

**Screening decision form**  
**Section 1**  
**Consideration by the Registrar:**  
**to determine whether enquiry is a complaint**  
*Completed by the Office*

**GENERAL  
 MEDICAL  
 COUNCIL**  
*Protecting patients,  
 guiding doctors*

FPD enquiry reference 

2	0	0	2	0	5	5	3	0	1
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Date 

0	7	0	3	0	2
D	D	M	M	Y	Y

Dr's name† Jane Barton

1.1 Is the enquiry about a doctor?

Yes  → Q1.2  
 No  → Q1.9a

1.2 Has the doctor been charged or convicted?

Yes  → Q1.3  
 No  → Q1.4

1.3 Is the offence a minor motoring offence not involving drugs or alcohol?

Yes  → Q1.9a  
 No  → Section 3

1.4 Is the enquiry only about the following?

*If multiple options apply, only tick the box for the main option*

- a. Concerning fees charged for private treatment/service
- b. Delay of less than six months in providing a single medical report
- c. The doctor's profession is incidental to the matter, e.g. a dispute between neighbours, one of whom happens to be a doctor
- d. Objections to the contents of medical reports or records where there is no suggestion that the doctor acted unreasonably
- e. Irrational / incoherent enquiry
- f. Patently frivolous/trivial non-clinical matters, e.g. doctor a few minutes late for a routine appointment
- g. Doctor failed to take up a post following a verbal agreement to do so, but gave two weeks' notice or more
- h. A complaint from a third party where it is clear that the principal party does not want to pursue the matter, and no other reason for proceeding
- i. A doctor's immigration status
- j. The level or quality of service provided by a healthcare organisation where there is no suggestion that the doctor is directly responsible
- k. Removal from a GP list where there is no suggestion that the doctor's decision was unfair or contravened GMC guidelines
- l. Practice or Departmental disputes where there is no suggestion that patients are being put at risk
- m. Failures in local complaints handling procedures
- n. Correspondence is a copy letter which does not specifically request GMC action

*If any ticks here go to Q1.9a*

- o. The correspondent is explicitly seeking only an apology
  - p. Anonymous complaint where there is no reason to suspect that the doctor is an immediate threat to patients
- } If any ticks here go to Q.1.9a

No, none of these  → Q.1.5

- 1.5 Is the enquiry from a person acting in a public capacity (or on their behalf)?
- Yes  → Section 2
- No  → Q1.6

- 1.6 Is the enquiry about any of the following?  
*If multiple options apply tick the box for the main option*

- a. a doctor working in the NHS
  - b. access to health records
  - c. [In England, Wales or Northern Ireland] compulsory admission under the Mental Health Act and/or treatment received thereafter
  - d. [In Scotland] care or treatment given to those suffering from a mental disorder
- } If any ticks here go to Q1.7

e. none of these  → Q1.8

- 1.7 Is there any reason to believe that the enquirer has already referred this matter to the appropriate complaints' handling body and exhausted that body's procedures before writing to the GMC?
- Yes  → Q1.8
- No  → Q1.9

- 1.8 [NOTE: before the caseworker proceeds to seek consent etc. from the enquirer, where necessary, under the following section, he or she should consider whether this case should be referred to screeners under the initial screening procedures for treatment-related cases using SDF section B]

Write for consent

Is the enquirer willing to:

- a. Identify the doctor(s)?  
 Yes  → Q1.8b  
 No  → Q1.9a
- b. Allow the GMC to disclose this to the doctor(s)?  
 Yes  → Q1.8c  
 No  → Q1.9a
- c. Make a sworn statement?  
 Yes  → Section 2  
 No  → Q1.9a

*If any answers are unknown, request further information from the enquirer before completing this section and progressing to Section 2. This can include requesting information for medical screening.*

- 1.9a Is there any other reason why the enquiry should be seen by the Medical Screener?
- Yes  → Q1.9b
- No  → Q1.10

**Screening decision form**  
**Section 5**  
**SPM or SDP**

*Completed by the Office (categories) and the Medical Screener (judgement)*

FPD complaint reference

Date   
D D M M Y Y

Dr's name BARTON

Reg no

Complainant

**Q5.5 MUST BE COMPLETED BY THE MEDICAL SCREENER FOR ALL CASES UNLESS AN EARLIER REFERRAL TO IOC WAS AGREED**

Q5.1 Did the events complained take place after 1 July 1997?

- Yes  *Could be spm or sdp*  
 No  *Cannot be sdp may be spm*  
 Combination  *Could be spm or sdp* } →Q5.2a

Q5.2a Does the complaint fall into any of the following categories which raise an issue of spm?

SPM

*Tick all that apply*

	Office	Medical Screener	
<b>Sexual assault or indecency</b>			
Indecent behaviour	<input type="checkbox"/>	<input type="checkbox"/>	} →Q5.5
Indecent assault	<input type="checkbox"/>	<input type="checkbox"/>	
Rape/attempted rape	<input type="checkbox"/>	<input type="checkbox"/>	
Female circumcision	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Violence</b>			
Assault/breach of the peace	<input type="checkbox"/>	<input type="checkbox"/>	} →Q5.5
Attempted murder	<input type="checkbox"/>	<input type="checkbox"/>	
Firearms offences	<input type="checkbox"/>	<input type="checkbox"/>	
Murder/manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	
Robbery	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Dysfunctional conduct</b>			
Improper sexual/emotional relationship	<input type="checkbox"/>	<input type="checkbox"/>	} →Q5.5
Offences under the Abortion Act	<input type="checkbox"/>	<input type="checkbox"/>	
Persisting in practice when carrier of an infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	
Controlled substance offences	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Dishonesty</b>			
False claims to qualifications/experience	<input type="checkbox"/>	<input type="checkbox"/>	} →Q5.5
Financial fraud/deception	<input type="checkbox"/>	<input type="checkbox"/>	
Forgery/improper alteration of documents	<input type="checkbox"/>	<input type="checkbox"/>	
Research misconduct	<input type="checkbox"/>	<input type="checkbox"/>	
Theft	<input type="checkbox"/>	<input type="checkbox"/>	
None of the above apply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	→ Q5.2b

1.9b Please say why briefly (or append separate note)

Section 2

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1.10 Declaration and certificate to close enquiry

**Completed by Caseworker**

I certify that I have processed this case in accordance with the instructions approved by the Screeners and that the information on this form matches that on the FPD system.

Signature ..... Date .....

Name .....

**Completed by Casework Manager**

I have examined this case. I certify that in my opinion there are no grounds to seek information about the doctor's fitness to practise from a source other than the complainant. I am satisfied that this case may be closed.

Signature ..... Date .....

Name .....

Q5.2b The following categories might raise an issue of spm and/or suggest there may have been sdp.

Office: Tick all categories that apply  
 Medical Screener: Please make a judgement for each category ticked by the office, And any others that you judge appropriate.

- SPM is action or inaction by a doctor of a serious kind of which no doctor of reasonable skill and exercising reasonable care would be responsible. The weight of the evidence and the intent of the doctor should not be taken into account when reaching a decision on whether a question of SPM is raised at this stage
- SDP is normally indicated by a pattern of serious failure to comply with relevant professional Standards. When deciding whether a complaint raises an issue of sdp, evidence before 1 July 1997 cannot be taken into account.

Tick all that apply

	Office	Medical Screener	
<b>Dysfunctional conduct</b>			
Abusive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	
Driving under the influence of alcohol/drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Failure to report dysfunctional colleague(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Soliciting money from patients	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Dishonesty</b>			
False certifications/false reporting	<input type="checkbox"/>	<input type="checkbox"/>	
False claims about effectiveness of treatment	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sub-standard clinical practice and care</b>			
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	
Confidentiality issues	<input type="checkbox"/>	<input type="checkbox"/>	
Consent issues	<input type="checkbox"/>	<input type="checkbox"/>	
Inadequate practice arrangements	<input type="checkbox"/>	<input type="checkbox"/>	
Inappropriate/irresponsible prescribing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Practising beyond limits of skills or knowledge	<input type="checkbox"/>	<input type="checkbox"/>	→Q5.2c
Relations with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	
Relations with patients	<input type="checkbox"/>	<input type="checkbox"/>	
Sub-standard treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Other complaints and enquiries</b>			
Administration of nursing/residential homes	<input type="checkbox"/>	<input type="checkbox"/>	
Advertising	<input type="checkbox"/>	<input type="checkbox"/>	
Canvassing of patients/other practice disputes	<input type="checkbox"/>	<input type="checkbox"/>	
Medical reports/records issues	<input type="checkbox"/>	<input type="checkbox"/>	
Removal from practice list	<input type="checkbox"/>	<input type="checkbox"/>	
Treatment under the Mental Health Act	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
.....			
.....			
.....			
None of the above apply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	→ Q5.3

To be completed by the Medical Screener

Q5.2c The following criteria may assist in assessing whether the conduct or performance procedures are appropriate. This list is not exhaustive but may be an indicator of sdp.

Tick all that apply

- A doctor who has a tendency to use inappropriate techniques
- A lack of basic knowledge/poor judgement
- A lack of familiarity with basic clinical/administrative procedures
- A doctor who has failed to keep up to date records
- A lack of insight

Q5.3

A range of inadequacies:

- Outdated techniques
- Attitude
- Inadequate practice arrangements
- Concerns over referral rates
- Poor record keeping
- Inadequate hygiene arrangements
- Other (please specify)

Q5.3

Q5.3 On the basis of information, in your opinion does the case raise an issue of spm or is there a suggestion there may have been sdp?

- spm  Refer to next PPC →Q5.5
- sdp  Send performance Rule 5 letter →Q5.5
- both  →Q5.5
- no issue of spm or sdp  →Q5.7
- cannot judge  →Q5.4

Please give brief reasons for your decision

*Wrote*  
*Refer report to Nizam via GP/HCP.*

To be completed by the Medical Screener

Q5.4 If you cannot make a decision on the information currently available, from whom is further information required and what is required?

Tick all that apply

Write a brief note

- Complainant  .....
- HA/NHS Trust/PCT  .....
- GMC' solicitor's investigation  .....
- Other (please specify)  .....
- .....  .....
- .....  .....

Q5.5 then Sign, date and return to the office (to seek further information)

Signed (Medical Screener)

Date

Q5.5 Regardless of the state of the information, in your opinion does there appear to be a current or imminent risk to the public?

- Yes  → Q5.6 and SDF 4
- No  → Q5.6
- Already referred to IOC, N/A  → Q5.6

Q5.6 Based on the information available to you at this stage, please rate the seriousness of the doctor's alleged behaviour/conduct.

**Tick one option only**

- a. Very serious
  - b. Quite serious
  - c. Not very serious
  - d. Not at all serious
- } Q5.7

Q5.7 Do any of the following exceptions apply?

**If multiple options apply, only tick the box for the main option**

- a. Doctor is terminally ill and not in active practice
  - b. There is no tenable basis for taking action because:
    - i. The complainant has declined reasonable requests for further information
    - ii. There is no probative evidence to support the allegation(s) nor any prospect of obtaining any
    - iii. The complaint is self-evidently untrue/irrational
  - c. No issue of spm is raised and there is no suggestion there may have been sdp
  - d. None of the above apply
- } Q5.8

**Declaration**

Q5.8a In my view this case raises:

**Tick one box only**

- a. An issue(s) of spm and should be referred to the next available PPC
  - b. An issue(s) of sdp and a performance Rule 5 letter should be sent
  - c. Issues of both spm and sdp  → Q5.8b
  - d. No issues of spm or sdp  → Q5.8c
- } Sign, date below and return to the office

Q5.8b In my opinion this case should be considered in accordance with:

**Tick one box only**

- a. The conduct procedures  → Refer to next PPC
- b. The performance procedures  → Performance R5 letter

Signed (Medical Screener) .....

Date .....

OR

Q5.8c In my view this case cannot proceed under either the conduct or performance procedures for the reasons as shown at Q5.7

Sign, date and return to the office

Signed (Medical Screener) ..... [Signature Box]

Date ..... 15/5/02

To be completed by the Lay Screener

Q5.9a Do you agree with the Medical Screener's decision at Q5.8c?

Yes  → Sign, date and return to the office  
No  → Q5.9b

Signed (Lay Screener) ..... [Signature Box]

Date ..... 25/5/02

Q5.9b Please state briefly why you do not agree with the Medical Screener's decision at Q5.8

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} Sign, date and return to the office

Signed (Lay Screener) .....

Date .....