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Ref: JA/Referral  
Enquiries to: Angela Cooper  
Direct Line: 0141 201 4264

Date: 12<sup>th</sup> October 2015

**To: All Chiefs of Medicine, Lead  
Associate Medical Director MHS,  
Deputy Director of Human Resources  
& Heads of People & Change**

Dear all,

**Re: Referrals to the General Medical Council (GMC)**

It is recognised that on occasion it may be necessary to refer a medical practitioner to the GMC, if it is believed that patient safety or care is being compromised by their practice. Concerns may relate to a practitioner's conduct, health or performance and can arise from a number of sources such as patients' complaints, colleagues' concerns, critical incident reports and clinical audit.

There is an expectation that all doctors, whatever their role, will take appropriate action to raise and act on concerns about patient care, dignity and safety. This may be by investigating and dealing with the concern locally (if possible), or referring serious or repeated incidents/complaints to medical management or the GMC.

Within the Board we have a procedure in place to allow concerns to be raised and for reporting concerns to the GMC. If there is a concern that a practitioner may not be fit to practise and could be putting patients at risk, this should be reported to the Clinical Director (CD) in the first instance. The CD should then discuss with their Chief of Medicine (Acute)/Lead Associate Medical Director (Partnerships). If having given consideration to the *GMC thresholds for referral* a decision is reached that a referral should be made on behalf of the Board, this responsibility rests with the Chief of Medicine/Lead Associate Medical Director.

If the concern relates to a doctor in training, the matter should also be discussed with Professor Paul Knight, Director of Medical Education, prior to a referral being made. It may be that following discussion with Professor Knight it is deemed more appropriate that the referral comes directly from the Postgraduate Dean rather than the service, particularly if there is a history of difficulties throughout the practitioner's training.

It is essential that all GMC referrals made on behalf of the Board are reported to myself, David Stewart, Deputy Medical Director and Angela Cooper, HR Manager Medical Staffing at the earliest opportunity. We can then respond to any enquiries that come in centrally from the GMC or the Press Office.

Please note all practitioners reserve the right to contact their regulatory body directly in the following circumstances:-

- If they cannot raise concerns through the above procedure because they believe the medical management team is part of the issue
- If the individual is not satisfied with the action taken by the medical management team
- If there is an immediate serious risk to patients, and a regulator has responsibility to act or intervene

Referrals made under these circumstances should be classified as 'personal' referrals and not 'board' referrals.

Should you have any queries in relation to the above process please do not hesitate to contact me.

Yours sincerely



Jennifer L Armstrong  
Board Medical Director NHSGGC

cc. Dr David Stewart, Board Deputy Medical Director  
cc. Professor Paul Knight, Director of Medical Education  
cc. Anne MacPherson, Board HR Director  
cc. Angela Cooper, HR Manager Medical Staffing

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<sup>i</sup> [http://www.gmc-uk.org/Guidance\\_GMC\\_Thresholds.pdf\\_48163325.pdf](http://www.gmc-uk.org/Guidance_GMC_Thresholds.pdf_48163325.pdf)