

## **Guidance for making referrals to the Postgraduate Dean or GP Director**

1. Remedial training is only a practicable solution if a doctor demonstrates insight into their deficiencies and accepts that a serious problem exists. A remedial training programme can only be successful with the doctor's willingness and commitment.
2. When deciding whether the doctor is suitable for remedial training, the Panel should consider whether:
  - a. The doctor has insight into problem;
  - b. The doctor is willing to address the problem;
  - c. There are clearly identifiable areas of deficiency that can be addressed through an educational or other intervention that is within the Deanery's normal processes and practise to deliver. Where this would not apply is, for example, when English language skills are below the accepted level for a practising clinician.
3. In drafting conditions, the Panel must:
  - a. Clarify which areas of deficiency have been identified;
  - b. Tell the doctor and PG Dean what changes in performance, behaviour and knowledge, are required;
  - c. Ensure requirements are explicit, reasonable and practicable.
4. The MOU between the GMC and COPMED sets out the role of the PG Deaneries as follows:

The role of the PG Dean is to provide advice and professional support to facilitate rehabilitation of doctors. Their role is different for doctors in training and doctors who are not in training.

- a. For doctors who are currently in a training programme of the relevant PG Deanery, (and where the employing Trust is willing to continue with employment), the PG Deanery will:

- Plan targeted or remedial training following local performance procedures, RITA panel outcomes, or GMC or NCAS performance assessment
- Where appropriate, identify an alternative training placement or placements suitable to meet the needs of the trainee
- Identify a named clinical and educational supervisor
- Agree arrangements for monitoring performance against objectives in action plans, either locally or at PG Deanery level
- Advise on provision of mentoring and coaching when required
- Offer access to confidential psychological support
- Report to the GMC at regular, agreed intervals on the progress of the doctor

b. For doctors who are not appointed to or substantively employed in a Deanery training programme, or at all, the PG Deanery will see doctors referred by the GMC who work in their catchment area, or who worked in their catchment area prior to fitness to practise procedures, (subject to referral criteria negotiated locally by the Deanery and held in the public arena). The PG Deanery will:

- Support the referred doctor in developing an action plan to address identified weaknesses in performance
- Agree with the referred doctor, the GMC and employing body a means and timescale for monitoring the objectives in the plan.
- Offer information with regard to career opportunities
- Explain how to access training placements through open competition
- Identify sources of appropriate educational supervision, coaching or mentorship
- Support the referred doctor in organising, where appropriate and practicable, an unpaid clinical attachment (observership) with a consultant who will be asked to provide a report
- Provide a report to the GMC relating to the extent to which the doctor has cooperated with and benefited from the above

5. Panels should bear in mind that:

- a. The PG Dean has no obligation to provide funding for a supernumerary post or training programme.
- b. The terms in which the referral is made must not place implied legal responsibility on PG Deanery.
- c. The determination must include a paragraph confirming PG Dean role.