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COPMeD
CONFERENCE OF POSTGRADUATE MEDICAL DEANS OF THE UNITED KINGDOM

Academy of Medical Royal Colleges

Management of fitness to practise issues for resident doctors

Introduction

Every licensed doctor who practises medicine in the UK must revalidate to show they are up to date and fit to practise. This includes resident doctors.

GMC registered doctors with a license to practise are subject to revalidation and the vast majority will have a prescribed connection to a designated body (DB). The Responsible Officer (RO) within each DB supports doctors with a prescribed connection to demonstrate that they are up to date (continuing professional development (CPD)) and fit to practise.

Being up to date and fit to practice is the individual doctors' responsibility. Responsible Officers and DBs have legal responsibilities to help them to demonstrate this, but not to do it for them.

This is achieved through the annual medical appraisal process based on the GMC's Good medical practice. The annual medical appraisal informs the revalidation recommendation by the RO (or Suitable Person where appropriate). The revalidation recommendation is informed by the outputs from appraisals and clinical governance information.

For resident doctors the annual review of competency progression (ARCP) has been approved by the GMC as equivalent to the full scope of practice medical appraisal. This is to reduce duplication and the unnecessary burden of a separate medical appraisal in addition to the ARCP. The ARCP includes a full scope of practice declaration and reporting of complaints and other investigations through submission of the annual Form R (SOAR in Scotland). The Form R is reviewed by the ARCP panel, checking and confirming that there are no revalidation concerns that require escalation to the RO.

The revalidation recommendation is usually made every five years. For resident doctors, however, there is an additional requirement to make a revalidation recommendation aligned to the end of specialty training when they have been assessed as meeting all the required curriculum capabilities for a certificate of completion of training (CCT). This means that a resident doctor leaving the programme having achieved CCT, will have a revalidation recommendation made at that point (irrespective of where they are in the five-year cycle). They can then move into consultant or GP posts starting a fresh revalidation cycle and the RO will make a new revalidation recommendation when due based on information about their current practice.

This document is intended as a guide to help define the roles and responsibilities of the RO in relation to issues that may raise a question regarding the fitness to practise of resident doctors *only*.

Fitness to practise issues may arise because of a resident doctor's health condition, behaviour or performance and may impact on their revalidation. For resident doctors, performance may relate to the ability to meet the requirements of their training programme. These may be addressed and supported through the training programme and the educational process under the governance of the Postgraduate Deans who are often but not always the RO for resident doctors.*

It is therefore important to identify at the outset the reasons for the issue of concern, so appropriate action and support can be provided. The RO will also have access to other information that may be relevant on whether it is appropriate to escalate concerns to the GMC.

Anyone can refer a doctor directly to the GMC if they have concerns about their fitness to practise, this includes members of the public, colleagues and ROs. Doctors can also refer themselves directly to the GMC.

Once a referral has been made to the GMC, the GMC will triage to decide whether to investigate and this may include carrying out provisional enquiries to support that decision. Triage decisions may include:

- Closing the matter.
- Asking the RO to manage the issue locally.

If the GMC decide to open an investigation, outcomes may include:

- Concluding the case with no further action.
- Issuing a warning.
- Agreeing undertakings with the resident doctor.
- Referring the case to the Medical Practitioners Tribunal Service (MPTS).
  In the case of every referral the GMC will contact the RO.

*For Resident Doctors within the UK the RO Resident doctors are as follows:

England	Postgraduate Dean
Northern Ireland	Postgraduate Dean
Scotland	Medical Director, NHS Education for Scotland

Under the Responsible Officer Regulations, the RO needs to ensure an appropriate investigation has occurred if required.

The RO must ensure that appraisals consider all available information relating to the resident doctor's fitness to practise across their whole scope of practice which includes the work carried out by the practitioner for the DB, and for any other body, during the appraisal period. For resident doctors this will include activity in relation to their training programme and any other work that requires a licence to practise (even if undertaken outside of the training programme such as locum work and medical volunteer work).

Procedures must include provision for the resident doctor's comments to be sought and considered where appropriate.

Guidance

Medical royal colleges/faculties may identify an issue that is of concern regarding a resident doctor. This may include but is not restricted to issues while taking examinations or issues with conduct.

The RO Regulations make clear the expectation of ROs while discharging their duties as above.

Principles

1. If a medical royal college/faculty or other national body has an issue of concern over an individual doctor's behaviour their first action should be to contact the individual doctor's RO. This will then enable consideration of the appropriate next steps.
2. The term 'conduct' applies as it does to any doctor and is managed through the employer.
3. 'Capability' for resident doctors should be considered in context and if issues arise, will require support and remediation through the educational processes overseen by the Postgraduate Dean. This term is therefore less useful for resident doctors and 'appropriate level for stage of training' is a better descriptor.
4. If a resident doctor does not meet the standard of the appropriate level for training, this does not necessarily mean there is a fitness to practise issue that requires GMC referral.
5. These issues will be addressed through usual educational and support processes. In extreme circumstances it may be considered that a doctor is not capable of being trained, and in such cases GMC referral will be considered by the RO.
6. Any referral to the GMC of a resident doctor should usually occur via the RO. A doctor's RO may be identified from the GMC register. The RO can triangulate information including other capability or fitness to practise concerns that may have arisen and the support needs of the doctor. The RO then decides next steps which may include a local process, discussion with the GMC Employment Liaison Advisor (ELA) and referral to the GMC.
7. The Postgraduate dean has a training relationship leading to the offer of a foundation, core or specialty training programme (often defined by a training number DRN or NTN).
8. Where there are concerns about conduct by a resident doctor in a process/examination/work on behalf of a medical royal college/faculty/specialist society/professional body, it is expected that that organisation would follow its usual investigation procedures and inform the RO of the outcome. If the doctor has no RO/is not currently working in the UK then the medical royal college/faculty/specialist society/professional body is able, as always able to inform the GMC directly of any concerns.

9. It is the responsibility of the organisation that holds the relevant data to conduct the investigation when the possibility of misconduct is raised for a resident doctor. With regard to postgraduate exams, this responsibility sits with the relevant college or faculty who in this instance both hold the data and have responsibility for governance of the examination.
10. Once the investigation is complete, the outcome (and where appropriate full content of any report) and all relevant information, with regard to investigation of an individual resident doctor should be shared with the RO to consider appropriate next steps. The RO will then decide if onward GMC referral is appropriate.
11. If the RO decides not to make a referral to the GMC and the royal college assesses the concern as meriting referral, the royal college/faculty can make a direct GMC referral itself. The medical royal college/faculty should always inform the RO of any such direct referrals, so that the support needs of the doctor may be considered.
12. ROs will normally discuss the appropriateness of any referral with their GMC employer liaison adviser (ELA).
13. F1 doctors are provisionally registered and therefore are not subject to revalidation. Fitness to practice issues therefore remain the responsibility of the graduating UK medical school. Postgraduate Deans however, will use the educational process where appropriate and liaise with the appropriate medical school as required.
14. Postgraduate Deans will share best practice at COPMeD.

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