

# Handbook for medical supervisors

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## Contents

|   |    |
|---|----|
| How to use this handbook .....  | 4  |
| Helpful information .....   | 5  |
| Investigating a doctor's fitness to practise.....                                   | 8  |
| What is medical supervision? .....  | 10 |
| How do we appoint a medical supervisor?.....  | 11 |
| Gathering information for your reports .....  | 12 |
| Writing your reports.....   | 15 |
| Submitting your reports .....   | 17 |
| Specific restrictions that medical supervisors manage.....                          | 18 |
| Information on the doctor's treatment .....   | 21 |
| Supervising vulnerable doctors.....   | 22 |
| Deteriorations in a doctor's health or performance.....                             | 22 |
| Changing undertakings.....  | 24 |
| When does a doctor go to a fitness to practise hearing? .....                       | 25 |
| When a doctor is fit to practise generally .....                                    | 26 |
| Revalidation, licensing and voluntary erasure for doctors under investigation ..... | 28 |
| Keeping information secure .....  | 29 |
| Engaging with the Associate Appraisal and Training Team (AATT) .....                | 30 |
| Equality and diversity .....  | 32 |

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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](#).

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.

See the latest version of our guidance here - [Professional Standards for doctors](#).

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## Helpful information

### Acronyms

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

|     |  |      |  |
|-----|--|------|--|
| AR  | Assistant registrar  | LA   | Legal adviser                            |
| CDF | Contact details form   | IOT  | Interim orders tribunal                  |
| CES | Case examiners   | CRT  | Case Review Team                         |
| CO  | Case owner (this includes investigation officers and case review advisers) | CRM  | Case review manager                      |
| CS  | Clinical supervisor  | ELA  | Employment Liaison Adviser               |
| CIT | Communication Investigation Team   | LETB | Local education and training board       |
| DB  | Designated body  | LRMP | List of Registered Medical Practitioners |
| EDF | Employment details form  | MPT  | Medical practitioners tribunal           |
| ERH | Early review hearing   | MPTS | Medical Practitioners Tribunal Service   |
| ES  | Educational supervisor   | MS   | Medical supervisor                       |
| FOI | Freedom of information   | OH   | Occupational health                      |
| GMC | General Medical Council  | PA   | Performance assessment                   |
| GP  | General practitioner   | PDP  | Personal development plan                |
| HA  | Health assessment  | PGD  | Postgraduate dean                        |
| HoS | Head of section  | PR   | Progress report                          |

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|      |                         |     |                       |
|------|-------------------------|-----|-----------------------|
| IA   | Investigation assistant | RO  | Responsible officer   |
| IHLT | In-house Legal Team     | TP  | Treating psychiatrist |
| IM   | Investigation manager   | WPR | Workplace reporter    |

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## Who's who at the GMC

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

### Case owner (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)

- Provides 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 and Associate Appraisal and Training Team)

- Oversees the running of the Case Review Team and Associate Appraisal and Training Team

### 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

- Arrange health assessments, including reassessments.

### Associate appraisal and training officer

- Provides you with general support and feedback about the quality of your reports.
- Organises your annual appraisal and annual training events.

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## 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.

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 an agreement between us and the doctor, setting out the limits within which the doctor may practise.

Undertakings are suitable in cases where the doctor has had a health assessment or performance assessment which is linked to health 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 us. There's more information about this in our guidance on [workplace reporting for doctors with restrictions on their practice](#).

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

A case owner from the Case Review Team monitors whether the doctor is complying with their undertakings.

The case owner gets feedback on the doctor's progress from the individuals and organisations involved in giving the doctor support, remediation and care, including their employer.

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## 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 which we've agreed with the doctor
- suspend the doctor
- indefinitely suspend the doctor (purely health or English language cases only)
- erase the doctor from the register (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 vary or revoke conditions.

However, 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 continue supervision, and to allow the supervisor to discuss their care with relevant treating doctors eg their general practitioner (GP) and/or treating psychiatrist.

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.



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## 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 for undertakings and conditions](#).

‘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.

As a minimum we expect you to meet with the doctor every 12 weeks. You can keep in touch in between appointments by telephone and email if you need to.

Please refer to our [medical supervision factsheet](#) (for doctors) for further information on medical supervision.

## Specific restrictions on doctors under medical supervision

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

### Confidential (these will not appear on the medical register)

- To have a medical supervisor nominated by the GMC
- To meet with my medical supervisor as they require and follow their advice and recommendations

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- To give my medical supervisor and the GMC the contact details of my GP and/or any other doctor or health professional responsible for my treatment and care
  - To allow my medical supervisor and the GMC to exchange information about my health with any person involved in my treatment and care
  - For the purposes of this list of undertakings, the GMC Adviser referred to in the above undertakings is the medical supervisor.

## Non-Confidential

- To get the approval of the GMC Adviser before accepting any post.
- To keep my professional commitments under review and limit my work if the GMC Adviser tells me to.
- To stop work immediately if the GMC Adviser tells me to and to get the approval of the GMC Adviser before returning to work.
- The GMC Adviser is the medical supervisor

## How long does medical supervision last?

There is no set length of time, but medical supervision is likely to continue until we've received sufficient evidence to indicate that there is no significant risk of relapse that might lead to a risk to patient safety or to the doctor's welfare.

For doctors 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 restrictions 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 a 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 an addiction specialist for doctors with substance and/or alcohol use disorder

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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 case owner responsible for the case as soon as possible.

You should only agree to take on a new case if you have the correct skills and experience and can commit to medical supervision lasting at least two years. You must also be able to see the doctor in a face-to-face appointment within a month of agreeing to take on the case. You must have a licence to practise to be a medical supervisor.

If, during the course of supervision, you intend to relinquish your licence to practise 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. This will include the doctor's contact details and their preferred method of contact.

We will also give you the contact details for the doctor's healthcare professionals and a copy of the consent form the doctor has signed to allow their healthcare professionals to share relevant health information with you.

We'll give you the contact details of the doctor's workplace (if they are working in a medical capacity) and the name and contact details of their workplace reporter.

We'll share sensitive information via GMC Connect, including written information we receive from healthcare professionals, which is our online portal – our [GMC Connect manual](#) has further information on how to use it.

We'll tell you what we expect of you as a medical supervisor, including:

- how often you should meet with the doctor
- how often you should submit reports
- any specific responsibilities depending on the restrictions (e.g. approving posts, agreeing prescribing restrictions, approving locum/out-of-hours/on-call work)
- any advice you need to give the doctor (e.g. limiting or abstaining from alcohol, attending support groups)

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- any specific information related to the doctor's history that you need to give in your reports (e.g. comments on the doctor's risk of self-harm).

We pay a fee for each progress report we ask for.

## Meeting with the doctor

You should email or telephone the doctor directly to arrange a suitable appointment, using the contact details we send you, and taking into account the doctor's preferred contact method. You should have your first appointment with the doctor within a month of taking on the case, and then every three months after that.

When we send you our introduction letter, we'll ask you to complete an initial checklist with the doctor and return it to us. We'll then ask you for your first full progress report after three months, and every six months after that. We'll give you three weeks to complete them.

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 by email and phone between appointments.

We'll contact you every three months, between reports, to ensure regular appointments are taking place and for a brief update on the doctor's progress. However, if you have any problems contacting the doctor or arranging an appointment, let us know so we can help.

It's 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 – i.e. somewhere that is comfortable, clean and confidential.

Our [Quick Guide to GMC Medical Supervision](#) has information about what we think is best practice for supervision appointments.

## 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).

We'll send the consent form to the healthcare professionals and let them know you'll be in touch.

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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.

Where you've requested written information from a healthcare professional, such as a written update or copies of medical records, we'll ask them to share this with the Case Review Team (CRT) via email to a designated inbox. CRT will then upload this to GMC Connect to ensure this information is shared with you securely.

You should include any written correspondence, including emails, as an annex to your report.

You should ask the doctor's treating doctors for details of:

- The extent and frequency of their contact with the doctor since your last MS report
- The doctor's general state of health, specifically in relation to their impairing condition(s)
- Details of any medication currently being prescribed by the treating doctor

If information you've requested from a healthcare professional remains outstanding, please let CRT know and we'll assist you in chasing this.

If the doctor is working, we get reports from the doctor's workplace. We'll send them to you, but you must also contact the workplace directly for information about how the doctor is doing at work. The workplace reporter may change throughout the supervision period, and you'll need to contact each reporter. You should send us evidence of your contact with the doctor's workplace with your report – this should include notes of any telephone calls and/or copies of any emails.

If you feel that input from additional parties is necessary, you should discuss this with us before making contact or discussing consent with the doctor. A decision will then be made as to whether this is necessary and how consent should be sought.

## Important

You must not share information about a doctor's health 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.

For more information about contacting people involved in the doctor's case please refer to our fact sheet [Obtaining information from health care professionals](#).

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## Writing your reports

### Structuring your report

You must submit your report using the [mandatory template](#) for progress reports. The template ensures that you provide all the information required by the case examiners to make their decision. If you send a report that is not on the mandatory template we'll send it back to you and ask you to send it again on the correct template.

You can find the [mandatory template](#) in the Guidance and Forms folder on GMC Connect.

Your reports 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 opinion 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.
- Whether the doctor has cooperated with supervision and complied with their undertakings or conditions.
- Information from the workplace detailing the doctor's work situation including any problems, complaints or successes and whether the doctor has carried out those duties satisfactorily.
- Information from healthcare professionals is a requirement – such as a GP, 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.

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- Your opinion on whether the doctor is fit to practise generally, fit to practise with restrictions or not fit to practise 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.
  - Your interpretation of any test results. Explain your findings fully and how they impact on your opinion and diagnosis. You may need to discuss the results with the testing company before adding interpretation.
  - Dates of all appointments with the doctor and whether the doctor missed any appointments.
  - Your comments on specific restrictions – e.g. 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 proof-read 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.

You should record notes of telephone conversations and send them with your reports, with copies of any emails or reports you send or receive.

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## 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.

Upload your report to the doctor's case folder - **not** your personal GMC Connect folder.

Once we've checked the report and are sure you've included all the necessary content, the CRT case owner 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 case owner so we can decide how to share the information.

### Deadlines and delays

When we ask you for a report, we'll give you a deadline for submitting it. 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 case owner 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'll 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, where applicable, your interpretation of any test results.

If there is anything missing from your report, we'll ask you to urgently submit an amended 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



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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.

Further details regarding the audits we carry out can be found in our guidance on [Quality Assurance of health examination and medical supervision reports](#).

You can log on to the dashboard via GMC Connect to see how your reports are scoring in the audits we carry out.

## 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, and sometimes 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
- contact details for the prospective employer and 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'll 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 we may put in place and we'll ask you to comment on these in each of your reports.

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## **Making sure the doctor attends a support group**

If a doctor's ill health is related to alcohol and/or substance use disorder, they'll usually have a restriction requiring regular attendance at meetings of Alcoholics Anonymous, Narcotics Anonymous, the Doctors and Dentists Group, any other support group or individual alcohol or drug counselling, if their medical supervisor recommends it.

We'll ask you 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 should provide you with written 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 a 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, we may ask a doctor to limit their alcohol consumption, or abstain absolutely, in accordance with their medical supervisor's advice.

If a doctor you're supervising has this restriction, we'll ask you 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 use**

In cases involving the use 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.

We'll arrange all tests using our independent testing company – Cansford Laboratories – to collect and analyse the samples.

We'll usually arrange testing every three months or in accordance with the suggested testing regime.

With the exception of your initial appointment, we'll aim to have test results ready and disclosed to you before your appointment with the doctor. If they are, you should review them in advance and be ready to discuss them with the doctor. Explain the results to the doctor, their significance

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and how you plan to use them when writing your report. Don't assume the doctor will understand the results – many will be unfamiliar with these types of tests.

If the test results aren't available at your appointment, you can still proceed with your assessment of the doctor. If the test results later change your opinion or are at odds with the doctor's account, it may be helpful to phone the doctor to discuss these or ask further questions.

You can recommend further tests for the doctor if required. Medical case examiners are the primary decision makers for any changes to testing type and frequency – they'll consider your recommendations as part of their decisions.

Please refer to our [chemical testing guidance](#) for further detailed information on chemical testing and guidance for help in interpreting the test results. If you need further help, get in touch with the case owner with any questions about what the results mean. They will pass on your queries to the testing company and get back to you with a response.

## Important

You **don't** need to include a copy of the test results with your report, but you **do** need to provide your 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.

- Not to self-medicate (including/apart from over the counter drugs that do not require a prescription in the UK), and only take drugs prescribed or administered for me by a registered doctor, dentist, paramedic, pharmacist, midwife or nurse responsible for my treatment.
- Not to [prescribe, administer, have primary responsibility for] drugs listed in schedules 1-4 of the Misuse of Drugs Regulations 2001.
- To only prescribe, administer, and have primary responsibility for drugs under the arrangements that have been agreed by my GMC adviser and approved by my responsible officer (or their nominated deputy).
- Not to work until my GMC adviser has agreed these arrangements and my responsible officer (or their nominated deputy) has approved these arrangements. I have personally ensured that the GMC has been notified of these arrangements.

To make sure the doctor is meeting the final restriction above, you should contact the doctor's Responsible Officer as soon as possible to discuss and agree prescribing arrangements. You should give the case owner details of conversations or email exchanges about this and confirm what the

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agreed arrangements are with us and the doctor.

We'll expect you to comment on whether the doctor is complying with all these restrictions in each of your reports.

If the restrictions mean that the doctor cannot prescribe a certain drug, you should discuss this with their responsible officer and agree with them how to proceed.

## Information on the doctor's treatment

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 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 case owner will be able to help if you are not sure what action to take.

For health professionals you do not have consent to speak with, you should always get consent from the doctor in writing on each occasion. This should clearly state who you sought consent from the doctor to contact, and what you can discuss with them. To avoid confusion, you should include a brief description in your report of what consent was received and attach the written consent. Please refer to our factsheet '[Treatment – What to do if a doctor you are supervising isn't getting the treatment you think they need](#)'.

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## 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, then we'll ask you to comment on the risk of this in each of your reports.

You need to carry out a risk assessment at each supervision appointment to confirm whether the doctor is at risk of self-harm/suicide.

If you receive information suggesting that a doctor is at risk of self-harm or suicide while you're 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'll ask for advice from you or a treating psychiatrist if we're 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 a case owner about a doctor you are supervising.

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

The case owner will update you on the status of communications with your supervisee. Sometimes we won't contact the doctor directly but may run the communication past you before sending or ask you to deliver the communication to the doctor on our behalf.

We provide doctors with the following literature – [The Doctor Support Service](#) and [Your Health Matters](#).

## 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 case owner as soon as possible if you are concerned about a doctor you are

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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.

We'll consider all the information about concerns and decide whether we need to take action. 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 2017 because their mental health has deteriorated, or they need treatment for alcohol and/or substance use disorder.

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 case owner 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 order 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.

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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 case owner will keep you updated throughout the process and explain the implications of any order given by the tribunal.

An interim orders tribunal can suspend or restrict a doctor's registration for up to 18 months initially or it can take no action. If an order is imposed it 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 changes to a doctor's undertakings. For example, a relaxation because the doctor is making positive progress. Or they may need tightening up 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 should 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.

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

### 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 varied undertakings
- the doctor has breached their undertakings
- the doctor's health or performance has deteriorated or raises further concerns about their fitness to practise.

If we decide to refer a doctor you're supervising to a medical practitioners tribunal, we will tell you. We'll also tell you the hearing date and whether you need to attend to give evidence.

We have published [guidance for experts](#) on attending a hearing to give oral evidence

Although supervisors are not attending as experts as such, many of the principles in this guidance apply and it will assist you to familiarise yourself with the standards.

The [MPTS website](#) contains lots of information about being a witness.

### Review hearings

In most cases where a medical practitioners tribunal has restricted a doctor's registration, there will be a review hearing (exceptions can be 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 sanction and direct a review hearing. The review hearing will usually take place around three weeks before a sanction is due to expire.

If a doctor you are supervising is invited to a review hearing, we'll direct a health assessment before the hearing so the tribunal has independent information about their health. We'll give the health examiners copies of your supervision reports before the assessment.

We'll ask you to send us a report before the review hearing for the tribunal to consider. They'll 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.



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## Early review hearings

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

- information indicating the doctor has breached their conditions 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 we refer a doctor you're supervising 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 can revoke or vary 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. Your reports assist the case examiner when making this decision.

You can find more detail about what factors the case examiners consider when revoking undertakings in our [Guidance for decision makers on agreeing, varying and revoking undertakings](#).

In health cases, we will consider whether to revoke undertakings when we receive a report from you stating that the doctor is fit to practise generally and the evidence requested in our [guidance on revoking undertakings](#) is provided. This evidence should show a documented, evidenced and sustained improvement in the doctor's health, which should now be stable.

In addition, you should formally advise on:

- the likelihood of the doctor relapsing – this must be judged as low
- whether the doctor has insight into their health, and is able to recognise the signs of relapse and the need to limit their practice in the event of a relapse
- if the doctor suffers from a relapsing or recurring illness, you should specifically comment on whether the doctor's support network is adequate to help manage the doctor's illness.
- You should provide evidence of your recent contact with the doctor's workplace and treating professionals

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There is no set timeframe that needs to be considered before undertakings can be revoked. If you can show that all the evidence listed in our guidance on revoking undertakings is present, and there are no concerns about the doctor's fitness to practise, we will consider whether the restrictions remain necessary. All the evidence, including the health assessments and your reports, will then be submitted to the case examiners who will carefully review your opinion and recommendations. In some circumstances the case examiners may invite the doctor to have a health assessment to confirm if they are fit to practise generally before making a final decision on whether the undertakings should be revoked.

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.

We'll tell you about the case examiners' decision at the same time as the doctor. If the case examiners revoke the undertakings, you will no longer need to be the doctor's medical supervisor and the case will be closed. If the case examiners feel undertakings should continue, you will ask you 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 assessment reports.

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 be the doctor's medical supervisor and the case will be closed.

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## Revalidation, licensing and voluntary erasure for doctors under investigation

Detailed information about revalidation, licensing and voluntary erasure can be found on our [website](#).

### 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 the undertakings as these are attached to their registration, not their licence.

If a doctor with undertakings relinquishes their licence to practise, we'll usually stop monitoring their undertakings and stop medical supervision. We'll only continue supervision in exceptional cases. We'll always continue monitoring when the doctor is subject to conditions imposed by a medical practitioners tribunal.

If the doctor reapplies for their licence to practise, we will reopen the case and start monitoring their undertakings again.

### 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 we grant the request, the restrictions will no longer apply and you can stop supervising them.

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## 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](#) as well as our [Supplementary guidance for health examiners and medical supervision](#).

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, including details of interim orders, on our [online medical register](#).

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, the health examiners 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.

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## Engaging with the Associate Appraisal and Training Team (AATT)

AATT are responsible for arranging training, providing appraisals and managing feedback that we receive about our medical supervisors.

### Training

You will be contacted when training has been arranged and you are required to attend. Training is mandatory and we will aim to give as much notice as possible. Please let us know if you can or cannot attend the arranged date(s) at your earliest convenience so that we can try to make separate arrangements.

Training is led by another medical supervisor in a training role. The training agenda is formed by looking back on cases throughout the year, so if you have come across a situation which you feel could be helpful to be addressed at training, please let AATT know.

Your feedback after a training event allows AATT to reflect on successes and improvements to be made. Where possible, please give your feedback when we request this.

### Appraisal

AATT are responsible for providing each medical supervisor with an annual appraisal document. The appraisal document will be visible in your Cornerstone account and you will receive an automated email when this is ready to view.

The appraisal document summarises the work you have done for the GMC within a 12 month period, any audit results received, feedback you have been given and reflected upon, as well as providing an overall rating of your contribution throughout the year. The rating options are:

- Meets expectations
- Further reflection required

Should you have questions about your appraisal, please contact [AATT@gmc-uk.org](mailto:AATT@gmc-uk.org)

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## Feedback

Feedback allows us all to:

1. Reflect and develop
2. Consider our strengths and weaknesses
3. Identify learning needs
4. Spot any trends
5. Establish possible concerns
6. Work collaboratively

All medical supervision reports are audited by the operational areas which AATT review. AATT will provide you with any positive and/or constructive feedback. We ask that you reflect on all feedback and on some occasions, we may take the following actions (the below list is non-exhaustive):

- Request that you provide your reflections in writing
- Request that you attend a training course or complete an e-learning module
- Work with the support of a mentor
- Suspend your contract with the GMC

Should you need to discuss any feedback you have received, please contact [AATT@gmc-uk.org](mailto:AATT@gmc-uk.org)

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## 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 set out in [Good medical practice](#).

Your conduct as a supervisor must also be in line with our [Equality and diversity policy](#) and [Dignity at work policy](#).

We will make reasonable adjustments for those with disabilities. \*<sup>1</sup> 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.

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<sup>1</sup> 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.