

# RO Referral Guidance

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## Introduction

1. This referral guidance is provided to assist responsible officers (ROs) of doctors and employers of doctors and employers of PAs and AAs in making referrals to us. ROs and employers should consult the relevant parts of this guidance whenever they are considering making a referral; for ROs of doctors and employers of doctors this is [PART A](#). Where possible employers should raise a concern about a doctor through an RO, however where this is not possible, employers should consult the same guidance ROs consult when considering making a referral. For employers of PAs and AAs this is [PART B](#).
2. Our legal duty is to protect the public. We do not aim to resolve individual complaints or punish doctors, PAs or AAs for past mistakes, but will take action where we need to in order to protect the public. Our explanatory guidance [Decision making principles in fitness to practise \(doctors\)](#) and [Decision making principles in fitness to practise \(Physician Associates and Anaesthesia Associates\)](#) explains our legal duty to protect the public in more detail.
3. We can act on any information we receive from any source, which raises a question about a registered doctor's, PA's or AA's fitness to practise. More information about how we assess fitness to practise and what might constitute a fitness to practise concern, and why, can be found in our explanatory guidance [What we mean by fitness to practise explanatory \(doctors\)](#) and [What we mean by fitness to practise \(Physician Associates and Anaesthesia Associates\)](#).
4. The most up to date version of this guidance can always be found on our website. If you would like to check that you have downloaded the latest version, please visit our [webpages](#) about the guidance.

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# PART A: For ROs of Doctors

## Statutory framework for referrals

### RO Regulations

5. The *Responsible Officer Regulations*\* give you responsibility for the evaluation of the fitness to practise of every doctor with a prescribed connection to your designated body. Additionally, doctors have a duty to protect patients under [Good medical practice](#). If a concern is raised about the fitness to practise of a doctor connected to your designated body (that is if you believe that a doctor's behaviour poses a risk to public protection which includes a risk to patients, public confidence in the profession or to proper professional standards and conduct), you have a responsibility to take all reasonable steps to investigate those concerns, and where appropriate, refer those concerns to us.

### The Medical Act 1983

6. Under the powers set out in the [Medical Act 1983](#), we can take action if we believe that a doctor's fitness to practise is impaired. A question may arise about a doctor's fitness to practise for the following reasons:
  - misconduct
  - deficient performance
  - a criminal conviction or caution in the British Isles (or elsewhere for an offence which would be a criminal offence if committed in England or Wales)
  - physical or mental ill-health
  - a determination (decision) by a regulatory body either in the British Isles or overseas
  - lack of the necessary knowledge of English language to be able to practise medicine safely in the UK.
7. In the event that you have a concern about a doctor, you should consider with support from your designated employer liaison adviser whether it is appropriate to refer the concern to us, in accordance with your responsibilities as set out in the *Responsible Officer Regulations*. This referral guidance provides assistance to you by:

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\* For England, Wales and Scotland please refer to [The Medical Profession \(Responsible Officers\) Regulations 2010 \(legislation.gov.uk\)](#); for Northern Ireland please refer to [Responsible Officer Regulations Northern Ireland 2010 \(health-ni.gov.uk\)](#)

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- outlining the threshold criteria for referral to us
  - highlighting some of the factors that you should consider before deciding whether to make a referral
  - introducing our referral form
  - explaining some of the steps that you must take when submitting your referral.

## The threshold for referral

8. We can act on any information, from any source, which raises a question about a doctor's fitness to practise.
9. A serious departure from the professional standards may raise a question about a doctor's fitness to practise. The GMC thresholds guidance explains the thresholds for referral and aims to clarify those matters where we can, and cannot, take action. You should ensure you read the guidance as part of considering whether to make a referral and seek advice from your designated employer liaison adviser when concerns arise about a doctor.

## Deciding whether to make a referral

10. As a referral is a formal submission to us, in your capacity as RO:
  - you must exercise your professional judgement when considering whether to make a referral
  - any referral should be made in good faith, based on all the information that is available to you
  - you should take reasonable steps to ensure that any referral you make is accurate and fair
  - you may choose to delegate the administration of the referral, but you remain accountable for the referral.
11. Our employer liaison advisers are expert in advising on whether a doctor should be referred to the GMC. We always ask that you seek their advice when concerns arise and before making a referral, unless delaying the referral would present an imminent risk to patient safety.
12. To make sure that referrals are accurate and fair you may first need to:
  - complete your own local investigation and consider the conclusions
  - understand the outcomes of any external investigation and/or
  - take any other reasonably practicable steps necessary to understand whether the concerns raise a question about the fitness to practise of the doctor.

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**13.** If you decide to make a referral, we will need a certain level of information in writing to properly consider the concerns, such as:

- the doctor's full name, or surname, initials and reference number
- an account of the events or incidents that concern you, with dates, if possible
- copies of any relevant papers and/or any other evidence you have and/or
- details of any local action you have taken already.

## Our referral form

**14.** Wherever possible, you should make your referral via GMC Connect using our referral form. Once the referral has been submitted, ROs will receive an email summary of the referral for their records. GMC Connect requests the core information we need to process your referral. It also details the types of supporting documentation that should be provided with your referral (if applicable and available) to enable us to make appropriate decisions about your referral, and to reduce unnecessary delays. Our referral form can be a very useful checklist to help ensure that you have included the information we might need. Your employer liaison adviser can also provide advice on the information that we will require.

**15.** If some of the supporting documentation is unavailable at the point of referral, you should not delay making the referral, but should send all the documentation that is available, and indicate on our referral form what additional documentation will be sent later.

**16.** If you do not have access to GMC Connect, please make your referral using the online concerns form on the GMC website.

## The steps you must take when making a referral

### The referral declaration

**17.** Whenever you make a referral, we will ask you to make a referral declaration to confirm that:

- the referral is made in good faith, based on all the information that is available to you at the time of making the referral and
- you have taken reasonable steps to ensure that the information contained in your referral is accurate and fair.

**18.** If you have concerns about the fairness or accuracy of the information that forms the basis of the referral for example, where you are relying on information from a third party or you have been unable to resolve an evidential disparity, please clearly indicate this at the point of referral.

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19. The referral declaration is completed at the end of our referral form in GMC Connect. The referral declaration should accompany any referral made. In the event that you are unable to make a referral via GMC Connect, you should send your referral to us by email at [practise@gmc-uk.org](mailto:practise@gmc-uk.org) and include the referral declaration in your letter of referral. You should also copy in your employer liaison adviser into the email.
  20. Ideally, the RO will complete the GMC Connect referral form in all cases. However, if this is not possible, we ask that the person completing the form confirms their role and the fact that they are acting on behalf of the RO.
  21. If you discover that you have answered any part of the referral form incorrectly or where further information relevant to the referral becomes available, please notify us as soon as possible. If the referral is still being considered, please e-mail [practise@gmc-uk.org](mailto:practise@gmc-uk.org). If the referral has resulted in a GMC investigation, please e-mail the investigation officer.

## Have you ensured the referral is fair?

22. When completing the referral form, we will ask you to consider whether the effects of contextual factors have been equally and fully considered for all doctors you refer to us.

Examples of these factors include:

- What impact did poor lighting have on the doctor's action?
- How did an IT failure contribute to a particular error?
- How did poorly designed packaging of a drug create confusion?
- How affected was a doctor by inadequate PPE?
- What part did fatigue play?

By considering and listing any contextual factors at play when completing the form, you demonstrate that you have taken these issues into consideration, and give us the opportunity to identify any underlying causes or issues. We ask that you provide a frank and honest account when completing this section of the form.

23. Doctors who qualified overseas, within their first revalidation cycle, are considered to be 'new to UK practice'. When this applies to the doctor you are referring to us, you should use the form to provide details of any steps you have taken to ensure they understand the expectations of them as a doctor practising in the UK, and what their responsibilities are. You should ensure that the information you provide here is specific to the referral, rather than general information about your organisation's processes.
24. Your referral should be checked impartially before you send it through to us, taking diversity into consideration. The NHS suggests a number of different mechanisms for completing an impartial check of your referral in their report, [Closing the Ethnicity Gap](#).
25. If you are unsure which approach to impartial checking would best suit your organisation, please speak to NHSR. We will ask you to tell us how you have checked the referral when you submit the form to us.
26. Please speak with your employer liaison adviser if you are unable to answer these

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questions. If you do not complete this section of the form, we may contact you to ask how you have checked the referral is fair.

## Has the doctor raised patient safety concerns?

- 27. Whenever you make a referral, we will also ask you to identify whether, to your knowledge, the doctor being referred has ever raised patient safety concerns. This is to provide safeguards that either your role as referrer or our role as regulator is not being used inappropriately in response to a doctor raising concerns. If the answer is yes, we will invite you to provide further information to help us better understand the context and outcome.
- 28. By patient safety concerns, we mean that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures of the organisation in which they work.
- 29. This type of concern is distinct from a grievance or private complaint, for example a dispute about the employee's own employment position that has no public interest element. For further information see our guidance [Raising and acting on concerns about patient safety](#).
- 30. This information is most easily communicated by answering the specific question towards the end of our referral form, and listing any relevant documentation that will help us better understand the context and outcome. You should list this information in any referral you make. In the event that you are unable to use our Referral Form, you should send your referral to us by email at [practise@gmc-uk.org](mailto:practise@gmc-uk.org) and list this information in your e-mail of referral.

## Our Outreach Employer Liaison Advisers

- 31. Our employer liaison advisers are available to help you and your team understand our thresholds and procedures by providing support and advice at any stage, on a wide range of issues. If you have concerns about a doctor or a query about our thresholds or procedures, you should discuss this with your designated employer liaison adviser at the earliest opportunity. If a doctor connected to your designated body or working for or contracted by your organisation appears to have reached, or be close to, any of the thresholds you must contact your designated employer liaison adviser for advice on how to proceed.
- 32. You can contact your designated employer liaison adviser directly. Alternatively you can contact the team on 0161 923 6602 or by email at [outreach@gmc-uk.org](mailto:outreach@gmc-uk.org). If, having discussed your concerns with your employer liaison adviser, you wish to make a referral, you should do this via GMC Connect. If this is not possible, you should complete the [referral form](#) and send it to [practise@gmc-uk.org](mailto:practise@gmc-uk.org). Please copy in your employer liaison adviser to any referral made.

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## PART B: For employers of PAs and AAs

- 33.** Our legal duties and powers in respect of regulation of PAs and AAs are set out under the Anaesthesia Associates and Physician Associates Order 2024. There is no equivalent to the formal RO role under this legislation, however we recognise that employers will still need to decide whether fitness to practise concerns about a PA or AA need to be referred.
- 34.** To help decide whether to refer information about a PA or AA's behaviour, performance or impact of a health condition to us, you should read the [Decision on whether regulatory action is required](#) guidance. This describes how we carry out an assessment of current and ongoing risk to the three parts of public protection and sets out the categories of concern in relation to seriousness.
- 35.** If the information about the PA or AA could not raise any current and ongoing risk to public protection, as set out in the *Matters that do not give rise to any current and ongoing risk* section of the [Decision on whether regulatory action is required](#) guidance, this does not need to be referred to us, although the PA or AA may need still need to reflect on this as part of their appraisal processes. If the information, on the face of it, could raise any current and ongoing risk to public protection (so has a low, mid-range or high level of seriousness as a starting point as defined in the [Decision on whether regulatory action is required](#) guidance), it should be referred to us so we can carry out an assessment of risk to public protection.