

GMC Thresholds Workshop with the GMC Employer Liaison Service at the National RO Conference – Ahead of the Curve

Introduction

The aims of the workshop:

1. To acknowledge the complexity of the many issues that Responsible Officers (RO) have to deal with in relation to patient safety and recommendations for the revalidation of doctors.
2. To encourage ROs to discuss fitness to practise and revalidation scenarios, share their thinking and approaches.
3. To consider the local actions available and when the regulator should be involved.
4. To explore the concept of “informal action.”
5. To encourage the use of the GMC Employer Liaison Adviser as a sounding board and “critical friend.”
6. To enable ROs to test their thinking and that their approaches are in line with their peers.

Scenarios

The session focused on two main scenarios which developed in a linear, increasing level of concern:

1. Paediatrician - Alcohol
2. General Practitioner – behaviour.

These were followed by three shorter scenarios:

1. Doctor who works most of the time in Greece, but works in UK for 3 weeks a year.
2. Doctor has submitted a number of prescriptions for someone with the same last name also living at her address.
3. Doctor with long pattern of sick leave over several years with only two appraisals in the last five years

Evaluation

We took advantage of the voting technology to get instant and anonymous feedback from the two workshops which is collated below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The session:					
contained useful scenarios %	53	41	6	0	0
enabled me to calibrate my thinking with colleagues (Second group only) %	53	41	3	3	0
was well run %	45	48	6	0	1

Notes

1. ROs would like a system to enable them to check who a doctor's RO is.
2. Commentary on the variance of willingness of some ROs to share information and concerns regarding the basis for when to do so and potential challenges.
3. Commentary on the importance of establishing important information at recruitment (Last appraisal date and outputs, last RO, any GMC activity.) Also providing useful information for departing doctors and future ROs
4. Praise for MPIT
5. Agreement that although many used the term "informal action" in relation to addressing a low level concern regarding a doctor, all participants agreed that a formal record would always be made and shared with the doctor concerned in such circumstances.
6. Importance of investigating as fully as possible, even if doctor leaves an organisation in accordance with MHPS/Performers list regulation etc.
7. Not all processes are linear, investigation may start and involve a GMC ELA discussion, but process can change as investigation develops
8. Good awareness that revalidation deferral is a neutral act and the importance of ensuring robust recommendation based on all required information.