



Society for Education in Anaesthesia (UK)

Being educational supervisor for trainees with GMC restrictions

by an anonymous trainee

For all doctors, undergoing a General Medical Council (GMC) fitness to practice investigation is a worrying and stressful experience. For trainees, there is the added concern of the effect the investigation and any restrictions will have on their progression through training. This article aims to briefly describe how, as a good educational supervisor, you can make all the difference to the trainee with GMC restrictions.

A GMC investigation may involve health, probity, performance or conduct issues, and does not occur in isolation. A number of other bodies may be involved in investigating or supporting the doctor concerned, and these might include the employing hospital trust, the National Clinical Assessment Service, the Medical Practitioners Tribunal Service,

the GMC, the police, the courts, the deanery/Health Education England, occupational health, and the doctor's own healthcare professionals.

At the end of the investigation, the GMC may take no action, offer a warning, place restrictions, impose a suspension, or erase a doctor from the medical register. Restrictions are defined as

conditions that are imposed on a doctor's licence to practice, or undertakings that are voluntarily agreed to by the doctor. There are a large number of potential restrictions, which can be found in glossaries on the GMC website.

Due to the wide variety of issues that might result in restrictions, and the fact that trainees may be at different stages in

the process, the support they need from an educational supervisor will vary widely. It is important therefore that you are aware of the support available to all doctors going through GMC processes. A starting point is the Doctors Support Service run by the British Medical Association (<http://bit.ly/2B9Ex3i>).

While pastoral care is part of your role as educational supervisor, it is important to be aware that your primary role is to support learning and training on behalf of the deaneries, the RCoA, and the GMC. You are not responsible for co-ordinating the 'care' of a trainee in difficulty. Nor is it your role to assess fitness to practice; this is for the GMC.

First and foremost, an effective educational supervisor will develop a good personal rapport with the trainee over time. This allows trust to build that will encourage the trainee to speak about the issues that are worrying them. Let them know that you are there to listen, to ensure they have the support they

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feel they need, and to help them get any further support, in a non-judgemental and confidential way.

Leave it up to the trainee to disclose what they wish about their GMC involvement. The GMC may direct the trainee to provide certain information about any ongoing investigation to their employer, but some details may be confidential, and they may be under no obligation to disclose these to the employer/responsible officer/deanery, particularly if the issues are health related.

However, it is important to look together at any GMC restrictions placed on their practice, and these are publicly available via the GMC online List of Registered Medical Practitioners (although restrictions relating specifically to the trainee's health are not published). Then a discussion should be had about how training will fit into this, how much clinical supervision they require/want, who this might involve, whether they need a phased return to work, whether on-call commitment will be affected, etc. This may require discussion with the College tutor, regional advisor, clinical director, responsible officer, or postgraduate dean. However, any significant alterations to training should have been discussed at deanery level through the annual review of competence progression process as soon as the initial cause for concern was raised.

It is important to have regular meetings, particularly on the trainee's return to work or at the start of a new placement. The frequency of meetings may be specified

as a restriction. Ensure dates and times are recorded, although the details of discussions may be kept confidential. These meetings are likely to be general in nature, focusing on how the trainee is doing and identifying any problems. If you do make records, ensure the trainee understands what detail is kept, who will see it, how it will be stored and how long for, and that they are in agreement with this.

You may feel it necessary to inform colleagues about sensitive issues relating to the trainee in order to facilitate adequate clinical supervision. However, this should be kept to a safe minimum, and not be done without the explicit consent of the trainee. You should agree with them what information will be shared, and ensure that all concerned are aware of the need for confidentiality.

Navigating these issues can be tricky, and advice can be obtained about record keeping and supervision, without breaching confidentiality from the College tutor, regional advisor or responsible officer.

As a trainee returning to work with restrictions, I know how crucial a good educational supervisor can be. Above all, by listening to the needs of your trainee you can be an effective advocate and significantly reduce their worries about progressing in training through such a difficult time.