Executive summary
We have a statutory responsibility to approve doctors who are GP trainers. We have a standards framework and operational process in place to support this function. The GP’s status as a GMC approved trainer is published on their register entry. We have committed to recognise doctors in the four GMC specified trainer roles for undergraduate, foundation and specialty training from 2017. In preparation, we have reviewed our processes and identified a need to update the decision making framework for approval or re-approval of medical trainers who are going through fitness to practise proceedings. This process determines if doctors should continue as recognised trainers, or if, and under what circumstances, action should be taken to suspend a doctor whilst their fitness to practise is investigated and to identify how Employer Liaison, Fitness to Practise and Education Approvals teams will work together. Approved trainers will be allowed to continue in role until such time as our fitness to practise process determines otherwise, whether through interim suspension, conditions or sanctions but requests for new trainer approval will be placed on hold if they are already in fitness to practise proceedings, until the outcome of their case is known. Local decisions can be taken by the Education Organiser (EO) to withdraw or reject trainer approval if a trainer’s performance is in any way detrimental to doctors in training, irrespective of whether they are undergoing fitness to practise proceedings or not.

Recommendation
The Board is asked to agree the updated trainer approval process for doctors in fitness to practise as proposed in the paper, described in more detail in Annex C and mapped in Annex D.
Background

1. The quality of medical practice and the safety of patients depends on the quality of the training provided to medical students and doctors in training.

2. In August 2012 we published *Recognising and approving trainers: the implementation plan* which outlined new arrangements for the recognition of trainers from July 2016 onwards. The statutory requirements for GMC approval of GP Trainers as outlined in the Medical Act 1983 section 34I remained in place, but in addition Medical Schools and Deaneries and Local Education and Training Boards as Education Organisers began to formally recognise all medical trainers in four specific roles.

3. The implementation plan built on the existing procedures by which the GMC approves GP trainers. Although the GMC still needs to obtain the explicit statutory powers to approve non-GP trainers, we do have powers to promote and establish standards (set out in Promoting excellence), to secure effective instruction for medical students, to recognise programmes for training provisionally recognised doctors and to approve courses and programmes for postgraduate training. These powers are enough for us to take significant steps to enhance the recognition of trainers whilst we obtain the legal authority to approve trainers beyond those working in general practice.

4. To this end we now maintain a list of the names of all trainers in the four roles and are working toward recognising these roles on the register for doctors who are not GPs from Autumn 2017.

5. Since July 2016, when educational organisers were required to confirm all medical trainers in the four roles, the volume of fitness to practise cases involving trainers has significantly increased. Annex A gives an overview of fitness to practise instances for GP and Specialty Trainers. Five GP Trainers and 172 Specialty Trainers had open fitness to practise cases at the point of data collection. Given the large increase in volume of cases, we seek to update the approvals process to ensure consistent decision making as to whether a trainer continues to fulfil their training responsibilities whilst undergoing fitness to practise proceeding, aligned to the GMC’s fitness to practise process.

**GMC’s statutory remit for approval and recognition of trainers**

6. The Medical Act enables the GMC to decide whether to approve GP Trainers identified by EOs. Approval and re-approval is granted to the vast majority of GP Trainers. The re-approval timeframe is managed locally but we can approve a trainer for up to five years.

7. However, there are some circumstances where we withhold or withdraw approval of GP Trainers, particularly given trainers’ responsibilities as role models to students and doctors in training. Approval of a trainer can be delayed, denied or removed if:
The trainer does not hold valid registration and a licence to practise.

The trainer’s registration has been removed or suspended by an interim orders panel or a fitness to practise panel.

Following an interim orders panel or a fitness to practise panel decision, the trainer is subject to conditions or undertakings that make approval inappropriate.

For GP Trainers on our non-public Siebel database, the fitness to practise status indicates whether a complaint or issue has been raised about a doctor’s fitness to practise.

Historically, the number of cases where approval by an EO has been called into question has been very low. Since June we have reviewed just one GP Trainer re-approval request. While it has been possible to deal with these very low numbers on a case by case basis with the Employer Liaison Adviser supporting engagement with the GP trainer’s Responsible Officer and the postgraduate dean, the higher volumes associated with undergraduate, foundation and specialty trainers requires a detailed process with criteria to ensure a consistent approach.

Our approach

We explored two established decision making frameworks within the GMC (Associate Services and Revalidation) that dealt with individual doctors involved in fitness to practise proceedings which may affect their suitability for non-clinical roles.

Associate Services state that a doctor cannot be an Associate if they have open cases or fitness to practise actions in effect. They can be an Associate whilst the open enquiry is being investigated and it is only when the enquiry moves to an open case that the Associate would be suspended from duties until the case was proven or dismissed. In contrast, Revalidation states that a doctor would not be revalidated during the open enquiry stage and an internal hold would be placed on the application in lieu of a decision of the outcome of the enquiry. Only in exceptional circumstances where the open enquiry stage was taking too long would an application be referred to a Head of Section to make a decision to revalidate or not.

If we followed the Associate Services model, a doctor would be prevented from being a trainer once a case had been opened. Trainer status is in the public domain through a published list and, for GP Trainers, the List of Registered Medical Practitioners. We do not publicly acknowledge the opening of a fitness to practice case on a doctor’s registration and think it would therefore be disproportionate and potentially detrimental to the doctor to amend this on their record at this stage of the fitness to practise process.

Similarly, if we followed the Revalidation model of deferral of decision for all trainers from the enquiry stage and until the outcome of a case is known, large numbers of
trainers could be prevented from continuing in that role. In contrast, deferral of the revalidation decision doesn’t affect the doctors’ ability to practice medicine.

14 We consider that both approaches would be too restrictive if implemented at an early stage in the fitness to practise process, having potentially impeding the delivery of training. We tested this out with a Health Education South West Responsible Officer meeting where we asked whether trainers, should be treated differently outside of our current Fitness to Practise process. Please see Annex B for an overview of the GMC’s current Fitness to Practise process.

15 The consensus was that if a doctor is considered still safe to see patients (and not suspended or otherwise restricted by the GMC), then that doctor is likely to be considered safe to train doctors in training and that linking approval or re-approval decisions to the GMC’s current fitness to practise framework was sensible. Local decisions could and would be taken at any time to withdraw or reject trainer approval if it transpired that a trainer’s performance or behaviour was inconsistent with our standards and detrimental to doctors in training, irrespective of whether they were undergoing fitness to practise proceedings or not.

Conclusion

16 The underlying principles are that:

a A doctor’s status as a GMC approved trainer will not be affected unless a fitness to practise proceeding determines that their practise should be restricted.

b If there is a query about a doctor’s fitness to practise at the point they are seeking approval or re-approval this decision will be deferred until the veracity of the query has been investigated.

c The communication with the doctor, the doctor’s employer and the local education organiser will be managed by the Employer Liaison Adviser and FTP case manager within existing FTP processes, which have been modified to ensure information is collected from doctors on their training responsibilities and to notify them that information about their case may be shared in that context.

d The proposed process outlined in the description at Annex C and process map at Annex D is a shared process that has been developed though engagement with Education, Fitness to Practise and Employer Liaison Service teams and will be embedded within each team’s local process.
9 - Overview of fitness to practise service requests received for GP and Speciality Trainers

9 - Annex A

GP Trainers

*Trainer approval requests received with fitness to practise (FTP) indicators (open/closed) between 1 January 2016 and 12 December 2016:*

- 115 service requests linked to 59 different doctors (Some doctors had approval requests for multiple training programmes)
- 99 service requests linked to 54 different doctors with closed FTP cases
- 16 service requests linked to 5 different doctors with open FTP cases
- 1 request was rejected, this was signed-off and discussed internally with Jane Cannon (Head of Planning, Research and Data Development) and Colin Pollock (Employment Liaison Adviser, Yorkshire & The Humber).

Specialty Trainers

*Specialty trainer information received in the August/September 2016 Milestone 4 update:*

- 38,000 trainer records submitted
- 172 doctors with 230 open FTP cases.

<table>
<thead>
<tr>
<th>Themes</th>
<th>No.</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrity</td>
<td>12</td>
<td>15.7</td>
</tr>
<tr>
<td>Poor treatment / inappropriate treatment</td>
<td>36</td>
<td>47.3</td>
</tr>
<tr>
<td>Substance abuse (alcohol and/or drugs and/or controlled medicines)</td>
<td>3</td>
<td>3.9</td>
</tr>
<tr>
<td>Poor judgement</td>
<td>7</td>
<td>9.3</td>
</tr>
<tr>
<td>Criminal</td>
<td>11</td>
<td>14.5</td>
</tr>
<tr>
<td>Miscellaneous <em>(not fitting into any of the themes above)</em></td>
<td>7</td>
<td>9.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76</strong></td>
<td></td>
</tr>
</tbody>
</table>
9 - Annex B - Overview of GMC’s fitness to practise process

**Stage one**
- **Referral to the GMC**
  - It is often better for patients to raise their concerns through local complaints procedures in the first instance with the NHS Hospital Trust, Primary Care Trust (or equivalent) or private healthcare body.

- **Further investigation**
  - Where a matter raises serious concerns about a doctor’s practice, the GMC will undertake an investigation. This may include an assessment of the doctor’s health or performance, where appropriate.
  - GMC case examiners will then decide what action to take, for example referral to a fitness to practise panel. If the case examiners cannot agree or a warning is offered and the doctor refuses to accept the warning, the case will be referred to the Investigation Committee.

- **Investigation Committee and interim orders**
  - If both case examiners decide that a warning is appropriate, the doctor may exercise his/her right to an oral hearing before the Investigation Committee. If the two case examiners do not agree on the appropriate outcome, the case will be decided by a meeting of the Investigation Committee.

**Stage two**
- **MPTS**
  - Fitness to Practise Panels comprise the final stage of the fitness to practise procedures.
  - All aspects of the doctor’s fitness to practise will be considered and there are no longer separate streams for conduct, health and performance.

- **MPTS**
  - **Fitness to practise panel**
    - The panel may decide to:
      - Issue a warning to the doctor
      - Put conditions on the doctor’s registration
      - Suspend the doctor’s name from the medical register
      - Erase the doctor’s name from the medical register
9 - Updating the process for Approval and Re-Approval of Trainers undergoing Fitness to Practise proceedings

9 - Annex C

Proposed Trainer Approvals Process

1 This process applies to the four roles that the GMC has specified in Recognising and Approving Trainers: the Implementation Plan

Undergraduate education

a Those responsible for overseeing students’ progress at each medical school

b Lead coordinators at each local education provider

Postgraduate Training

c Named educational supervisors
d Named clinical supervisors

2 The Siebel IT system automatically places a flag on an individual doctor’s trainer record to alert us to trainers who are within the GMC’s Fitness to practise process. The system currently requires a manual review of any trainer there is any fitness to practise flag (active, inactive and expired). Therefore anyone who has a closed case, expired warning or conditions would be flagged for manual review as well as those with open cases – and we would see no reason not to reapprove anyone whose warning or conditions had expired if the employer was recommending so.

3 When an approved trainer has any fitness to practise activity created against them they flag in the Siebel dashboard and both the Education team and the Employment Liaison team monitor them to determine whether or not it raises a concern about their ability to be a trainer which is then raised with the relevant Deanery/LETB.

4 All trainers with fitness to practise indicators against their names are discussed on a case by case basis at regular regional meetings between our Employment Liaison Advisers (ELAs) and Deaneries and LETBs. At these meetings updates are given from
both sides and it is clear from feedback from Deans and GP trainers’ ROs that this process is working extremely well. Detailed discussion takes place as to whether these individuals continue as trainers or not, and if it is decided they should not continue then the Dean will notify the trainer.

5 The ELAs relay information back to Education, Investigations and Fitness to Practise colleagues following these meetings and we see no reason for this to change.

6 We have had new enquiries in 2017 but these were all closed and no new cases were opened. By managing this process we will rarely, if ever, have a doctor flag for manual review when re-approval is being requested and not know about the doctor and their situation. The only exception to this could be if the doctor went into fitness to practise on the day re-approval was requested. Our Fitness to Practise colleagues recently updated the disclosure form that doctors are required to fill out once a case has been opened to include whether they have a current or recent connection to a Deanery, Local Education Training Board (LETB) or Medical School, or hold a current training and educational role for these organisations.

7 This information is then used by the Fitness to Practise/Investigations teams to begin the process of disclosure to employers, Responsible Officers (ROs) and other professional bodies when the time is right to do so. So in essence if an existing trainer in our system is flagged for Fitness to Practise issues the Education team would take no action relating to the trainers’ approval except to monitor the trainer in Siebel on a regular basis as they go through the Fitness to Practise process. All communications would be sent from the Investigations team as is the current process and trainer status would continue to be discussed at the regional meetings between Deans’ teams and our ELA’s.

8 The only time the Education team would directly send a formal communication to the Dean, copied to the ELA and investigations team would be if a new trainer approval request comes through for a doctor who had a fitness to practise indicator against their name or a re-approval request is received for a doctor and an Interim Orders hearing is scheduled. We would write to the Dean to explain that the approval would be put on hold until the outcome of the doctor's case was known. We would then expect the Dean to notify the individual concerned. From a risk and reputational standpoint this ensures that we do not approve new trainers who are known from the outset to have Fitness to Practise indicators before any investigation has taken place and the risk management for already approved trainers is consistent with the risk assessment of their continued practice.
Annex D – GP Trainers Approvals Process Map

Executive Board meeting, 5 June 2017