

Guidance: GP Trainer status of practitioners where the GMC is taking action through fitness to practise procedures

Background

The GMC's fitness to practise procedures are divided into two key stages:

- (i) **Investigation:** investigation of the nature and seriousness of the concerns. An interim orders panel can suspend or place conditions on a doctor's registration at any time pending the outcome of the investigation.
- (ii) **Adjudication:** This consists of a hearing of the cases which have been referred to a Fitness to Practise Panel. Some cases where investigation has identified impairment are managed outside of the adjudication process whereby doctors are invited to accept "Undertakings" which require them to do or cease doing something and may restrict their scope of practice. A doctor agreeing to Undertakings is required to commit to engaging fully with the requirements of the undertakings. In most cases undertakings require the doctor to access professional support and to follow specific personal development objectives.

Issues

GP trainers are trained and selected in accordance with the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003.

Whilst the GMC generally deals with *Fitness to Practise* of doctors, it has a role in registering doctors and is the competent authority for determining *Fitness for Purpose* with respect to GP Trainer status. GP Trainer approval can only be granted or removed by the GMC. Whilst it is for the GMC to determine GP Trainer status, it is usually Deaneries that make recommendations to the GMC with respect to GP Trainer approval/ reapproval. There are issues of congruence with a need to ensure that Deaneries and the GMC are aligned when considering GP Trainer status of practitioners who may have impaired fitness to practise.

Principles

The GMC/COGPED/NCAS liaison group recommends that Deaneries should adopt the following principles when considering the status of a GP Trainers who is subject to the GMC taking action through fitness to practise procedures:

- Communication – good communication between the Deanery, the GMC (and where appropriate NCAS) and the practitioner is essential. GP Trainers and those GPs preparing to become GP Trainers should inform the Deanery as soon as they are aware they are the subject of Fitness to Practise procedures and keep their deanery updated on the progress of their case.
- Risk Based Approach – there should be a risk based approach to managing the GP Trainer status of practitioners who are the subject of fitness to practise procedures.
- Proportionate –suspension, restriction or other adjustment of role with respect to GP training should be proportionate to the risk and based on a transparent risk assessment. See below.

- Normalise – wherever possible the GMC should use existing mechanisms to restrict or adjust the role/duties of the GP Trainer, if necessary using agreed undertakings to facilitate this process.
- Local Governance – the Deanery and GP trainer should ensure that any action taken in relation to the trainer’s status is shared with their Responsible Officer and relevant information included in the trainer’s medical appraisal process.

Risks

The GMC/COGPED/NCAS liaison group identified five areas of risk that require assessment and mitigation:

1. **Patient Risk.** Patient safety is everyone’s responsibility and is paramount. All parties including the practitioner, the trainer and the local education provider should take all reasonable steps to protect patients.
2. **Trainee Risk.** The GMC and Deaneries are required to provide training environments that are safe for patients and staff, including those in training and which meet GMC quality training standards. The Deaneries have a pastoral responsibility for trainees.
3. **Practitioner Risk.** Deaneries have a pastoral responsibility for their trainer workforce. A GP Trainer under investigation, even for an apparently trivial complaint, requires support and consideration of whether their training duties should be adjusted during Fitness to Practise procedures.
4. **Organisational Risk to the Deanery.** The Deanery must ensure they mitigate any risk of a claim by a trainee of sub-optimal training standards as the result of a GMC fitness to practise investigation against a trainer. This includes a retrospective claim following an unfavourable outcome to a GMC investigation.
5. **Professional Reputation Risk.** Trainers are preceptors and role models for doctors in training. The behaviour of GP Trainers should set a positive example and be “beyond reproach”. Public confidence in the system requires processes to be transparent. Whilst error is normal and we cannot expect our GP educators to be perfect, we should expect GP Trainers to be open and honest about any concern that has been raised about possible fitness to practise and to be proactive in managing risks co-operatively. The extent to which adjustment of training duties is required in order to avoid reputational risk will depend on the nature and seriousness of the concerns in the individual case.

Recommendation

- (i) Deaneries should support their local GP Trainer Selection Committees and their GP School Board to risk assess individual cases according to the principles set out above.
- (ii) This support should include agreeing an action plan that takes into account the needs of patients, trainee(s), the trainer, their practice, and the Deanery. The GMC Employer Liaison Advisor (and where appropriate NCAS) are available to give advice on appropriate processes.

The action plan should be shared with the practitioner’s responsible officer and should be included in the practitioners supporting information for enhanced appraisal.

Possible Flow Chart

