Doctors’ Personal Disclosure of Convictions to GMC is Mandatory

The General Medical Council (GMC), the body that registers and regulates UK doctors, requires all doctors (with full or provisional registrations) to disclose convictions, cautions, and other similar State imposed sanctions to the GMC, at the earliest opportunity. The GMC also requires doctors to inform the GMC when they have been charged with a criminal offence. Such disclosures should be ‘without delay’.

The above disclosure requirement is set out in the code of conduct for doctors Good Medical Practice (Publication date: 2013), and all doctors are bound to follow the code of conduct to the letter in both their public and private lives. A doctor who fails to disclose such information to the GMC may face misconduct allegations and be referred to a fitness to practise hearing.

The publication Good Medical Practice states (Para 75):

75 You must tell us without delay if, anywhere in the world:

  a you have accepted a caution from the police or been criticised by an official inquiry;

  b you have been charged with or found guilty of a criminal offence;

  c another professional body has made a finding against your registration as a result of fitness to practise procedures.
A doctor can be disciplined for misconduct if they fail without good reason to disclose convictions or cautions or that they have been charged with a criminal offence, whether they arise in the UK or overseas. In the case of Alhy v GMC [2011] EWHC 2277 (Para 50), the appeal court held that a doctor had a personal obligation to promptly inform the GMC of all convictions. It was not enough to rely on another statutory body to inform the GMC that the doctor had been convicted of an offence. The appeal judge stated:

“I can then move on very briefly to the second and third points in the appeal. The second point, which is summarised in ...(Counsel for the appellant’s)... skeleton (argument)..., is that when determining the question of whether or not Dr Alhy had been guilty of misconduct when he failed to notify the General Medical Council of his convictions and when considering the question of sanction, the General Medical Council failed adequately or at all to consider the extent to which Dr Alhy was entitled to rely on the ODM’s duty to notify the General Medical Council of the outcome of the French criminal proceedings. I reject that ground of appeal. In my judgment, it was irrelevant that the ODM had a duty to notify the General Medical Council of the outcome of the French criminal proceedings. There was a personal obligation on Dr Alhy under the regulations of the General Medical Council to advise them himself. He was not in a position to know when the ODM would advise the General Medical Council and this is a matter that he should have dealt with under his own personal obligation. The delay in fact was some 7 months The French appeals process was exhausted in March 2009 and it was not until October that the ODM in fact notified the General Medical Council. Had he acted in accordance with his personal obligations, the General Medical Council would have been notified very much sooner. I regard that ground of appeal as having no merit at all.”

Similar principles also apply to determinations of other regulators and membership bodies. The publication Good Medical Practice advises doctors (Para 76):
If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently.

A simple letter to the fitness to practise section of GMC, with a copy of the other body’s decision, sent promptly, should meet the mandatory self-reporting requirements. Proof of posting and delivery would also be useful, in case there are any evidential issues later on. Some post does go missing, as do emails, and it is important to evidence the self-reporting steps a doctor has taken, in case the GMC do not receive the doctor’s notification.

It is perhaps surprising to note that many doctors are unaware of these mandatory reporting requirements. In fitness to practise cases, doctors are often found guilty of misconduct for their failure to promptly inform the GMC. Doctors are also issued with warnings where their failure is found to fall just short of impairment, and be a serious departure from the obligations set out in Good Medical Practice.

For more information about the requirements for disclosure imposed upon doctors who are registered with the GMC, see the GMC’s publication Reporting Criminal and Regulatory Proceedings within and outside the UK.

Doctors Defence Service advises doctors in relation to GMC law and MPTS law, and in particular about the disclosure of information to regulators and the interpretation of the breadth and scope of obligations imposed on doctors generally. If you seek information on any matter concerning GMC or MPTS law, then contact us in strict confidence by phone on 0800 10
88 739 or use our Contact Form.