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# Case Studies:

A resource for Educators and trainees



Serious Concerns Review Group (SCRG)

## Foreword

The Serious Concerns Review Group has been in existence since 2012. During this time the members of the group have been able to categorise themes that have led Educators to refer trainees to them for consideration. The largest category has involved falsifying of documentation (20%), with health and criminal activity accounting for another 18% of referrals each.

The SCRG have looked at these cases and thought it would be useful to produce summary documents that describe the kinds of cases with the type of advice given by the SCRG and the action taken by the GMC. These cases are not 'real' cases, but based on an amalgamation of a number of different cases. The 'cases' are not attributable to any one individual. We hope that these 'case' studies will provide information and insight to trainers and trainees to the consequences of some behaviours exhibited by trainees and the sanctions that the GMC have imposed.

In the GMCs "[Guide for health professionals on how to report a doctor to the GMC](#)" it is clear that the GMC expect the majority of cases to be resolved at local level by the training programme and it is the experience of the SCRG that robust evidence is required by the GMC for them to accept a referral.

I would like to thank Dr Kevin Hill for compiling the Case Studies and for the SCRG members in taking the time to review and provide invaluable advice to Dr Hill.



**Dr B T Langham**  
**Chair of the Serious Concerns Review Group**



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## 1. Theme: Fictitious qualifications / portfolio entries

<b>Background</b>	In an application form for specialist training a trainee stated that she had a postgraduate qualification which was subsequently found not to be the case. Another trainee was found to have created fictitious entries in their e-portfolio.
<b>GMC Guidance</b>	Good Medical Practice paragraph 65 states 'You must make sure that your conduct justifies ... the public's trust in the profession. Paragraph 71 also states that 'you must make sure that any documents you write or sign are not misleading'.
<b>SCRG Comment</b>	Whilst the SCRG can recommend to the Postgraduate Dean, as Responsible Officer, referral to the GMC, employers or others can also make a referral which occurred in the above cases. SCRG would normally recommend GMC referral when alerted to significant probity issues.
<b>Outcome</b>	GMC sanctions can vary from a formal warning to erasure from the register. GMC warnings remain on a doctor's registration for five years with details accessible by the public. In the first case the GMC issued a formal warning to the trainee regarding their future conduct. In other cases trainees have been erased from the register for fabricated information in portfolios or CVs.

## 2. Theme- Use of social media

<b>Background</b>	After a disagreement with their educational supervisor a trainee posted derogatory comments about the supervisor on a social media site. Another trainee posted inappropriate comments regarding senior Trust manager.
<b>GMC Guidance</b>	Good Medical Practice paragraph 36 states 'You must treat colleagues fairly and with respect. Specific guidance is available on the use of social media <a href="http://www.gmc-uk.org/guidance/ethical_guidance/21186.asp">http://www.gmc-uk.org/guidance/ethical_guidance/21186.asp</a>
<b>SCRG Comment</b>	<p>Guidance is clear that 'the standards expected of doctors do not change because they are communicating through social media rather than face to face or through other traditional media'. Both instances described therefore bring into question the trainees' professional standards.</p> <p>The Group believed that as 'first offences', referral to the GMC was not indicated and it would be appropriate for the trainees to produce a reflective portfolio entry on the incident and develop a learning package for their specialty colleagues on the use of social media.</p>
<b>Outcome</b>	The required actions have been completed and the individuals concerned have now been removed from regular SCRG review.

### 3. Theme- Dishonesty

<b>Background</b>	<p>A trainee completed a cremation form stating that they had seen the body in the hospital mortuary when they had not in fact done so and when subsequently challenged again falsely stated that she had done so. The trainee expressed surprise when referred to the GMC for what they perceived as a relatively minor issue. Another trainee was given a police caution following theft of equipment from their previous hospital post. The trainee was remorseful and apologised, notifying the GMC of their caution.</p>
<b>GMC Guidance</b>	<p>Good Medical Practice paragraph 65 states 'You must make sure that your conduct justifies ... the public's trust in the profession. Paragraph 71 also states that 'you must make sure that any documents you write or sign are not misleading'. You must inform the GMC without delay if 'anywhere in the world ... you have accepted a caution from the police or have been charged with or found guilty of a criminal offence' (paragraph 75)</p>
<b>SCRG Comment</b>	<p>Trainees have a professional duty to inform the GMC (and for GP trainees the Local Area Team under Performers List regulations) of cautions, charges or convictions. Failure to fulfil this responsibility or demonstrate insight or reflection on concerns raised would be considered as significant negative factors when a case is considered by SCRG.</p>
<b>Outcome</b>	<p>In the first case, the GMC were concerned that the trainee had not demonstrated sufficient insight into what it considered a serious infringement of Good Medical Practice – The trainee received a six months suspension of their registration. Suspension of GMC registration will normally result in loss of the national training number. In the latter case a formal warning was considered sufficient sanction. GMC warnings remain on a doctor's registration for five years with details accessible by the public.</p>

## 4. Theme- Health concerns

<b>Background</b>	The SCRG was made aware of a doctor appointed to specialty training who had a history of psychological health issues. This from time to time resulted in aberrant behaviour. The trainee was supported in their programme and was being monitored by the GMC's medical advisors and occupational health.
<b>GMC Guidance</b>	Good Medical Practice (paragraph 28) places an obligation on doctors that 'if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients'.
<b>SCRG Comment</b>	The SCRG's view is that most trainees with health issues can be supported through training and do not require consideration by SCRG. However, should there be a concern that the trainee is not complying with Good Medical Practice guidance, if it becomes evident that a trainee is not complying with any restrictions on their registration, or they may pose a patient safety issue then referral for consideration of GMC referral would be appropriate.
<b>Outcome</b>	The GMC agreed undertakings with the trainee in respect of monitoring their health. Health undertakings / conditions are not in the public domain. These will normally include provision for review by a GMC appointed medical advisor. The trainee continues to be supported through training with occupational health input.

## 5. Theme- Performance concerns – release from training

<b>Background</b>	A number of trainees are released from training each year because they have failed to progress satisfactorily through their programme. Some trainees lack insight into their difficulties failing to acknowledge the deficiencies in their performance which have led to this decision. The level of underperformance may pose a significant patient safety risk. .
<b>GMC Guidance</b>	Good Medical Practice paragraph 22b states ‘You must regularly reflect on your standards of practice and the care you provide’. All medical practitioners have responsibilities to seek advice from the appropriate authorities if a colleague may be putting patients at risk (paragraph 25b)
<b>SCRG Comment</b>	SCRG’s primary responsibility is to patient safety. Medical members of SCRG also have a personal professional responsibility to act on perceived patient safety risks. Doctors released from training may undertake locum placements outside of the HEEM area where the performance concerns identified might not be adequately supported. Therefore to ensure that employers are aware, referral to the GMC may be appropriate.
<b>Outcome</b>	GMC actions depend on the level of concerns. Sometimes no action is necessary but on other occasions conditions have been imposed on registration or undertakings agreed with the practitioner to limit the scope of practice or ensure appropriate supervision in future posts.

## 6. Theme- Significant Untoward Incidents – Coroner’s Inquests

<b>Background</b>	A number of trainees referred to SCRG have been involved in SUIs resulting in the death of a patient, where the care provided by the trainee may be subject to criticism. Concerns identified include trainees co-operating with the employer and being adequately prepared for a Coroner’s Inquest where they might be subject to robust questioning and public / media scrutiny.
<b>GMC Guidance</b>	Good Medical Practice paragraph 23a states ‘To help keep patients safe you must contribute to confidential enquiries.
<b>SCRG Comment</b>	SCRG’s is concerned that trainees may not recognise the implications and associated stresses of being called as a witness to a Coroner’s inquest. Trainees should make use of available support e.g. employer / medical defence organisation and prepare appropriately.
<b>Outcome</b>	Whilst it is unusual for any significant action to be taken by the Coroner, it is possible for the Coroner to initiate a GMC referral..

## 7. Theme- ARCP Outcome 4 – release from training

<b>Background</b>	A number of trainees are released from training each year having failed to make satisfactory progress towards completion of training. When an appeal panel upholds an ARCP Outcome 4, it sometimes becomes evident that there are significant patient safety issues, into which the trainee may lack insight. The panel may recommend that the Responsible Officer or SCRG is alerted for possible GMC referral.
<b>GMC Guidance</b>	Good Medical Practice paragraph 25c states 'If you have concerns that a colleague may not be fit for practice and may be putting patients at risk ... you must report this in line with our guidance and your workplace policy and make a record of the steps you have taken'.
<b>SCRG Comment</b>	Not all Outcome 4 decisions need SCRG referral and once released from training, a trainee may take up a non-training post at a level at which they were previously deemed competent. However, if there are significant patient safety concerns it is important to recognise that following release from training, a doctor may take up a Trust grade post in another area and their new supervisor may be unaware of the issues. In these circumstances involvement of the GMC is necessary
<b>Outcome</b>	In a number of cases referred the GMC has agreed that the patient safety concerns identified pose a potential risk and have placed Conditions on a doctor's registration, for example, restricting the type of operations they can undertake, the posts they may work in or stipulating the level of supervision they must have.

## 8. Theme- Fraud

<b>Background</b>	A trainee retained a prescription pad from their previous place of work and whilst working in Accident and Emergency prescribed a hypnotic medication to a work colleague who was suffering from insomnia. The prescription was identified by the NHS prescribing authority as irregular. Another trainee submitted a travel expenses claim for a period of study leave which he did not actually attend.
<b>GMC Guidance</b>	Good Medical Practice paragraph 77 states 'You be honest in financial and commercial dealings with employers, insurers and other organisations or individuals'.
<b>SCRG Comment</b>	Whilst fraudulent activity may not necessarily be referred to SCRG, NHS Counter Fraud or employers may directly refer a doctor to the GMC where fraudulent activity has been identified. Employers have a responsibility to alert the LETB when a trainee is being investigated for a disciplinary or conduct matter.
<b>Outcome</b>	The GMC take probity matters seriously as these undermine the public's trust in the profession. Whilst in minor cases a warning may be issued, other GMC sanctions such as a period of suspension from the register is not uncommon. Suspensions from the register may result in the loss of a trainee's National Training Number.

## 9. Theme- Professional boundaries

<b>Background</b>	A trainee was accused of undertaking an inappropriate examination. The patient complaint resulted in police and Crown Prosecution Service action. Whilst awaiting trial the GMC imposed conditions on the trainee's registration requiring every consultation with a female patient to be chaperoned. In another case a trainee was the subject of employer disciplinary action following persistent complaints by female colleagues regarding inappropriate behaviour.
<b>GMC Guidance</b>	Good Medical Practice paragraph 17 states 'you must be satisfied you have consent ... before you carry out any examination ...' Doctors must notify the GMC if charged with a criminal offence (paragraph 75a). Paragraph 36 comments that 'you must treat colleagues fairly and with respect'.
<b>SCRG Comment</b>	The nature of Conditions imposed by the GMC, even at a Interim Orders Panel, may make it difficult for trainee to continue training whilst these are in place if an employer is unable to meet the requirements. A trainee must always alert the GMC if charged with a criminal offence. SCRG will check to ensure this has been done and if not will initiate a referral. An employer may directly refer a doctor to the GMC following disciplinary action. Employers have a responsibility to alert the LETB when a trainee is being investigated for a disciplinary or conduct matter.
<b>Outcome</b>	Whilst in the first example the trainee was acquitted in court, the IOP Conditions meant that training was suspended. It is still possible that the GMC can pursue a case, even when a doctor has been acquitted in court as the burden of proof is different. In the second case the doctor was suspended by the GMC for six months for inappropriate professional behaviour.

## 10. Theme- Responding to concerns

<b>Background</b>	A trainee had failed to examine a child properly but then made a record entry describing the examination which had not taken place when a complaint was subsequently received. Another trainee stated on a cremation form that they had examined a body after death when they had not in fact done so, and when subsequently challenged again denied the allegation. A trainee accepted a police caution for 'kerb crawling' but did not notify the GMC as he did not feel this was necessary'.
<b>GMC Guidance</b>	Good Medical Practice paragraph 3 states 'It is your responsibility to be familiar with 'Good Medical Practice' and the explanatory guidance which supports it and to follow the guidance it contains'. Paragraph 61 states 'You must respond promptly, fully and honestly to complaints and apologise when appropriate'.
<b>SCRG Comment</b>	All doctors make mistakes and errors of judgement. Key attributes of your expected professionalism are to respond honestly and openly, apologising where appropriate, reflecting upon and learning from the experience. Trainees referred to the GMC should always seek advice from their medical defence organisation in responding and access available support.
<b>Outcome</b>	The GMC expects all doctors to have an understanding of their standards of professional practice. Failure to demonstrate this, showing a lack of insight into the issues that have led to referral, dishonesty in responding or a reluctance to apologise would be considered negatively by a GMC panel and sanctions imposed on registration are likely to be more severe.

## 11. Theme- Locum Working (Internal & External)

**Background** A trainee was reported to the General Medical Council anonymously by another health care professional concerned regarding the frequent additional shifts being undertaken at his place of work. Another allegation suggested that the doctor was to be found asleep on duty. The doctor believed he was being helpful to the employer in volunteering to fill gaps in the rota.

### Relevant GMC Guidance

GMC guidance emphasises 'making the care of your patient your first concern'. Doctors must work within the limits of their competence (para 14). Paragraph 34 states 'When you are on duty you must be readily accessible to patients and colleagues'.

**SCRG Comment** It is important that trainees bear in mind patient safety risks and the possible adverse impact on training when undertaking additional work within or outside their current employment. Trainees should escalate unreasonable demands rather than acquiesce to them. Undertaking additional work may be viewed adversely by an ARCP panel if a trainee is failing to progress satisfactorily. It is also possible that a trainees' registration with the GMC may be put at risk.

**Outcome** The GMC noted that the doctor had been working excessively long hours in breach of the European Working Time Regulations but that there were no concerns regarding the doctor's clinical knowledge and skills. The GMC noted the advice given to the doctor 'not to be put himself in the position of cumulative exhaustion through excessive work, which could represent a risk to patient safety.

## 12. Failure to engage in training/ support

<b>Background</b>	A trainee persistently failed to engage with their learning portfolio and didn't attend learning activities for his specialty. Despite reminders from the Educational Supervisor and at ARCP panel, there was no improvement. Assistance from the Training Support Service was offered but declined by the trainee. In view of the continuing failure to engage with training requirements a referral to the GMC was made.
<b>GMC Guidance</b>	Good Medical Practice paragraph 9 states 'you must regularly take part in activities that maintain and develop your competence and performance' and in paragraph 10 that 'you should be willing to ... take part in support opportunities offered by your employer or contracting body'. Paragraph 22 also imposes a responsibility on doctors to reflect on their practice, take part in regular reviews of their work, and respond constructively to the outcomes by taking appropriate action.
<b>SCRG Comment</b>	Doctors in training will have all signed the document 'Conditions of Joining a Specialty Training Programme' in which they agree to develop and keep up to date their learning portfolio and to participate proactively in the assessment process. Whilst concerns regarding engagement with training and support will initially be managed through the ARCP process, persistent failure to engage is a breach of professional standards which would bring a trainee's licence to practice into question.
<b>Outcome</b>	In the case described the GMC agreed Undertakings with the doctor that they would engage fully with their training programme and support, maintain an appropriate portfolio of evidence. Failure to do so would risk more severe GMC sanctions. The trainee complied and progressed satisfactorily through training.