

Policy on Doctors Retired from Clinical Practice

Created: May 2016

Review: May 2017, Feb 2023

Doctors who have been clinicians, and step out of clinical practice, remain a source of knowledge, experience and wisdom. We are aware that doctors move out of clinical practice for various reasons such as seniority, moving to management roles, or due to health issues. We are also aware how quickly we can get out of date – for instance as clinical guidelines change and evolve.

This policy only applies to doctors who are not engaged in clinical practice. Typically our clinical GP teachers have:

- 1) Annual appraisals
- 2) Are eligible for revalidation
- 3) And are on the (now national) providers list

To get through appraisal the doctor needs to do a certain minimum amount of clinical work. So if the doctor is appraised (and revalidated) they should be OK for *any* of our teaching roles.

If a doctor is not seeing patients, and so not being appraised, then they will be unlikely to be seeking roles as a clinical teacher in practice, but if they were we would be concerned about them falling out of date with clinical knowledge.

We therefore propose the following guidelines for teaching by doctors out of clinical practice:

- a) We would not expect such doctors to be engaged in apprenticeship-style teaching (e.g. years 3, 4 and 5 of current curriculum).
- b) They can continue in the role of Effective Consulting tutors (this applies principally to Y1-Y2) for up to five years after stepping out of clinical practice.
- c) They may be able to fulfil other roles, such as the role of CBL tutor and Lead for one of our SSCs, on an on-going basis, as these roles do not require the person to be clinically qualified in any case.

These guidelines form our default position but **the rules will be applied flexibly on a case-by-case basis** – for instance a doctor may provide evidence of extensive CPD activity despite not seeing patients clinically, or may be involved in another role which requires high level communication skills like, for instance, running a refugee charity.

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