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| **J B Russell House**  **Gartnavel Royal Hospital Campus**  **1055 Great Western Road**  **Glasgow**  **G12 0XH**  **www.nhsgg.org.uk** |  |

Ref: CD/Referral

Enquiries to: Angela Cooper

Direct Line: 0141 201 0821

Date: 8th November 2021

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| **To: All Chiefs of Medicine,**  **Directors, HR Director, Deputy Director of**  **HR & Heads of HR, Medical Staffing Lead** |  |  |  |

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. Within Acute Services the CD should discuss with their Chief of Medicine and, if required, the Deputy Medical Director (Acute). Within Mental Health Services the CD should discuss with the Deputy Medical Director (MHS).

If having given consideration to the *GMC thresholds for referral*[[1]](#endnote-1)*,* a decision is reached that a referral should be made on behalf of the Board, this responsibility rests with the Chief of Medicine/Deputy Medical Director (MHS). Within Acute Services, the Chief of Medicine should notify the Deputy Medical Director (Acute) of the referral. If the concern relates to a doctor in training, the matter should also be discussed with Dr Lindsay Donaldson, Director of Medical Education, prior to a referral being made. It may be that following discussion with Dr Donaldson 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.

Where a doctor requires to make a self-referral to the GMC (e.g. on receipt of a police caution, or been charged with or found guilty of a criminal offence) they should disclose this to their Chief of Medicine/Deputy Medical Director (MHS) immediately.

It is essential that all GMC referrals made on behalf of the Board and all self-referrals are reported to myself, Dr Jennifer Armstrong Board 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.

For further advice on how to handle concerns about doctors and whether the threshold has been met on individual cases please contact Mr Willie Paxton, GMC Employment Liaison Adviser willie.paxton@gmc-uk.org (0131 525 8702).

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

Yours sincerely

Dr Chris Deighan

Deputy Responsible Officer/Deputy Medical Director (Corporate)

cc. Dr Jennifer Armstrong, Responsible Officer/Board Medical Director

cc Dr Scott Davidson, Deputy Medical Director (Acute)

cc Dr Martin Culshaw, Deputy Medical Director (MHS)

cc. Dr Lindsay Donaldson, Director of Medical Education

cc. Anne MacPherson, Board HR Director

cc. Kenny Tracey, Medical Staffing Lead

1. <http://www.gmc-uk.org/Guidance_GMC_Thresholds.pdf_48163325.pdf> [↑](#endnote-ref-1)