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To: Medical Defence Organisations

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Sanctions Guidance 2015

Following on from the training sessions, we wanted to provide you with a summary of the key changes to the (Indicative) Sanctions Guidance. A copy of the Sanctions Guidance 2015 has been added to the [guidance section](#) on the MPTS website.

You may wish to take this opportunity to familiarise yourself with the new Sanctions Guidance. From 3 August copies will be made available in the guidance folders provided in the hearing rooms.

What's new?

In the main, the changes relate to clarification of existing guidance. The main areas that will appear 'new' are outlined below.

Ownership

The Sanctions Guidance is no longer an indicative guide issued by the GMC. It's now a jointly owned document that has been developed with key input from the MPTS.

The purpose of sanctions

The purpose of sanctions has been brought in line with the [new overarching objective](#), which comes into effect on 3 August 2015.

Mitigating factors

There has been further detail added in relation to the types of mitigating factors that a panel may wish to consider. This includes further guidance in relation to:

- The stage of a doctor's UK medical career;
- Remediation of the concerns;

- References and testimonials to support the doctor;
- Expressions of regret and apology; and,
- The doctor's insight into the concerns.

Determining the length of suspension

There is further clarification on the factors to consider when determining the length of the suspension.

There is also a new table on page 21 that highlights a number of factors that may be taken into consideration when determining the length of suspension. These factors are organised in accordance with the domains of *Good Medical Practise*.

Cases that indicate more serious action is likely to be required

A new section has been developed to highlight the types of cases that may require more serious action to be taken. This section highlights the following areas:

- Failure to raise concerns;
- Failure to work collaboratively with colleagues;
- Discrimination against patients, colleagues and other people;
- Abuse of professional position. This section includes further explanations of who a *vulnerable patient* is, and what *predatory behaviour* could look like;
- Sexual misconduct ;
- Sex offenders and child pornography; and,
- Drug and alcohol misuse linked to misconduct or criminal offences.

What has been removed?

The new Sanctions Guidance doesn't contain any procedure or case law information (unless specifically required in relation to the issue of sanction). For example, the outline of the role of the panel and the three stage process has now been removed from the guidance.

This information currently sits within different resources (for example, the MPTS website pages that outline [hearings guidance](#) and [appeals circulars](#)).

Using the new Sanctions Guidance

As discussed at the training events, there are agreed transitional arrangements for the use of the Sanctions Guidance 2015. It is already being distributed with notices of hearing that are being sent in relation to hearings commencing on or after 3 August 2015, and panels will begin to use it in those hearings.

For those hearings that commence before 3 August 2015, or those that are part heard (i.e. started before 3 August 2015) we will use the previous Indicative Sanctions Guidance.

What's still to come?

Updates in December 2015

At the end of the year we will be making some adjustments to terminology and process as a result of the Section 60 work. This gives us an opportunity to update the Sanctions Guidance following the extensive feedback provided during the training sessions as well.

The Tribunal Procedure Guide (referred to in the training as the 'Bench Book')

Because we have removed some of the procedural content from the Sanctions Guidance we are looking to develop a new guide for use in hearings. This will also incorporate some of the existing guidance, such as the aide memoires and the determination drafting guidance. We'll shortly be asking panellists for their views on what should go into the Tribunal Procedure Guide.

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