Reports from the workplace for doctors with restrictions on their practice

1. This leaflet explains how the GMC will liaise and exchange information with responsible officers (RO), employers or contracting bodies* of doctors with restrictions on their practice. It also provides criteria for appointing GMC reporters. The GMC reporter role includes workplace reporters, clinical supervisors and educational supervisors.

Fitness to Practise restrictions

2. Restrictions are placed on a doctor’s practice following a finding of impaired fitness to practise, where the restriction is sufficient to protect the public and uphold confidence in doctors.

3. Doctors with current restrictions on their practice will be subject either to undertakings or conditions. Undertakings are agreed between the doctor and the GMC at the end of an investigation or at a MPTS fitness to practise hearing. Conditions are restrictions imposed by a tribunal following a hearing. Both these types of restrictions are displayed on the doctor’s entry on the medical register while they are in place and remain accessible in the doctor’s fitness to practise history in line with our publication and disclosure policy.

4. The exception to this is any restrictions relating solely to the doctor’s health which are treated as confidential.

5. The Case Review Team (CRT) are responsible for monitoring restrictions once they are in place. It is important that CRT remain aware of a doctor’s work activity and performance throughout a period of restricted practice. CRT engage regularly with the doctor’s RO, employer or contracting body† to monitor remediation and require regular feedback from RO appointed workplace reporters, clinical supervisors and educational supervisors.

* Contracting bodies in this instance does not include private patients with whom the doctor directly contracts
† This does not include private patients with whom the doctor is directly contracted.
Role of Responsible Officer (RO)

Appointing a GMC reporter is an important step in helping us monitor a doctor with restrictions on their fitness to practise. We have provided some clarification within this leaflet to help you consider who is best suited to carrying out these roles.

As well as helping us to appoint suitable reporters, we will also approach you in some cases to ask for your valued opinion as to whether the restrictions require variation or revocation. Your opinion will be an important factor in helping us consider whether the restrictions remain proportionate and appropriate. We will therefore ask you to carefully reflect on the reports and opinion(s) of the appointed reporters and consider whether the doctor’s fitness to practise remains impaired.

In formulating your opinion on the doctor’s fitness to practise, we will ask you to consider the specific areas of the doctor’s performance which were found to be impaired prior to the restrictions. If the appointed reporters have not addressed specific areas of the doctor’s performance, and any remediation the doctor is making/has made in those areas, we may ask you to request this information on our behalf.

Workplace reporter

As set out in our ‘Glossary for undertakings and conditions’ document, all doctors who are working and have undertakings or conditions on their practice, must have a workplace reporter (see 9 below for exceptions for doctors engaged in medico-legal work).

Who can act as workplace reporter?

Hospital settings/GP practices: The workplace reporter would normally be a registered medical practitioner who would be the doctor’s immediate line manager or a senior colleague. In exceptional circumstances, the workplace reporter may be a senior administrator in the GP practice/hospital or a Trust/Board member from the employer/contracting body.

Single-handed GPs: If a doctor with restricted registration is working as a single-handed practitioner, a named individual from the contracting England Area Team/Health Board/Local Health Board/Health and Social Care Board may be nominated by the doctor and/or employer or contracting body to provide feedback as the workplace reporter.

Independent practitioners or contractors / private service providers / short-term locum practitioners: We will need a named individual to provide feedback as the workplace reporter, including from each contracting body or locum post. The nominated individual should ideally be a registered medical practitioner –
either a consultant or GP but may in exceptional circumstances be a senior administrator or a Trust/Board member from the employer or contracting body.

**Medico-legal work:** If a doctor with restricted registration is carrying out medico-legal work we recognise it may be difficult to identify a workplace reporter and thus we would not always expect them to have a workplace reporter in place. However, as a minimum, we will request a log of all work carried out on a three-monthly basis. The log must include details of each organisation which has commissioned the work, and what has been done, when it has been done and for whom.

10 The role of the workplace reporter is to act as a point of contact for the GMC and to report on the doctor's compliance with restrictions in the workplace. The workplace reporter is not expected to provide clinical supervision unless they are also the clinical supervisor. If clinical supervision is required, this will be addressed separately within the restrictions (see section below on clinical supervision).

**Clinical supervisor**

11 For doctors who have undergone GMC investigation following performance concerns an undertaking or condition requiring a clinical supervisor is likely to have been included in their list of restrictions. The clinical supervisor and workplace reporter may be the same person.

12 Clinical supervision is carried out by a named clinical supervisor (either a consultant or a practising GP appointed as a clinical supervisor by the RO (or their nominated deputy). The clinical supervisor should take overall responsibility for the arrangements of a doctor’s supervision. They will give constructive feedback to the doctor and will lead the review of their clinical practice throughout the period of supervision. The clinical supervisor is responsible for ensuring that the doctors they supervise are not expected to take responsibility for, or perform, any clinical activity or technique where they do not have the appropriate experience and/or expertise.

**There are three levels of clinical supervision:**

- Directly supervised
- Closely supervised
- Supervised

13 The doctor’s restrictions will state which level is required. More details of the different levels can be found in the glossary for undertakings and conditions.

14 It is possible for the clinical supervisor to delegate some of the duties involved in supervision to a named deputy or deputies, typically providing support/assistance when the supervised doctor is carrying out any activity that involves patient contact.
such as consultations, examinations and procedures. If the clinical supervisor is away for more than a working week, the RO must name another consultant to take over overall responsibility for clinical supervision under the same established arrangements.

**Educational Supervisor**

15 Doctors whose fitness to practise is impaired as a result of deficient professional performance must all have an educational supervisor when they are in a medical post. An educational supervisor may also be included in other cases involving clinical concerns.

16 Educational supervision is given by an educational supervisor who is an approved trainer appointed within the postgraduate training arrangements at a trust or board, led by the directors of medical education.

17 The RO will appoint the educational supervisor who is responsible for the overall supervision and management of a doctor’s learning and educational progress throughout the period of supervision.

18 The educational supervisor will give the GMC regular feedback about the doctor’s educational progress, with reference to the aims of their personal development plan, however, the educational supervisor is not responsible for the supervision of the doctor’s clinical practice and so for doctors requiring clinical supervision, a clinical supervisor will also need to be appointed.

**GMC reporting - how it works**

19 When restrictions have been agreed or imposed, the doctor must not start or restart work until the RO has appointed a named workplace reporter and any other GMC reporter included in the restrictions (clinical supervisor and educational supervisor).

20 It is the doctor’s responsibility to provide the RO with details of their restrictions and to notify the GMC of who the RO has appointed to fulfil the reporter roles.

21 The GMC caseworker will contact the RO to confirm arrangements. They will also outline specific areas of the doctor’s performance which require remediation.

22 Following the appointment of the GMC reporters (workplace reporter, clinical and educational supervisor), a named GMC caseworker will make contact with the appointed reporters to introduce themselves and to set out the GMC’s expectations and requirements.
A copy of the publicly available restrictions on the doctor’s practice and the glossary for undertakings and conditions relating to the restrictions will be provided together with a copy of this factsheet.

Contact between the GMC caseworker and GMC reporter will normally be by email.

The GMC caseworker will be the point of contact for the doctor, the GMC reporters, the RO and any other parties/persons involved in the monitoring of a doctor’s compliance. They will seek regular feedback from the GMC reporters, usually every 6 months, using a prescribed format which has been designed to make reporting to us as easy and quick as possible. Feedback should include:

- confirmation that the doctor is complying with their practice-related conditions or undertakings
- any information which shows the doctor is progressing and which may suggest that restrictions may be relaxed or removed
- confirmation and details of complaints or concerns received about the doctor which reach the GMC thresholds guidance
- any other relevant information.

It is important that we receive regular feedback reports from the GMC reporters. The reports will provide the doctor with constructive feedback and will help us form an understanding of how their fitness to practise is developing in the workplace in line with their restrictions. We will use the reports to help inform our decision making with regards to varying or revoking the restrictions.

The GMC reporter should try and meet the deadlines included in the requests for reports or let the caseworker know of any difficulties with doing so. When there is one in place for a doctor, the GMC reporter may also be contacted by a GMC Adviser who meets with doctors under specific restrictions to discuss progress and compliance. Where the doctor has restrictions placed on their prescribing privileges or type of employment, the GMC Adviser will have responsibility for agreeing the arrangements with the RO.

Where new concerns arise, or where there is a significant change in circumstances (for example, where the doctor is absent through adverse health for a significant period of time, resigns from their work, or becomes subject to a local disciplinary procedure), we ask that the GMC reporter inform the caseworker immediately, preferably by email in the first instance, providing relevant information and documentation.

Where the GMC reporter does alert us to concerns, we will follow this up and once we fully understand the nature of the new concerns, we will take appropriate action as
necessary. We will inform the GMC reporter promptly if restrictions on the doctor’s practice change, or if we become aware of further information that affects the doctor’s ability to practise safely.

**Enquiries**

**30** Any queries in relation to a specific case should be raised with the caseworker in the first instance, where this is known.

All other enquires should be directed to the Case Review team:

General Medical Council  
Case Review Team  
3 Hardman Street  
Manchester  
M3 3AW

Telephone: 0161 923 6407