



GP Health Service

General
Medical
Council

**A memorandum of understanding between the NHS
General Practitioner Health Service (GP Health) and the
General Medical Council (GMC)**

October 2016

Purpose

1. The purpose of this memorandum of understanding is to set out a framework between the General Medical Council (GMC) and the General Practitioner Health Service (GP Health) to ensure that effective channels of communication are maintained between the GMC and GP Health.
2. This memorandum relates to the areas of interface between the GMC and GP Health, clarifies respective roles and responsibilities and outlines mechanisms in place to promote effective liaison.
3. The agreement does not affect existing statutory functions or amend any other policies or agreements relating to the activities of the GMC and GP Health.

Functions of the GMC and GP Health

The General Medical Council

4. The GMC is a statutory body responsible for regulating the medical profession in the United Kingdom. Its purpose is to:

“Our purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.”
5. The GMC has statutory powers under the Medical Act 1983, to take action when concerns are raised about the performance, conduct, or health of individual doctors which call into question the doctor’s fitness to practise.

The General Practitioner Health Service

1. The GP Health Service is a free, confidential NHS service for General Practitioners and General Practitioner trainees in England. The GP Health service will provide advice, assessment, treatment and case management services. Where necessary, they will arrange onward referral to specialist services. Practitioners accessing GP Health will have health concerns that relate to:
 - a mental health or addiction problem (at any level of severity).
2. The GP Health service is commissioned through NHS England and is a self-referral service. Health care organisations may seek advice or make referrals.

Colleagues, family and friends of General Practitioners with health concerns may also contact the service for advice. Referrals outside of this commissioned route will be subject to other contract or individual funding agreements with commissioners. Details for accessing support outside of this current commissioned route can be found on the NHS Practitioner Health Programme (PHP) website <http://php.nhs.uk/live-outside-london/>. PHP provides assessment and treatment of all other Doctors and Dentists via contracted or individual funded routes.

Confidentiality

3. The GMC has a statutory duty under Section 35B(4) of the Medical Act 1983 to publish, in such a manner as it sees fit, a range of decisions by fitness to practise panels, interim orders panels, the Investigation Committee, and undertakings agreed with doctors. However, it has a discretionary power to withhold any information concerning the physical or mental health of a person which it considers to be confidential.
4. The GMC does not publish information relating solely to a doctor's health. It treats this information as confidential. This means it does not publish the details of conditions or undertakings that directly relate to a doctor's health. Where details regarding a doctor's health are disclosed during any part of a hearing which is held in public, by any party, this information is redacted from the published decisions.
5. Doctors approaching the GP Health service for help need to be assured that they have the same rights to confidentiality as any other patient. To this end, the GP Health has devised a confidentiality policy for doctors which will be found on the GP Health website.

Potential areas of communication

6. Communication between the GMC and the GP Health service is based on an overriding duty to protect patients while, as far as possible, being fair to doctors and protecting confidential health information about individual doctors. Areas of potential communication between the GMC and the GP Health service include the following (the list is not intended to be exhaustive):
 - a. Pre-referral discussion:

- i. 'in principle' about how best to manage concerns about a doctor and whether or not the GMC would need to be informed on an anonymised basis, or
- ii. discussions about individuals who have been referred to either organisation, where there are concerns about public protection or the safety of patients under the care of the doctor, on a named doctor basis.

b. Post-referral discussion – to coordinate activity where appropriate.

7. Each of these areas is further explored in the following paragraphs.

Pre-referral discussions 'in principle' or about named doctors

8. Both the GP Health service and the GMC are approached for advice by organisations which have concerns about the health of particular doctors; the purpose of these discussions is to determine whether the organisation should take further steps locally, refer to the GMC, or refer to the GP Health service.
9. Although in most cases it will be clear what advice should be given to the enquiring organisation at this stage, it may sometimes be appropriate for the GMC and GP Health to liaise in order to clarify the issues raised.
10. In these cases the GMC or GP Health will discuss the matters raised by the enquiring organisation. Consent should be sought before doing so and if not provided there should be an assessment of whether the risk is such that the information should be disclosed without consent. If the nature of the risk is not such that it would be appropriate to disclose the information without consent, the enquiring organisation should be offered appropriate contact details for both bodies so they may conduct their own discussions. Should GP Health need to provide contact details for the GMC, they should give the enquiring organisation the details for the operational contact identified at Annex A.

Post-referral discussions about individual doctors

11. The GMC and GP Health recognise that there will be times where they both have a case open about a named doctor. They will work together to ensure that appropriate channels of communication exist.

Disclosure of concerns

12. Disclosure should be made to the GMC where the doctor's health raises concerns regarding the possibility of impaired fitness to practise. This will normally be limited to those cases where the doctor's condition may affect patient safety and/or the doctor is not complying with assessment, treatment or monitoring, or heeding advice to remain on sick leave.
13. Disclosure should also be made to the GMC where there are allegations (at initial assessment or emerging during assessment or treatment) about a doctor's performance or conduct which may call into question their fitness to practise.

Cases under investigation/monitoring by the GMC

14. Whenever the GMC receives a complaint about a doctor an initial assessment is conducted. The complaint may include information which indicates the doctor may be unwell.
15. Where the complaint raises issues which call the doctor's fitness to practise into question, the GMC's fitness to practise procedures are engaged and an investigation will follow. In these cases, for doctors who appear to have a mental or physical health concern, the GMC will ask the doctor if they are currently undergoing assessment or treatment by GP Health. If so it will, with the doctor's consent, seek relevant information from GP Health.
16. Any information provided by GP Health will be considered by GMC decision makers and Medical Practitioner Tribunal Service (MPTS) panels in relation to the doctor's fitness to practise.
17. Where a doctor is under investigation/being monitored by the GMC and is also under the care of GP Health, the GP Health service will inform the GMC whether they are acting in a treating capacity or as a support group. If the GP Health service is acting in a treating capacity they will provide a named person with whom the GMC can liaise.
18. The GP Health service will ensure that any information arising from the monitoring of the health of a doctor being investigated or monitored by the GMC that indicates they have breached restriction(s) imposed on their registration and/or are not complying with advice on managing their health problem, and/or their condition appears to pose a risk to their patients, will be shared with the GMC as soon as possible.

Doctors being treated/monitored by GP Health

19. When GP Health receives a referral (self-referrals or referrals from an employer/contracting organisation) they will ask the doctor/referring organisation if the doctor is currently under investigation/being monitored by the GMC, and perform a registration check to ascertain if restrictions are in place.
20. If the doctor or referring organisation indicates that the GMC is currently investigating / monitoring, GP Health will seek the doctor's consent to contact the GMC to explain that the doctor has sought GP Health intervention. If consent is not forthcoming, GP Health will consider whether or not disclosure to the GMC is required, without consent, using the criteria set out in paragraph 13, 14 and 19.

Thresholds for referral

21. The GMC Employer Liaison Service comprises locally based senior staff whose role is to support the employers of doctors on thresholds for referral to the GMC, the sharing of fitness to practise case related information and the making of revalidation recommendations. GP Health should access the contact for the Employer Liaison Service identified at Annex A in order to seek advice on thresholds for referral on an 'in principle' or a named doctor basis.

Lawful exchange

22. The GMC and GP Health are subject to a range of legislative duties in relation to information governance, including the Data Protection Act 1998, Human Rights Act 1998, and the Freedom of Information Act 2000. This document sets out the approach to the routine exchange of information between the two organisations within this legal framework.

Resolution of disagreement

23. Where any issues arise which cannot be resolved at an operational level, the matter will be referred to the policy leads identified at Annex A to ensure a satisfactory resolution.

Review and Governance arrangements

24. This MoU will have effect for a period of 36 months commencing on the date which it is signed by the Chief Executive of the GMC and the Medical Director of the GP Health service.

25. Both bodies have identified a MoU manager at Annex A and these will liaise as required to ensure this MoU is kept up to date and to identify any emerging issues in the working relationship between the two bodies.

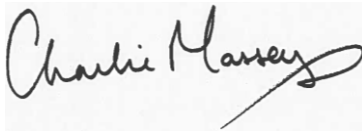
26. The MoU managers may coordinate a formal review of this MoU at any time for the duration of this MoU. The purpose of such a review will be to consider the operational effectiveness of this agreement in enabling both bodies to fulfil their functions.

On behalf of GMC

On behalf of GP Health

Name: Niall Dickson

Name: Dr Clare Gerada



Signature

Signature

Chief Executive, GMC

GP Health Medical Director

Date: January 2017

Date: October 2016

The memorandum of Understanding will be managed on behalf of the two bodies by the following contacts:

Managers for the MOU

The General Medical Council

Anna Rowland

Assistant Director of Policy, Business Transformation and Safeguarding

Fitness to Practise Directorate

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The NHS General Practitioner Health Service

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Operational contacts

The General Medical Council

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