

Guidance on clinical attachments

Who can participate in a clinical attachment?

Clinical attachments are primarily used by international medical graduates who have been practising abroad and are coming to work in the UK for the first time.

Sometimes, a doctor who is suspended or who has undertakings or conditions on their registration may participate in a clinical attachment to help maintain their skills and knowledge whilst they are suspended from the register, or as part of a return to work plan.

For international medical graduates

A clinical attachment allows an international medical graduate to gain an overview of medical processes and systems in the UK, specifically in the NHS, by observing a consultant in a relevant speciality at work. During the attachment, the doctor is not given any responsibility and is not able to make clinical decisions or give clinical advice.

After a set period observing the consultant, the graduate may start to take on some limited clinical duties. This will be following a risk assessment, and at the discretion of and under the overall supervision of the supervising consultant. Duties are generally limited to:

- observing consultations
- participating in patient administration (clerking)
- taking patient histories
- physical examinations (under direct supervision)
- directly observing surgery

For doctors who are suspended or have undertakings or conditions on their registration

The GMC would expect to receive notice of the planned clinical attachment, including the dates and location of the attachment, the name and contact details of the supervisor and confirmation of the limits set on the doctor's activity. The GMC will seek regular feedback from the supervisor, including confirmation of the tasks the doctor has undertaken.

Information for doctors with undertakings or conditions

A doctor who has undertakings or conditions may use a clinical attachment as a way of reintroducing themselves to clinical duties if they have been out of practice. The clinical attachment must be carried out under the supervision of a named clinical supervisor and all duties must be in line with the restrictions or requirements set out in the doctor's undertakings or conditions.

In the initial stages of the attachment, the doctor is not usually given any responsibility and is not able to make clinical decisions or give clinical advice. After a set period of observation, the doctor may start to take on some limited clinical duties. This will be following a risk assessment, and at the discretion of and under the overall supervision of the clinical supervisor.

Duties are generally limited to:

- observing consultations
- participating in patient administration (clerking)
- taking patient histories
- physical examinations (under direct supervision)
- directly observing or assisting surgery (under direct supervision)

Information for suspended doctors

A suspended doctor may participate in a clinical attachment as long as the duties they undertake are appropriate for a final year medical student (ie someone with appropriate knowledge and skills but who is unregistered and unqualified). This means the doctor must be directly supervised by a clinical supervisor in the attachment and must not be given any responsibility or be able to make clinical decisions or give clinical advice.

A suspended doctor must:

- tell their clinical supervisor of the reasons and events that lead to their suspension
- tell all patients that they are suspended from the medical register
- tell all patients about the reasons for their suspension
- Seek informed consent from any patient prior to taking a history or examining them

Information for the clinical supervisor

The clinical supervisor is responsible for a suspended doctor's actions, as the doctor has no indemnity insurance.

The GMC will expect the clinical supervisor to provide regular reports about the doctor's progress and confirm the tasks carried out and limits set.

The clinical supervisor must be satisfied that they are not putting patients at risk or bringing the profession into disrepute by allowing the doctor to participate in a clinical attachment. For example, it may not be appropriate for a doctor to participate in a clinical attachment where the reasons for suspension relate to sexual misconduct or inappropriate relationships with patients.