

## **Guidance on the use of clinical attachments**

1. Clinical attachments are primarily designed for international medical graduates who have been practising abroad and are coming to practise in the UK for the first time. The main purpose of a clinical attachment is for the doctor on attachment to gain an overview of medical procedures and systems in the UK, specifically within the NHS, and to observe an expert at work for a limited period before assuming professional duties themselves. Doctors undertaking clinical attachments are usually unpaid and carry no responsibility or authority for making decisions, or providing advice, in relation to patients' treatment.
2. The BMA website contains extensive advice both to doctors on clinical attachments and their supervisors, and includes the advice that doctors on clinical attachments may, following a period of observing the practice of others, start to take on some clinical duties themselves. This will be at the discretion and under the overall direction of the supervising clinician. However, the advice makes it clear that these duties should be restricted to observing consultations and participating in patient clerking, history taking and physical examinations (where appropriate and always under supervision).
3. Fitness to Practise Panels have in the past used clinical attachments as a means of re-introducing a sick, or poorly performing doctor to the full range of clinical duties. They have also sometimes been used for doctors suspended following a finding of misconduct at the end of the suspension period.
4. Following the High Court judgement in the case of *Udom v GMC* Panels should not make conditional orders where the doctor is required to limit their practice to clinical attachments in any circumstances. This is because section 35(D(2) of the Medical Act allows for either suspension under subsection (b) or conditional registration under (c) – and these are mutually exclusive options. Given that most if not all duties performed whilst undergoing a clinical attachment can be performed by an unregistered person, any condition requiring a doctor to undergo a clinical attachment cannot properly be called conditional registration as it amounts to suspension from the register. If a Panel could impose conditions which took away the effects of registration and imposed additional obligations, then a Panel could effectively suspend a Dr for 3 years, rather than the 12 months provided for in s35D(2)(b).

5. From time to time a doctor who has been suspended from the register may seek to undergo a clinical attachment as a means of maintaining and improving their clinical knowledge. Of course, doctors in this situation may not carry out any duties for which medical registration is required, but may observe and possibly assist clinicians in a clinical environment, for example by clerking, taking patient histories or performing other administrative roles.

6. If a suspended doctor undergoes a clinical attachment during the period they are suspended from the register as a means of maintaining their skills and knowledge, the doctor will be monitored by the GMC via an exchange of information with the employer, who will be asked to report on the limits set on the doctor's daily activity and to report back to the GMC on the doctor's progress.

7. When reading reports on a doctor's progress following a clinical attachment, the panel should bear in mind that the doctor will not have engaged in any decision making or provided any advice to relation to the treatment of patients.