

Glossary of Terms used in Fitness to Practise Actionsⁱ

Personal development plan (PDP)

1. This is a document setting out a doctor's plans for continued professional development over a set period. All doctors should have an active PDP. In the context of GMC conditions or undertakings it is a starting point for the process of remediation or retraining. The plan should cover all areas of GMP, but must specifically set out an action plan for addressing the deficiencies identified in a performance assessment report, or by the Fitness to Practise Panel.

2. The PDP should identify the planned action, measure and aimed completion date. Postgraduate Deaneries can give a doctor advice about preparing a PDP in this context but it is the doctor's responsibility to prepare their PDP.

Educational supervision

3. This is organised supervision taking place in the context of training. It is therefore only suitable for doctors in training. Supervision is provided by an **educational supervisor**, who provides support and opportunities for development. They also assess the doctor's performance under supervision and provide reports to others (i.e. GMC / Medical Supervisor / PG Dean).

Remedial supervision

4. This is organised supervision taking place in a workplace context, following a GMC decision that the doctor has deficient performance. It is only suitable for doctors who are not in training (i.e. non-career grade doctors / Consultants / GPs). Supervision is provided by a **remedial supervisor**, who provides support in conjunction with a PDP.

5. Assessment and reporting play a bigger part in this than in other forms of supervision; it is therefore appropriate for doctors where the FFTP expect careful documentation of progress against objectives. The Remedial Supervisor provides reports to others (i.e. GMC / medical supervisor / PG Dean).

Workplace supervision

6. Every doctor who is working, and has conditions imposed by a FFTP or has given undertakings, should have workplace supervision in place. The person undertaking this supervision could be the educational or remedial supervisor, or another person identified within the workplace. This person will be contacted by the GMC soon after the decision to restrict the doctor's registration has been made. The supervisor must oversee the doctors performance at work and agree to provide regular reports to the GMC / medical supervisor / PGD.

Medical supervision

7. This must be directed for all cases where a doctor's fitness to practise is impaired through ill health. The **medical supervisor** is appointed from an approved list held by the GMC. The supervisor will meet with the doctor regularly to discuss their progress, they will also liaise with treating doctors and the workplace / remedial / educational supervisors.

8. The medical supervisor reports to the GMC on a regular basis, setting out their opinion in relation to the doctor's progress under treatment, compliance with conditions or undertakings and fitness to practise in general.

Mentorship

9. This is usually carried out by a more senior and experienced colleague, who is able to offer guidance. It is wide-ranging, covering not just clinical work, but also professional relationships and career plans. The relationship between doctor and mentor is confidential and the GMC does not therefore expect the mentor to provide reports.

Clinical attachment

10. Please see guidance notes, 'Guidance on the use of clinical attachments', for a detailed explanation of clinical attachments and the circumstances when it is appropriate for a doctor under Fitness to Practise procedures to undertake a clinical attachment.

11. A copy of the guidance notes can be downloaded from the GMC website (www.gmc-uk.org).

Intimate examination

12. Examination of the breasts, genitalia or rectum.

On-call duties

13. Hospital doctors: When a doctor has responsibility for responding to acute patients. This could be in a hospital setting or when the doctor is off-duty and at home.

14. GPs: On-call work often forms a core element of primary care medicine. A standard GP role in a group practice requires the doctor to work as a 'duty doctor' on a rota system, effectively providing an on-call service within practice hours. If this restriction is included within the set of conditions or undertakings, it may restrict the doctor's ability to secure employment.

Out-of-hours work

15. Work carried out during anti-social hours, i.e. between the hours of 18:30 and 07:00 and at weekends.

Logs

16. For the requirements of GMC restrictions, a log must be a contemporaneous record of a consultation or examination. The log must always include the following:

- Doctor's name
- Date of the consultation or examination
- Anonymous patient identifier (e.g. NHS / hospital no.)
- Presenting indication
- Procedure undertaken / diagnosis
- Outcome
- Any other information specifically required by the condition (e.g. signature of chaperone)

Training posts

17. A Deanery recognised training post is designed for doctors in training and is part funded by the Deanery. Such posts count towards run-through training. A Deanery recognised training post includes:

- Close supervision of the doctor by a consultant
- Protected study leave
- A designated educational supervisor
- A training plan
- An end of training assessment

18. There are also posts available, funded wholly by the employing Trust, which meet the same criteria as a Deanery recognised training post. However, these do not count towards run-through training. For the purposes of GMC restrictions, a 'training post' may be a Trust funded post which meets the same criteria as above.

ⁱ Many of the definitions in relation to supervision and mentorship in this document are based on the London Deanery GP Department "Guidance for Mentors and Educational Supervisors providing support to London Deanery Performance Unit clients". Dr Julia Whiteman. London Deanery GP Department. 2004.