



Handbook for medical supervisors

Working with doctors Working for patients

General
Medical
Council

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How to use this handbook

This handbook sets out the key role played by medical supervisors in our fitness to practise processes. It does not cover all possible situations that a medical supervisor may face, but it does give practical advice on what we expect of a medical supervisor who is monitoring and reporting to us about the health of a doctor with restrictions on their practice.

The handbook should be used as a point of reference alongside the *Standards for medical supervisors* (www.gmc-uk.org/DC6423_Standards_for_medical_supervisors.pdf_57911784.pdf).

The handbook contains links to other relevant guidance. We will update the guidance when there are changes to our processes or legislation, so you should make sure you are familiar with the guidance and always refer to the latest version online.

Helpful information

Acronyms

We try to keep use of acronyms to a minimum to make our documents easy to read, but here's a list of acronyms that you may come across.

AR	Assistant registrar	LETB	Local education and training board
CDF	Contact details form		
CEs	Case examiners	LRMP	<i>List of Registered Medical Practitioners</i> (also known as the medical register)
CRM	Case review manager		
CRT	Case Review team		
CS	Clinical supervisor	MPT	Medical practitioners tribunal
DB	Designated body		
EDF	Employment details form	MPTS	Medical Practitioners Tribunal Service
ELA	Employer liaison adviser		
ELS	Employer liaison service	MS	Medical supervisor
ERH	Early review hearing	OH	Occupational health
ES	Educational supervisor	PA	Performance assessment
FOI	Freedom of information	PDP	Personal development plan
GMC	General Medical Council	PGD	Postgraduate dean
GP	General practitioner	PR	Progress report
HA	Health assessment	RO	Responsible officer
HOS	Head of section	TP	Treating psychiatrist
IA	Investigation assistant	WPR	Workplace report or reporter
IHLT	In-house Legal team		
IM	Investigation manager		
IO	Investigation officer		
IOT	Interim orders tribunal		
LA	Legal adviser		

Who's who at the GMC

Your report will be used by different people at the General Medical Council (GMC) – below is a list of them and their roles.

	Role
Investigation officer (Case Review team)	Carries out the day-to-day management of a case and is your first point of contact for specific queries about the case. Reviews the quality of your reports when we receive them.
Investigation assistant (Case Review team)	Gives administrative support to the investigation officers. Your first point of contact for queries about invoices and GMC Connect.
Case examiner	Reviews and interprets medical supervision reports, and decides what action to take in a case. Inputs into reviews of the quality of your reports.
Head of section (Case Review team)	Oversees the running of the Case Review team.

	Role
Assistant registrar	Has responsibilities to make decisions delegated from the registrar. Reviews and interprets medical supervision reports, and decides what action to take in cases where a doctor's health has deteriorated or a doctor has breached a restriction on their practice.
Health Assessment team	Arranges health assessments, including reassessments.
Associate appraisal and training officer	Gives you general support to you and feedback about the quality of your reports. Organises your annual appraisal and annual training events.

Investigating a doctor's fitness to practise

When we receive information suggesting that a doctor's fitness to practise may be impaired through ill health, the case examiners may ask the doctor to have a health assessment.

A health assessment is one part of our wider investigation into the doctor's fitness to practise. The doctor is examined by at least two health examiners, usually two consultant psychiatrists, and sometimes by one or more health examiners chosen by the doctor. When we have completed the assessment and any other investigations, a decision on the doctor's fitness to practise is taken by two case examiners, one medical and one lay.

If the case examiners find that a doctor's fitness to practise is impaired through ill health, they can either agree undertakings with the doctor or they can refer the doctor to a medical practitioners tribunal.

Agreeing undertakings with the doctor

We can offer undertakings if the doctor demonstrates insight into their impairment and is willing to engage in a programme to support a return to unrestricted medical practice.

Undertakings are suitable in cases where the doctor has had a health or performance assessment that recommends the doctor is only fit to practise with restrictions, and there are no additional probity or conduct issues that we need to act on. Doctors with undertakings must have a workplace reporter who oversees the doctor's performance in the workplace and acts as a point of contact for the GMC. You can find more information on workplace reports at www.gmc-uk.org/Doctors_with_restricted_GMC_A4.pdf_31687477.pdf.

In some cases, undertakings limit the type of work the doctor can do or where they can work.

An investigation officer from the Case Review team monitors whether the doctor is complying with their undertakings. The investigation officer gets feedback on the doctor's progress from the individuals and organisations involved in giving the doctor support, remediation and care, including their employer.

Referring the case to a medical practitioners tribunal

If a medical practitioners tribunal finds that a doctor's fitness to practise is impaired, it can do one of the following:

- take no action
- place conditions on the doctor's registration
- accept undertakings offered by the doctor, which have been agreed by the GMC
- suspend the doctor
- erase the doctor (but not in cases that relate only to health).

Doctors with conditions on their registration

Conditions are very similar to undertakings and compliance is monitored in the same way. However only a tribunal can revise or revoke conditions. But the case examiners may be asked to advise about managing any aspect of the case while the conditions are in place. The assistant registrar can refer the case for an early review hearing if, for example, the doctor's health deteriorates or the doctor breaches a restriction on their practice.

All information received is considered by the medical practitioners tribunal at a review hearing.

Suspended doctors

Suspended doctors remain on the register but cannot carry out any duties that require GMC registration.

Doctors who were being supervised before they were suspended can, if they wish, remain under medical supervision while suspended. In these cases, we will ask the doctor for written consent to approach his or her treating doctors, including their general practitioner (GP).

Suspension cases fall under the jurisdiction of the medical practitioners tribunal. However, the case examiners may be asked to advise about managing any aspect of the case.

What is medical supervision?

We will usually place a doctor under medical supervision if we restrict their registration because of ill health. We give the following definition for medical supervision in our glossary of terms (www.gmc-uk.org/DC4327_Glossary_of_Terms_used_in_Fitness_to_Practise_Actions_25416199.pdf).

Medical supervision is the framework the GMC uses to monitor a doctor's health and progress during a period of restricted practice. Doctors whose fitness to practise is impaired as a result of adverse physical or mental health must have a medical supervisor.

The medical supervisor is appointed from an approved list held by the GMC. The medical supervisor is not responsible for or involved in the doctor's treatment or care. The supervisor meets with the doctor regularly to discuss their progress, and liaises with any treating doctors, as well as the workplace, clinical or educational supervisors. The medical supervisor will obtain information from a variety of sources but will not disclose confidential information to an employer without the doctor's consent.

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

Our main aim is to protect patient safety and maintain public confidence in the medical profession, but our processes can also often help rehabilitate doctors who are unwell. As a medical supervisor, you may occasionally have a conflict between your duty to the sick doctor and your duty to advise us – your primary role is always to keep patients safe.

Specific restrictions on doctors under medical supervision

All doctors under medical supervision have the following standard undertakings and conditions on their registration.

- To place myself and remain under the supervision of a medical supervisor nominated by the GMC, attend upon them as required and follow their advice and recommendations.
- To obtain the approval of my medical supervisor before accepting any post for which registration with the GMC is required.
- To keep my professional commitments under review and limit my medical practice in accordance with my medical supervisor's advice.
- To cease work immediately if my medical supervisor advises me to do so.

How long does medical supervision last?

There is no set length of time, but medical supervision is likely to last at least two years.

Doctors with undertakings should continue under supervision until we are satisfied there is no risk to patient safety or to the doctor's welfare.

For doctor's with conditions, a medical practitioners tribunal will periodically review the case. If the evidence presented to the tribunal suggests the doctor's fitness to practise is no longer impaired, the tribunal will remove the restriction on their registration.

How do we appoint a medical supervisor?

Most medical supervisors are also GMC health examiners. They have experience of working in general psychiatry, and they may also have specialist experience of forensic psychiatry, occupational health or addictions.

Investigation assistants in the Case Review team identify appropriate medical supervisors. They aim to:

- locate a supervisor who is as close to doctor's work or home as possible – if no local supervisors are available, the doctor has to travel further afield
- use one of the health examiners who previously assessed the doctor
- use a substance misuse specialist for doctors who are misusing or dependent on substances
- make sure appropriate facilities for alcohol or drug testing are available when needed.

When we ask you to take on a new doctor for supervision, you must tell us if there is any conflict of interest. If you think there could be a conflict, you should discuss this further with the investigation assistant. If a conflict of interest arises at any point during supervision, you must tell the investigation officer responsible for the case as soon as possible.

You should only agree to take on a new case if you can commit to medical supervision lasting at least two years. You must have a licence to practise to be a medical supervisor. If, during the course of supervision, you intend to relinquish your licence you should tell us as soon as possible so we can find a new supervisor.

Gathering information for your reports

What we give you

We will send you an introduction letter together with previous health assessment reports, a list of the restrictions and, in cases with conditions, the tribunal's decision. We will share sensitive information via GMC Connect, which is our online portal – please refer to the *GMC Connect guidance* for further details on how to use it (www.gmc-uk.org/DC6876_GMC_connect_guidance_for_health_examiners_and_medical_supervisors.pdf).

We will set out what we expect of you as a medical supervisor, including:

- how often you should submit reports
- what chemical testing we need you to do
- any specific responsibilities depending on the restrictions (eg approving posts)
- any advice you need to give the doctor (eg limiting or abstaining from alcohol)
- any specific information related to the doctor's history that you need to give in your reports (eg comments on the doctor's risk of self-harm)
- the doctor's contact details
- if already known, contact details for the people who will support the doctor – eg workplace reporter, treating doctors – so you know who to contact.

We pay a fee for each progress report we have asked for, and we reimburse the cost of any tests carried out.

We will ask for the first progress report within three months of the doctor being placed under medical supervision, but this could be sooner depending on the circumstances of the case. We will ask for further reports every three to six months, and we will give you six weeks to complete them.

Meeting with the doctor

You should make an appointment directly with the doctor by email or phone, using the contact details we send you. You need to tell the investigation officer when you have made an appointment with the doctor. If you have any problems contacting the doctor or arranging an appointment, let us know so we can help.

We expect you to see the doctor at least every 12 weeks, not just when we ask for a report. If you are concerned that the doctor is going through a stressful period, you should see them more often using your own judgement. You should keep in touch with the doctor via email and phone between appointments.

As with all your patients, it is important that you try to maintain a good relationship with the doctor you are supervising. You should take reasonable steps to make sure you give adequate notice of appointments, are flexible where appropriate, and meet with the doctor in an acceptable setting – ie somewhere that is comfortable, clean and confidential.

If you need to do chemical testing, you should always make sure this is done with respect and remains confidential. This is particularly important if the doctor works for the same employer as you.

Information from third parties

To help prepare your report, you should contact other people involved in the doctor's case to get up-to-date information, including their:

- GP
- treating psychiatrist
- occupational health professional
- employer or Health Education England (previously postgraduate deaneries).

If the doctor's health deteriorates, you should contact these people more frequently to help you assess the doctor's progress.

You should give full details of phone conversations in your report, including the date and who you spoke to. You should include any written correspondence as an annex to your report.

If the doctor is able to work, we get reports from the doctor's workplace. We will send these to you, but we also encourage you to contact the workplace too as this may help with your supervision.

Important: Information about a doctor's health must not be shared with an employer or Health Education England. You should speak to us first if you are not sure what parts of a doctor's case you can discuss with their employer.

Writing your reports

Structuring your report

Your report should always include:

- clear headings to separate the report into the sections set out in the introduction letter
- paragraph numbers so that readers can easily refer to specific sections of your report
- a conclusion summarising your opinion and recommendations
- a brief statement giving your title and qualifications – you do not need to submit a full CV with your report.

You do not need to re-tell events that led to you supervising the doctor and writing the report – your report only needs to include events and the doctor's progress since you last submitted a report.

What to include

- Your view on the doctor's state of physical and mental health, with particular reference to the condition that is impairing their fitness to practise.
- A current diagnosis using the ICD-10, highlighting whether the diagnosis has changed since you last reported.

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- Whether the doctor has cooperated with supervision and complied with their undertakings or conditions.
 - Information about any employment the doctor has had and whether the doctor has carried out those duties satisfactorily.
 - Information from other sources – such as employers, a treating psychiatrist and those involved in the doctor’s remediation – and a clear statement of the source of any information you have received or observations they have made.
 - Your opinion on whether the doctor is fit to practise generally, on a limited basis or not at all, with reasons, supporting information and evidence.
 - Your opinion on the doctor’s risk of relapse and level of insight.
 - Your opinion on whether the undertakings are appropriate and what, if any, changes need to be considered.
 - Copies of tests results, where applicable, and your interpretation of them.

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- Dates of all appointments with the doctor and whether the doctor missed any appointments.
 - Your comments on specific restrictions – eg whether the doctor has attended a support group.
 - Where applicable, your opinion on the doctor's risk of suicide or self-harm.

You should focus and comment on the aspects of the doctor's health that are within your professional expertise. If you feel you are not able to comment on a specific aspect of the doctor's health, you should tell us in your report.

You should proofread and check the report for factual and spelling errors before submitting it. The report needs to be clear and accurate as it will be a key piece of evidence in our fitness to practise processes – the quality and presentation is very important to its credibility.

Submitting your reports

Uploading to GMC Connect

Each time we ask for a report, you should submit only one report via GMC Connect, which is our secure online portal. You can find further information on how to use GMC Connect in our *GMC Connect guidance* (www.gmc-uk.org/DC6876_GMC_connect_guidance_for_health_examiners_and_medical_supervisors.pdf_59324817.pdf).

When you upload your report or any other documents to GMC Connect, please email or phone the investigation officer immediately so we can check your report as soon as possible.

The investigation officer will share your report with the doctor in all but exceptional cases. If you feel that the content of a report might have a detrimental effect on the doctor's health, you should tell the investigation officer so we can decide how to share the information.

Deadlines and delays

When we ask you for a report, the investigation officer will tell you the deadline for submitting your report. It is important that we receive your report by this deadline so we can make sure there is no risk to patient safety and respond quickly to any concerns you raise.

If the report is going to be included in the papers presented to a medical practitioners tribunal, the tribunal members, the doctor and the doctor's legal representative all need time to review your report ahead of the hearing. A delay in submitting your report could result in the hearing being postponed.

If you think you will miss the deadline, or you need further information to complete the report, then you should tell the investigation officer as soon as possible.

If you believe a doctor is purposely missing appointments or is in any way trying to delay you submitting the report, you should tell us immediately.

Feedback on the quality of your reports

We will review the quality of each report you submit to check it includes all the information we asked for, including your opinion on the doctor's fitness to practise, diagnosis and test results.

If there is anything missing from your report, we will ask you to urgently submit a supplementary report with the missing information. This leads to delays in the process and could put patient safety at risk.

The Associate Appraisal and Training team will give you regular feedback on how you are doing. If your audit results consistently fall below the standard expected – as set out in the *Standards for medical supervisors* – we may need you to do further training. If we do not see an improvement, we may decide you can no longer be a medical supervisor.

Specific restrictions that medical supervisors manage

Approving posts and out-of-hours or on-call work

As a medical supervisor you will have to approve every new post a doctor wishes to undertake, including locum, out-of-hours and on-call work.

You should give careful consideration to each request for approval and consider the following questions.

- Is the doctor currently well enough to take up the post without affecting patient safety?
- Is the post likely to have an adverse effect (or otherwise) on the doctor's health?
- Should any additional measures be put in place if the doctor is given approval to take up the post?

To answer the questions above you are likely to need all, or most of, the following information:

- the job description
- details of the proposed support or supervision arrangements
- evidence about the doctor's very recent health status – you may need to assess the doctor or seek information from other sources, such as their GP or treating psychiatrist.

You should tell us immediately whether you decide to approve a new post and give your reasoning for your decision in relation to the doctor's health.

We will check whether the role fits within the requirements of the doctor's restrictions, although you should also keep this in mind when approving posts.

There are a number of other restrictions that may be placed on a doctor's registration and you will be asked to comment on these in each of your reports.

Making sure the doctor attends a support group

If a doctor's ill health is related to alcohol or substance misuse, they have to agree to a standard restriction to regularly attend meetings of Alcoholics Anonymous, Narcotics Anonymous, the Doctors and Dentists Group, any other support group or individual alcohol or drug counselling, if recommended to do so by their medical supervisor.

You will be asked to confirm in each of your reports whether the doctor needs to attend support groups and, if so, which ones. It is very important that you include this information because the doctor has to give us evidence that they have been to meetings at the intervals specified in the undertakings or conditions. You should include in your reports whether you believe the doctor is attending support groups based on their medical history and how the doctor behaves when you meet – this is particularly important if other evidence of their attendance is not available.

If your recommendation changes about whether the doctor should attend a support group, then you should explain this to the doctor and tell us in writing.

Advising the doctor to limit their alcohol consumption

If a doctor's ill health is related to alcohol, they will normally have to abstain completely from consuming alcohol. But, in some circumstances, a doctor may have to limit their alcohol consumption in accordance with their medical supervisor's advice, abstaining absolutely if they need to do so. If a doctor you are supervising has this restriction, you will be asked to confirm in each report what advice you have given the doctor about their alcohol consumption.

You should keep this under review and amend your advice as and when necessary.

If you believe the doctor is not following your advice, you should tell us immediately.

Testing for alcohol or drug misuse

In cases involving misuse of alcohol or drugs, we must have evidence that the doctor is abstaining from or limiting their alcohol consumption, or refraining from self-medicating or taking illicit drugs. To make absolutely sure, you must do regular laboratory tests of the doctor's blood, hair, oral fluids and, where appropriate, breath. You should not agree to take on a doctor's case if you are not able to carry out or arrange the required tests.

The case examiners will decide what tests you need to do and how often – we will set these out in our introduction letter to you. If you feel additional tests or changes to the set of tests are appropriate, you should discuss this with us immediately.

You will need to run tests several times during a six-month period. Test results are an important source of evidence demonstrating the doctor has remained abstinent over a prolonged period. This means it is very important that the test results cover the whole six-month period, not just the time immediately before you submit your report.

We know that some specialist testing for alcohol (eg carbohydrate-deficient transferrin (CDT) testing) is harder to arrange – if you are having difficulty, you should discuss how best to arrange this test with the investigation officer. If you need hair testing kits, you should contact the investigation officer who will arrange for them to be sent to you. Sometimes we may organise for a drug testing company to carry out the testing – you will be given a copy of the test results by either the company or us.

Important: You must include a copy of the test results with your report, as this is a key piece of evidence needed to make a decision on a doctor's fitness to practise. If an external testing company carried out the testing then you still need to include an interpretation of the results in your report.

Restricting the doctor's prescribing

Some doctors may have to limit their prescribing and will have at least one of the restrictions below.

- To refrain from self-medication, (apart from/including over the counter drugs which do not require a prescription), and take drugs only as prescribed for me by my general practitioner or any registered medical or dental practitioner responsible for my care.
- Not to prescribe those drugs listed in schedules 1–3 of the *Misuse of Drugs Regulations 2001*, as may be amended (from time to time).
- To only prescribe drugs under arrangements which have been agreed between my medical supervisor and the medical practitioner of consultant grade or equivalent supervising my work.

To make sure the doctor is meeting the final restriction above, you should contact the doctor's employer as soon as possible to discuss and agree prescribing arrangements. You should give the investigation officer details of conversations or email exchanges about this, and confirm what the agreed arrangements are with us and the doctor.

You will be expected to comment on whether the doctor is complying with all these restrictions in each of your reports.

Information on the doctor's treatment

We ask healthcare professionals involved in the doctor's care to give us reports and we send copies to you. However, you should still talk to them to get sufficient information about the doctor's treatment, prescribed medication and progress with managing their ill health. This is particularly important if the doctor's health has deteriorated.

You should not treat or prescribe for the doctor you are supervising, unless on an emergency basis. You must tell us immediately if a situation arises where you have to do so.

You have a duty as a doctor to make sure your patient – in this case, the doctor you are supervising – receives appropriate treatment. This means you should act as soon as you receive information, such as test results, which indicate that the doctor may have an undiagnosed condition that needs further treatment or investigation. This may include contacting the doctor's GP or referring the doctor to other agencies. Simply referring to the concerns in your report is not adequate. You should always tell us about the concerns and the action you have taken. The investigation officer will be able to help if you are not sure what action to take.

Supervising vulnerable doctors

Some of the doctors you supervise will inevitably have seriously ill health and may be at risk of self-harm or suicide. If a doctor has a history of attempting self-harm or suicide, the investigation officer will ask you to comment on the risk of this in each of your reports.

If you receive information suggesting that a doctor is at risk of self-harm or suicide while you are supervising them, you should tell us immediately and take any action that you would normally take for a patient, including informing the doctor's GP or treating psychiatrist.

We need to carefully consider the potential effect of each interaction we have with vulnerable doctors and we may decide to take special action in exceptional cases. For example, we could ask a medical supervisor or treating psychiatrist to be present when the doctor receives notice of a tribunal hearing. We will ask for advice from you or a treating psychiatrist if we are concerned that specific documents we send may be detrimental to the doctor's health. Please respond as soon as possible if you receive a request like this from an investigation officer about a doctor you are supervising.

Sadly, sometimes a doctor will commit suicide while under medical supervision. We will tell you as soon as possible if we are informed that a doctor you are supervising has died. If you find out that a doctor you are supervising has died, you should tell us immediately.

Deteriorations in a doctor's health or performance

While you are supervising a doctor, you may find out that their health or performance has deteriorated, or that they have breached a restriction on their registration. Occasionally, the information may relate to new concerns about the doctor's fitness to practise.

Important: You must tell the investigation officer as soon as possible if you are concerned about a doctor you are supervising, particularly if you think they pose a risk to themselves or to patients and should stop work. You should not wait until you are asked to submit a report to give us this information.

The assistant registrar will consider all the information about concerns and advise what, if any, action needs to be taken. This could include asking the case examiners to consider referring the doctor to an interim orders tribunal.

Inpatient treatment

A doctor you are supervising may be admitted informally or formally under the *Mental Health Act 2007* because their mental health has deteriorated or they need treatment for substance misuse.

While the doctor is receiving inpatient treatment, you should contact the doctor's treating psychiatrist to get updates on their progress, and regularly update the investigation officer about the doctor's condition.

Important: When the doctor is discharged, we will ask you to urgently give your opinion on the doctor's fitness to practise and your recommendations about what monitoring the doctor needs and whether they can return to employment.

Putting interim orders on a doctor's registration

If a doctor's health or performance has deteriorated to such an extent that the safety of patients, the public or the doctor could be put at risk, or the doctor breaches a restriction on their registration, we may need to refer them to an interim orders tribunal. We will tell you if the case examiners decide to do this. For example, the case examiners may refer the doctor if:

- the doctor's employer sends us evidence that the doctor's health or performance has deteriorated
- the doctor's medical supervisor, GP, treating psychiatrist or occupational health adviser reports that the doctor has had a relapse of their condition and is demonstrating little or no insight
- the doctor refuses to cooperate or is not engaging with monitoring of their restrictions
- health or performance assessments show the doctor's health or performance has significantly deteriorated.

The interim orders tribunal does not decide whether the allegations against the doctor are true. Instead, it considers whether to restrict the doctor's registration on an interim basis – either by imposing conditions or suspending them from the medical register – while the concerns about their fitness to practise are resolved. If the doctor you are supervising is referred to an interim orders tribunal, they are likely to need extra support and monitoring. The investigation officer will keep you updated throughout the process and explain the implications of any order given by the tribunal.

An interim order can suspend or restrict a doctor's registration for up to 18 months initially. The order must be reviewed at least every six months, and the tribunal can review the order more often if it feels this is appropriate. The doctor can ask for an early review hearing three months after the order is given. The order may also be reviewed if new evidence suggests that the order should be made more or less stringent or is no longer necessary.

Changing undertakings

As supervision progresses, you may recommend that a doctor's undertakings can be relaxed because the doctor is making positive progress, or need to be tightened to include additional restrictions in response to further concerns. A medical and a lay case examiner will decide whether to implement your recommendation.

There are several circumstances in which it may be appropriate to consider changing a doctor's undertakings. A few common examples are:

- information from a doctor's employers suggests that a higher or lower level of clinical supervision is appropriate
- a medical supervisor recommends that restrictions on a doctor's prescribing need to be relaxed
- a doctor or their legal representative asks for the undertakings to be changed – for example, to allow them to accept a new post.

If the doctor or their employer asks for the undertakings to be changed, we might ask for your opinion on the suggested changes. You should respond as quickly as possible so we can make a decision without delay.

When does a doctor go to a fitness to practise hearing?

Review hearings

In most cases where a medical practitioners tribunal has restricted a doctor's registration, there will be a review hearing (the exception is when the doctor has been given a warning, suspended for a short period, or erased from the medical register). The tribunal will decide the length of restriction and advise about the requirement for a review hearing. Usual practice is for the review hearing to take place around six weeks before a sanction is due to expire.

If a doctor you are supervising is invited to a review hearing, they will be asked to consent to health assessments so the tribunal has independent information about their health. The health examiners will review all your reports as part of their assessment and may contact you directly to ask for further information.

You will be asked to submit a report ahead of the review hearing for the tribunal to consider. They will take your opinion and recommendations into account when deciding whether the doctor's fitness to practise is still impaired.

It is unusual for a medical supervisor to have to give evidence at a review hearing, but our Legal team will contact you if we need you to do so.

Referring doctors with undertakings to a medical practitioners tribunal

The assistant registrar may refer a doctor with undertakings to a medical practitioners tribunal when we receive information that:

- the doctor has not agreed to revised undertakings
- the doctor has breached an undertaking
- the doctor's health or performance has deteriorated or raises further concerns about their fitness to practise.

If a doctor you are supervising is being referred to a medical practitioners tribunal, we will tell you. We will also tell you the hearing date and whether you need to attend to give evidence.

Early review hearings for doctors with conditions

The assistant registrar will refer the case for an early review hearing when, for example, we receive:

- information indicating the doctor has breached a condition or their health or performance has deteriorated
- a request from the doctor with evidence to support the need for an early review hearing
- information indicating the conditions are no longer effective or workable, or are no longer required.

If a doctor you are supervising is being referred for an early review hearing, we will tell you. We will also tell you the hearing date and whether you need to attend to give evidence.

When a doctor is fit to practise generally

Assessing whether to revoke undertakings

Case examiners have the authority to revoke or revise undertakings. To revoke undertakings, the case examiners must be satisfied that the doctor's fitness to practise is no longer impaired to a degree that would justify restrictions on their registration. You can find more detail about what factors the case examiners consider when revoking undertakings in our guidance (www.gmc-uk.org/Revocation_of_undertakings___supplementary_guidance_for_case_examiners.pdf_36983127.pdf).

In health cases, we will consider whether to revoke undertakings when we receive a report from the doctor's medical supervisor stating that the doctor is fit to practise generally. If we have received all the evidence listed in our guidance on revoking undertakings and there are no concerns about the doctor's fitness to practise, the doctor will usually be invited to attend health assessments to confirm if they are fit to practise generally.

All the evidence, including the health assessments, will then be submitted to the case examiners for a decision. The case examiners need to be satisfied that:

- the doctor's illness is being appropriately self-managed or managed by their treating doctors
- the doctor's ill health does not pose any ongoing risks to patient safety or the doctor has fully recovered.

You will be told the case examiners' decision at the same time as the doctor. If the case examiners revoke the undertakings, you will no longer need to act as the doctor's medical supervisor and the case will be closed. If the case examiners feel undertakings should continue, you will need to continue supervising the doctor.

Assessing whether to revoke conditions

When a medical practitioners tribunal is reviewing a doctor's case, the tribunal will look at all available evidence about the doctor's progress during the period of conditions. This will include all your reports, workplace reports and up-to-date health assessments.

If all the evidence suggests the doctor's fitness to practise is no longer impaired, the tribunal is likely to revoke the conditions and allow the doctor to return to unrestricted practice. If the tribunal decides to revoke the conditions, you will no longer need to act as the doctor's medical supervisor and the case will be closed.

Revalidation, licensing and voluntary erasure for doctors under investigation

Detailed information about revalidation, licensing and voluntary erasure can be found on our website at www.gmc-uk.org/doctors/index.asp.

Revalidation

Revalidation is the process by which fully registered and licensed doctors regularly demonstrate that they are up to date and fit to practise.

Doctors have to revalidate to keep their licence to practise. If a doctor cannot revalidate, they will have their licence removed through an administrative process.

Doctors under investigation cannot revalidate. But doctors with restrictions (undertakings or conditions) on their registration can revalidate as long as they are complying. A doctor who is suspended from the medical register cannot revalidate.

Licensing

A doctor under investigation may decide to give up their licence to practise while you are supervising them. They will still have to comply with restrictions as these are attached to their registration, not their licence. You should continue supervising them and submitting progress reports to us.

Voluntary erasure

A doctor can apply to voluntarily remove their name from the medical register at any time. If a doctor you are supervising applies for voluntary erasure and the request is granted by the case examiners, the restrictions will no longer apply and you can stop supervising them.

Keeping information secure

In your role as a medical supervisor, you are given a range of highly confidential information about a doctor's health and fitness to practise. You must handle this information appropriately and securely, and you need to be familiar with the requirements set out in our *Information security policy for associates and contractors* (www.gmc-uk.org/DC6422_Information_security_policy_for_associates_and_contractors.pdf_57912264.pdf).

Please contact us if you are not sure whether or how to share information. If you realise you have breached information security, you should contact us immediately. We will investigate the matter and tell you the outcome.

Your reports will be used throughout the fitness to practise process and will be seen by a range of people, such as the Medical Practitioners Tribunal Service, the doctor and their legal team. With this in mind, please do not include any contact details for the doctor you are supervising in your report. Only include your own personal contact details – for example, on the cover letter or front page of your report – if you are happy for these to be shared.

We publish all practice-related restrictions on our online medical register at www.gmc-uk.org/lrmp. Restrictions related to a doctor's health are confidential and are shared only with health professionals involved in the doctor's care, the medical supervisor and occupational health professionals. You should not discuss a doctor's ill health with their employer or anyone involved in their training or remediation, unless the doctor has given written consent. If you are not sure whether to discuss a doctor's ill health with certain health professionals, you should ask us.

Equality and diversity

We have statutory obligations to make sure our fitness to practise activities are fair. Anyone acting on our behalf is expected to be aware of, and adhere to, the spirit and letter of equality and human rights legislation. This includes compliance with the aims of the public sector equality duty.

The opinions and recommendations you provide must be fair and untainted by bias or prejudice on the grounds of gender, race, disability, lifestyle, culture, religion or beliefs, sexual orientation or age.

Doctors must treat colleagues and patients fairly, whatever their life choices and beliefs. Our guidance on this is at paragraphs 48, 54 and 59–60 of *Good medical practice*. Your conduct as an assessor or examiner must also be in line with the our *Equality and diversity policy* and *Dignity at work policy*.

We will make reasonable adjustments for disabled people.* If you would like us to consider making reasonable adjustments for a doctor you are assessing or for yourself, please let us know as soon as possible.

* The *Equality Act 2010* defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (ie, has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities.

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