a doctor's behaviour was such that public confidence in doctors generally might be undermined if we did not take action
- a doctor's lack of knowledge of the English language is compromising patient safety.

10 A referral to us is also likely to be necessary when a doctor's health is compromising patient safety. There is no need for us to intervene if there is no risk to patients or to public confidence. For example, it is unlikely to be necessary for us to investigate a doctor with a health issue if the doctor has insight into the extent of their condition, is seeking appropriate treatment, following the advice of their treating physicians and/or occupational health departments in relation to their work, and restricting their practice appropriately. We are however likely to seek to take action:

- if significant concerns arise about patient safety, for example, where a doctor's ill-health (including addiction) appears to be uncontrolled or where there is evidence that the doctor is not following advice

- if there is a significant risk of relapse or loss of insight, which may be characteristic of a condition, for example, addiction or certain mental health conditions
- in respect of significant misconduct issues, for example, where a doctor is convicted of a drink-driving offence.

11 This guidance is not an exhaustive list of the circumstances in which it may be necessary to make a referral.

Deciding whether to make a referral

12 As a referral is a formal submission to us, in your capacity as RO:

- you must exercise your professional judgement when considering whether to make a referral
- any referral should be made in good faith, based on all the information that is available to you
- you should take reasonable steps to ensure that any referral you make is accurate and fair
- you may choose to delegate the administration of the referral, but you remain accountable for the referral.
- Our Employer Liaison Advisers are expert in advising on whether a doctor should be referred to the GMC. If you are in any doubt about whether to make a referral please discuss with your ELA before doing so".

13 In order to make sure that referrals are accurate and fair you may first need to:

- complete your own local investigation and consider the conclusions
- understand the outcomes of any external investigation and/or
- take any other reasonably practicable steps necessary to understand whether the concerns raise a question about the fitness to practise of the doctor.

14 If you decide to make a referral, we will need a certain level of information in writing in order to properly consider the concerns, such as:

- the doctor's full name, or surname, initials and reference number
- an account of the events or incidents that concern you, with dates, if possible
- copies of any relevant papers and/or any other evidence you have and/or

- details of any local action you have taken already.

Our referral form

- 16** Wherever possible, you should make your referral via GMC Connect using our referral form. Once the referral has been submitted, ROs will receive an email summary of the referral for their records. GMC Connect requests the core information we need to process your referral. It also details the types of supporting documentation that should be provided with your referral (if applicable and available) to enable us to make appropriate decisions about your referral, and to reduce unnecessary delays. Our referral form can be a very useful checklist to help ensure that you have included the information we might need.
- 17** If some of the supporting documentation is unavailable at the point of referral, you should not delay making the referral, but should send all the documentation that is available, and indicate on our referral form what additional documentation will be sent later.

The steps you must take when making a referral

The referral declaration

- 18** Whenever you make a referral, we will ask you to make a referral declaration to confirm that:
 - the referral is made in good faith, based on all the information that is available to you at the time of making the referral and
 - you have taken reasonable steps to ensure that the information contained in your referral is accurate and fair.
- 19** If you have concerns about the fairness or accuracy of the information that forms the basis of the referral, please clearly indicate this at the point of referral.
- 20** The referral declaration is completed at the end of our referral form in GMC Connect. The referral declaration should accompany any referral made. In the event that you are unable to make a referral via GMC Connect, you should send your referral to us by email at practise@gmc-uk.org and include the referral declaration in your letter of referral. You should also copy in your employer liaison adviser into the email.
- 21** Ideally, the RO will complete the GMC Connect referral form in all cases. However, if this is not possible, we ask that the person completing the form confirms their role and the fact that they are acting on behalf of the RO.

- 22** If you discover that you have answered any part of the referral form incorrectly or where further information relevant to the referral becomes available please notify us as soon as possible. If the referral is still being considered please e-mail practise@gmc-uk.org. If the referral has resulted in a GMC investigation please e-mail the investigation officer.

Has the doctor raised patient safety concerns?

- 23** Whenever you make a referral, we will also ask you to identify whether, to your knowledge, the doctor being referred has ever raised patient safety concerns. This is to provide safeguards that either your role as referrer or our role as regulator is not being used inappropriately in response to a doctor raising concerns. If the answer is yes, we will invite you to provide further information to help us better understand the context and outcome.
- 24** By patient safety concerns, we mean that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures of the organisation in which they work.
- 25** This type of concern is distinct from a grievance or private complaint, for example a dispute about the employee's own employment position that has no public interest element. For further information see our guidance '[Raising and acting on concerns about patient safety](#)'.
- 26** This information is most easily communicated by answering the specific question towards the end of our referral form, and listing any relevant documentation that will help us better understand the context and outcome. You should list this information in any referral you make. In the event that you are unable to use our Referral Form, you should send your referral to us by email at practise@gmc-uk.org and list this information in your e-mail of referral.

Our Employer Liaison Service

- 27** Our Employer Liaison Service is available to help you and your team understand our thresholds and procedures by providing advice. If you have a query about our thresholds or procedures, you should discuss this with your designated employer liaison adviser at the earliest opportunity. Our employer liaison advisers are available to offer advice and support at any stage, on a wide range of issues.
- 28** You can contact your employer liaison adviser by email at liaison@gmc-uk.org. If, having discussed your concerns with your employer liaison adviser, you wish to make a referral, you should complete the [referral form](#) and send it to practise@gmc-uk.org or alternatively, write to practise@gmc-uk.org. Please copy in your employer liaison adviser to any referral made.