General Medical Council

Glossary of Terms used in Fitness to Practise Actions[i]

Personal development plan (PDP)

1. This is a document setting out a doctor's plans for continued professional development over a set period. All doctors should have an active PDP. In the context of GMC conditions or undertakings it is a starting point for the process of remediation or retraining. The plan should cover all areas of GMP, but must specifically set out an action plan for addressing the deficiencies identified in a performance assessment report, or by the Fitness to Practise Panel.

2. The PDP should identify the planned action, measure and aimed completion date. Postgraduate Deaneries and in some cases medical directors can give a doctor advice about preparing a PDP in this context but it is the doctor's responsibility to prepare their PDP.

Educational supervision

3. This is organised supervision taking place in a workplace context and is appropriate for doctors where there has been a GMC decision that the doctor has deficient performance.

The **educational supervisor** will help devise and/or implement a training programme in line with the doctor's personal development plan. The educational supervisor will provide feedback to the GMC on the doctor's professional performance and progress against the aims of the personal development plan.

This is not to be confused with clinical supervision; it is not the role of the educational supervisor to provide day to day supervision of clinical work.

Workplace reporting

6. Every doctor who is working, and has conditions imposed by a FTPP or has given undertakings, should have a **workplace reporter** in place. The person undertaking this role could be the educational supervisor, or another person identified within the workplace. This person will be contacted by the GMC soon after

the decision to restrict the doctor's registration has been made. The reporter must agree to provide regular feedback to the GMC / medical supervisor / PG Dean. In general, feedback should include:

- Confirmation that the doctor is complying with their restrictions
- Confirmation of any complaints received
- Confirmation of progress made in relation to any remedial activities
- Any other relevant information

Medical supervision

7. This must be directed for all cases where a doctor's fitness to practise is impaired through ill health. The **medical supervisor** is appointed from an approved list held by the GMC. The supervisor will meet with the doctor regularly to discuss their progress, they will also liaise with treating doctors and the workplace / remedial / educational supervisors.

8. The medical supervisor reports to the GMC on a regular basis, setting out their opinion in relation to the doctor's progress under treatment, compliance with conditions or undertakings and fitness to practise in general.

Mentorship

9. This is usually carried out by a more senior and experienced colleague, who is able to offer guidance. It is wide-ranging, covering not just clinical work, but also professional relationships and career plans. The relationship between doctor and mentor is confidential and the GMC does not therefore expect the mentor to provide reports.

Clinical attachment

10. Please see guidance notes, 'Guidance on the use of clinical attachments', for a detailed explanation of clinical attachments and the circumstances when it is appropriate for a doctor under Fitness to Practise procedures to undertake a clinical attachment.

11. A copy of the guidance notes can be downloaded from the GMC website (http://www.gmc-uk.org/concerns/hearings_and_decisions/sanctions_referrals_guidance.asp).

Intimate examination

12. Examination of the breasts, genitalia or rectum.

On-call duties

13. Hospital doctors: When a doctor has responsibility for responding to acute patients. This could be in a hospital setting or when the doctor is off-duty and at home.

14. GPs: On-call work often forms a core element of primary care medicine. A standard GP role in a group practice requires the doctor to work as a 'duty doctor' on a rota system, effectively providing an on-call service within practice hours. If this restriction is included within the set of conditions or undertakings, it may restrict the doctor's ability to secure employment.

Out-of-hours work

15. Work carried out during anti-social hours, i.e. between the hours of 18:30 and 07:00 and at weekends.

Logs

16. For the requirements of GMC restrictions, a log must be a contemporaneous record of a consultation or examination. The log must always include the following:

- Doctor's name
- Date of the consultation or examination
- Anonymous patient identifier (e.g. NHS / hospital no.)
- Presenting indication
- Procedure undertaken / diagnosis
- Outcome
- Any other information specifically required by the condition (e.g. signature of chaperone)

Training posts

17. A Deanery recognised training post is designed for doctors in training and is part funded by the Deanery. Such posts count towards run-through training. A Deanery recognised training post includes:

- Close supervision of the doctor by a consultant
- Protected study leave
- A designated educational supervisor
- A training plan
- An end of training assessment

18. There are also posts available, funded wholly by the employing Trust, which meet the same criteria as a Deanery recognised training post. However, these do not count towards run-through training. For the purposes of GMC restrictions, a 'training post' may be a Trust funded post which meets the same criteria as above.

Directly supervised

19. The doctor's work must be directly supervised at all times by a consultant based in the same place of work. The level of supervision required is equivalent to that of an FY1 trainee.

Closely supervised

20. GPs: The doctor's day to day work must be supervised by a GP whose name appears on the GP Register, who must be on site and available at all times. As a minimum, the doctor's work must be reviewed at least twice per week by the supervising GP via one to one meetings and case based discussion.

21. Hospital doctors: The doctor's day to day work must be supervised by a consultant, who must be on site and available at all times. As a minimum, the doctor's work must be reviewed at least twice per week by the supervising consultant via one to one meetings and case based discussion.

Supervised

22. GPs: The doctor's day to day work must be supervised by a GP whose name appears on the GP Register. The supervisee must not work as a single handed practitioner but may be the only GP on site at a particular time. In such circumstances, the supervising GP must be available off site to provide advice and/or assistance. However, as a minimum, the doctor's work must be reviewed at least once a fortnight by the supervising GP via one to one meetings and case based discussion.

23. Hospital doctors: The doctor's day to day work must be supervised by a consultant, who may be off site but must be available on-call. However, as a minimum, the doctor's work must be reviewed at least once a fortnight by the supervising consultant via one to one meetings and case based discussion.

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[i] Many of the definitions in relation to supervision and mentorship in this document are based on the London Deanery GP Department "Guidance for Mentors and Educational Supervisors providing support to London Deanery Performance Unit clients". Dr Julia Whiteman. London Deanery GP Department. 2004.