Royal College of Physicians of Edinburgh.
Consultation response.

Good medical practice: public consultation on core guidance on professional standards

Survey for organisations and individuals acting in a professional capacity

Consultation runs: 27 April – 20 July 2022

The GMC is a charity registered in
England and Wales (1089278)
and Scotland (SC037750)

Consultation summary

Share your views on *Good medical practice*

We want to hear your views on the updated version of our core guidance on professional standards, *Good medical practice* (GMP). This sets out the standards of care and professional behaviour expected of all medical professionals registered with us.

Our aim is for the updated guidance to support medical professionals to deliver high quality, person-centred care. We also want it to play a part in helping to create workplace cultures which are inclusive, fair, civil and compassionate for all. And it's important for the guidance to be clear, relevant, consistent with the law across the UK and structured in a way that's easy to use.

The proposed changes are grounded in research, data and feedback on what makes healthcare settings positive places to work and safe places for patients. A group of experts from outside of the GMC have also guided our work. The GMP advisory forum brought together medical practitioners, clinical leaders, patient advocates, and experts on equality, diversity, and inclusion to help us update the guidance.

How to take part

We want *Good medical practice* to be shaped by real experiences and be inclusive of all those who use it. So, we've developed three surveys to help a range of people share their views.

This survey is for individuals or organisations with a detailed working knowledge of the policy and practice around good medical practice in the UK. **The closing date is 20 July 2022.**

To take part

- Create an account on the GMC/MPTS consultation platform* which you can also use for our future consultations. On the platform you can read the updated guidance and save and return to your survey answers at any point. Once you've competed your response, you can download or print your full response.

Alternative formats and options

- If you're unable to complete the survey online, you can email your response to: professionalstandards@gmc-uk.org.

* https://gmc-mpts.smartconsultations.co.uk/

- You can send any printed responses to: GMP consultation, Standards and ethics team, General Medical Council, Regents Place, 350 Euston Road, London NW1 3JN.

- If you need the consultation documents in Welsh, other languages, easy read, or another format, call us on 0161 923 6602 or email us at publications@gmc-uk.org.

We've also developed two surveys for people with experience of the issues, but who won't need to review the updated guidance in detail to take part:

- **Healthcare professionals' survey:** for doctors, physician associates and anaesthesia associates, as well as other healthcare professionals and anyone with a working knowledge or practical experience of the issues.

- **Survey for patients and patient organisations:** for patients, carers, relatives of patients and members of the public, as well as patient networks and groups with experience of the issues or views on what good medical practice should involve.

Survey questions

In this survey, we'd welcome your views on the questions on these topics:

- Structure, style and application, and tone (questions 1-3)
- Equality, diversity, and inclusion (question 4)
- Introductory sections (questions 5-7)
- Questions on four key themes (questions 8-17)
- Other themes and changes (questions 18-20)
- Explanatory guidance (question 21)
- Overall comments (question 22)
- Implementing our professional standards (questions 23-26)
- The consultation process (questions 27-29).

We want to hear a variety of perspectives before we finalise the guidance, so please complete as many questions as you can.

Background

Good medical practice (GMP) applies to all doctors registered with us no matter which specialty, grade, role type or sector they work in. It also applies whether or not they routinely see patients. And, in this consultation, we're proposing that GMP will apply to physician associates (PAs) and anaesthesia associates (AAs), once these professional groups come into regulation. We've adopted the term **medical professionals** to collectively describe all three professional groups.

GMP is embedded in all our regulatory functions, informing:

- the processes for getting and retaining a license to practise through our registration and revalidation procedures
- decision making throughout our fitness to practise procedures
- our processes for quality assuring medical education and training.

The guidance is also embedded in UK-wide healthcare systems for appraisal and clinical governance.

What belongs in the core professional guidance?

Our guidance has a unique role in setting out the standards of care and professional behaviour expected of all medical professionals registered with us. But there are many other sources of advice for medical professionals. So it's important that we avoid duplication and don't create unrealistic or additional burdens on those we regulate.

We therefore only introduce new duties if they're:

- relevant to the individual registrant's practice, not an action for employers, educators or government
- relevant to most - if not all - registrants, keeping in mind that our registrants will include doctors, PAs and AAs, and not all registrants work in patient-facing roles
- actionable by registrants in practice and capable of being evidenced, e.g., through appraisal and revalidation
- necessary to protect patients, maintain standards or to uphold confidence in the professions we regulate.

What's the evidence behind the proposed changes?

We've carried out a range of pre-consultation activities to develop the evidence base for the review. This includes feedback from those who use our guidance, as well as findings from research and public inquires.

Throughout the survey, we've included the rationale behind the changes we've proposed. You can read more about the review, including a summary of the evidence that has guided the review on our website pages about the *Good medical practice* review.[*]

Equality, diversity, and inclusion

We're carrying out an equality analysis throughout this review to help us identify the steps we must take to comply with the three aims of the public sector equality duty under the *Equality Act 2010*. You can read the latest version of the equality analysis on our website pages about the *Good medical practice* review.

Your responses to this survey will help us understand how the guidance might impact medical professionals, patients and members of the public who share protected characteristics.

We also ask for diversity information from individual respondents to help us understand if any groups have raised specific issues about the guidance. We can then consider what steps to take to reflect the issues raised.

Purpose

We're seeking your views on updates we're proposing to make to GMP.

What's in scope?

GMP is supported by a range of explanatory guidance which explains how the high-level principles play out in different situations, including where principles might come into conflict. We plan to review some of the explanatory guidance following this consultation and this survey asks for your views on what additional areas the explanatory guidance should cover.

The review of GMP is also an important opportunity to improve how we implement our professional standards. This consultation includes questions on what acts as a barrier or a positive influence on how our standards are put into practice. This will help us identify the most effective way we can support the use of GMP when it's published.

[*] www.gmc-uk.org/ethical-guidance/good-medical-practice-review

Structure, style and application, and tone

Structure

GMP is organised into four domains which each carry equal weight. This structure is well embedded in external systems of clinical governance and appraisal, as well as our own revalidation and fitness to practise processes.

Our engagement activity highlighted that there was support for keeping the four-domain structure. However, we also had feedback that some content wasn't where users might expect to find it. We also heard that the domain names don't always help users find their way around the document. So, we've refreshed the structure to make it more accessible.

Changing domain titles and reorganising content

We've organised the content more thematically than in the current edition of GMP and changed the names of three of the domains to match. For example, we've brought together content on working with colleagues in domain one and working with patients in domain two. We hope this will make content easier to find.

We've also brought together some principles that were distributed throughout the guidance, for example, on communication and leadership behaviours. This is to give greater prominence to important themes.

Domain	2013 GMP	Redrafted GMP	Summary of changes
1.	Knowledge, skills and performance	Working with colleagues	Domain one is now concerned with how medical professionals work together, recognising that fair, inclusive, civil and respectful working cultures are important for patient safety as well as the wellbeing of medical professionals. It describes how professionals should treat each other, and how teams should work together in the interests of patients and to improve safety and quality of services.
2.	Safety and Quality	Working with patients	Domain two is focused on working in partnership with patients. It describes the various elements (such as fairness, respect, communication, supported decision making) that

			go towards achieving this in practice. We believe that bringing all related content on this into one domain will give it more prominence.
3.	Communication, partnership and teamwork	Professional capabilities	Domain three now includes the whole range of professional capabilities that underpin all the duties in the other domains. As a result, it's more expansive than the existing 'knowledge and skills' domain. It includes new duties such as self-reflection and demonstrating leadership as appropriate to a registrant's role, as well as contributing to the development of others.
4.	Maintaining trust	Maintaining trust	Domain four continues to focus on trust, because it's fundamental to the role of medical professionals. We've made the fewest changes in this domain but have reviewed the ordering and added some new duties relating to sexual behaviours and communicating as a professional.

1 How far do you agree or disagree with these statements?

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a The amendments improve the current structure.	☐	☒	☐	☐	☐
b The revised domain headings	☐	☒	☐	☐	☐

make the content more accessible.					

Comments on structure

The Royal College of Physicians of Edinburgh (RCPE) considers that the amended structure and revised domain headings are generally appropriate and understandable.

Style and application

In our scoping and engagement activity, there was strong support for keeping the current style and level of detail in GMP. There was also support for the proposal that the core professional guidance should apply to each of the professional groups we regulate.

We propose to continue to:

- directly address people registered with us
- have one set of core professional guidance for all medical professionals registered with us: in future this will include physician associates (PAs) and anaesthesia associates (AAs)
- keep the guidance concise and express the guidance as high-level principles and duties. More information on key topics will be given in the explanatory guidance and other supportive materials.

We've adopted the term **medical professionals** to describe all the professional groups we regulate. This is also the term that will be used in the legislation to bring PAs and AAs into regulation.

We'd welcome your feedback on the style and application of the guidance.

2 Comments on style and application

The RCPE considers that the new style and application is generally clear and appropriate. It is correct and logical that there is one set of core professional guidance for all medical professionals registered with the GMC.

Tone

In our engagement activity, we heard that we should do more to recognise the environments in which medical professionals work, provide more context for the duties, and make sure the guidance is seen as empowering and supportive of good practice.

We've introduced a more positive and empathetic tone to the guidance. For example, we've:

- changed the introduction so that it focuses on how the professional guidance supports good practice, instead of what's expected of medical professionals.
- added new introductory text to each domain, to summarise the duties and describe the outcomes they're trying to achieve.

We've asked for your views on these specific changes later in this survey.

3 How far do you agree or disagree that we've achieved a more empathetic tone overall?

Strongly agree	Agree	Disagree	Strongly disagree	Don't know
☒	☐	☐	☐	☐

Comments on guidance tone

The RCPE welcomes the greater recognition of the different environments in which medical professionals work. Understanding of the support medical professionals need to allow them to meet their professional standards is critically important.

We'd also encourage you to consider the structure, style and application, and tone of the updated guidance as you answer the rest of the survey questions.

Equality, diversity, and inclusion

A key aim of this review is to identify ways in which the guidance, or its interpretation in practice, may have adverse impacts on people who share protected characteristics. We've also tried to identify ways the guidance might help to advance equality, diversity, and inclusion.

We've considered a range of inequalities and disadvantages experienced by medical professionals, patients and other service users. As well as protected characteristics recognised in law, we've considered socio-economic status as a driver of inequalities in healthcare, both for patients and for medical professionals (recognising that this is a duty for public authorities in Scotland and Wales). We also identified that a medical professional's primary medical qualification can be a factor in experiencing inequalities and unfair treatment.

We've made changes throughout GMP to emphasise the responsibilities of medical professionals, and the organisations they work in, to tackle discrimination and bias, and positively promote equality, diversity and inclusion, for the benefit of all healthcare workers, patients and other service users.

For example, we've included a new duty for medical professionals to consider how their personal beliefs, views and biases may affect colleagues and patients. We've also emphasised further the responsibility of medical professionals to treat patients as individuals and to support them to make decisions for themselves if they are able to. We've asked questions about these duties in the later parts of the survey.

There may also be a tension between the need to set professional standards that establish norms of conduct and practice expected of **all** professionals registered with us, and our aim to make sure the standards connect with the diverse backgrounds, perspectives and interests of those on our register.

We'd like to understand whether, and how, the updated guidance could be interpreted or used to support biased and unfair judgements about the conduct or practice of medical professionals who share protected characteristics. For example, could any parts of the guidance be open to interpretation to the extent that it could contribute to the disproportionate fitness to practise referrals of black and ethnic minority medical professionals from employers, or support biased and unfair judgements in appraisals or other local processes? If so, which parts?

We'd also like your views on the potential impact of this guidance on people who share protected characteristics under the *Equality Act 2010 (the protected characteristics are race, disability, age, sex, gender reassignment,**

* For Northern Ireland, visit www.equalityni.org/Legislation

sexual orientation, religion and belief, pregnancy and maternity and marriage and civil partnership).

4 How far do you agree or disagree that the changes could help tackle discrimination and achieve inclusivity, equity and fairness overall?

Strongly agree	Agree	Disagree	Strongly disagree	Don't know
☐	☒	☐	☐	☐

Comments on ED&I

The RCPE considers that these changes may make a positive difference in this area.

Introductory sections

Updating 'Duties of a doctor'

At the front of GMP is a standalone statement, currently called 'The duties of a doctor registered with the GMC'. It summarises the core duties in each domain and is written as a set of statements which doctors must meet.

In engagement we heard that this statement could have more impact if it was amended to read 'I will', giving those registered with us more ownership of the behaviours it describes.

We've changed the opening of the statement to 'As a medical professional, I will…' and revised the statements to reflect the new structure and content of the guidance.

We've also changed the title from 'Duties' to 'Behaviours of medical professionals registered with the GMC' to make clear that these behaviours are not imposed by the GMC but instead are expected and agreed by the professions, patients, and wider society. You can read the revised statement in the updated guidance.

5 How far do you agree or disagree that we should amend the whole statement to read 'I will'?

Strongly agree	**Agree**	**Disagree**	**Strongly disagree**	**Don't know**
☐	☒	☐	☐	☐

Comments on the revised statement

The RCPE agrees that this change may lead to a sense of greater ownership on the part of medical professionals and that the change to use behaviours will emphasise that they are broader than just GMC imposed requirements.

Introduction to the guidance

We've replaced the section 'Professionalism in action' with a new introduction explaining the purpose of GMP. This now starts with how the professional guidance supports good practice, and what the guidance means for:

- patients and the public
- medical professionals we regulate
- the health and care system.

We've explained that the guidance aims to represent common ground between patients and the medical profession, on what good practice looks like in a modern UK health and care system.

How we expect medical professionals to use the professional guidance

We've clarified how we expect medical professionals to use the guidance to support their practice. Specifically, we've added:

- an explanation that GMP isn't a set of rules. The people we regulate need to use their judgement to apply the professional guidance in practice
- a fuller account of what we mean by professional judgement. This was partly in response to the outcome of a review commissioned by the Professional Standards Authority (PSA) *Ethics in extraordinary times*[*] which recommended that regulators review the concept of judgement to make sure it's well-articulated, modelled, and supported in ethical guidance and resources
- an assurance that different medical professionals may come to different conclusions when faced with the same situation. We've said that if medical professionals apply the guidance, act in good faith and in the interests of patients, they'll be in a good position to explain and justify their decisions and actions if a concern is raised about their practice.

[*] www.professionalstandards.org.uk/publications/detail/ethics-in-extraordinary-times-practitioner-experiences-during-the-pandemic

This section also includes our explanation of the terms used in the guidance ('you must' and 'you should'), which we first introduced in the 2006 edition. In this update, we've tried to make this explanation simpler and clearer.

How we use the professional standards when considering a fitness to practise concern

In this section, we've set out a new expression of the relationship between the guidance and our processes for dealing with fitness to practise concerns. Our aim is to help medical professionals, patients, members of the public and others understand how the professional guidance is used in our decision-making processes.

We've removed the existing 'threshold' statement ('only serious or persistent failure to follow this guidance will put your registration at risk') because we think it would be reassuring to medical professionals and helpful to patients and the public to explain more fully when we might take action to protect the public.

In its place we've explained that we act '**where there is a risk to patients, or public confidence in medical professionals, or where it is necessary to maintain professional standards**.' We've also given a fuller account of the range of factors considered by GMC decision makers when they're assessing risk, including the context in which the registrant was working in.

6 How far do you agree or disagree with these statements?

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a The overall introduction clarifies how we expect medical professionals to use the guidance.	☐	☒	☐	☐	☐
b The new explanation on when we might take action is clear.	☐	☒	☐	☐	☐

Comments on introduction

The RCPE believes the introduction is clear and understandable.

New domain introductions

We've added new introductory text to summarise the duties in each domain and to describe how each one contributes to the overall vision of *Good medical practice*.

We used this approach in the 2006 edition of GMP, but we removed the introductory explanations in the 2013 version to reflect feedback that the guidance should be short. However, it's clear from engagement this time that more information would contextualise the duties and reassure medical professionals that what's being asked of them is reasonable and fair.

You can read the new introductory text at the start of each domain in the updated guidance.

7 How far do you agree or disagree that it's helpful to include introductory paragraphs?

Strongly agree	**Agree**	**Disagree**	**Strongly disagree**	**Don't know**
☐	☒	☐	☐	☐

Comments on introductory paragraphs

The RCPE believes that the introductory paragraphs are generally helpful.

Questions on four key themes

In this section, we'd like your feedback on changes made across the guidance in four thematic areas. These were identified in our research and pre-consultation engagement activities as priority areas for new or amended duties:

- Tackling discrimination, and promoting fairness and inclusion
- Working in partnership with patients
- Working effectively with colleagues
- Leadership and organisational culture

Theme one: Tackling discrimination and promoting fairness and inclusion

This theme emerged strongly from our pre-consultation activity. A wide range of sources highlighted the importance of inclusivity and fairness, and the impact of unchallenged discrimination on medical professionals and patients.

The guidance has an important role to play in helping to eliminate racism and other forms of discrimination in healthcare (for example, in relation to disability, sex or sexual orientation). We've made changes throughout the guidance to emphasise the need to tackle discrimination, while promoting equality and inclusion in a positive way.

We've also highlighted courteous and respectful behaviours between colleagues and added a new duty on maintaining proper sexual boundaries in healthcare.

Our aim overall has been to emphasise the role of all medical professionals in promoting workplace cultures that are inclusive, fair, civil and compassionate. But we recognise that the behaviour of individuals is just one part of addressing these issues and we're working with organisations across the system to identify and embed interventions that can address these at a system level. We're also aware that complex power dynamics affect how people behave, and we don't want to create duties that reinforce existing sources of unfairness or discrimination. These are the main changes we've made:

- **New duty at paragraph 6,** which says medical professionals must not abuse, discriminate against, bully, exploit, or harass anyone, or condone such behaviour by others. This duty applies to all interactions, including on social media and networking sites. We've kept the duty not to unfairly discriminate against patients by allowing personal views to affect relationships or treatments in paragraph 23.
- **New duty at paragraph 7,** which says medical professionals should take action, or support others to take action, if they witness or are made aware of bullying, harassment or unfair discrimination. This is developed from existing guidance in

our *Leadership and management* guidance. We've tried not to be prescriptive so that, for example, taking action could simply mean asking the person who experienced the discrimination if they're okay.

- **Amended existing paragraph 15 (now paragraph 36)** to add economic factors to the range of things medical professionals should take into account when assessing a patient. This is intended to better capture socio-economic determinants of health.

- **New duty at paragraph 56 (incorporating existing paragraph 22b)**, which says that medical professionals should consider how their attitudes, values, beliefs, perceptions, and personal biases (which may be unconscious) may influence your interactions with others, which could in turn affect outcomes for patients (for example, as potential contributors to health inequalities or barriers to accessing some treatments) and colleagues (for example as potential contributors to unfair access to development opportunities).

- **Amended existing paragraphs 39 and 42 (now paragraph 59)** to add mentoring and other forms of professional support. We say this is especially important for individuals who are new to practice in the UK, returning from a period away from practice, or who don't have easy access to sources of support. We've added this because some individuals (who may share protected characteristics) are more likely to face discrimination or a lack of fair opportunity when accessing training and development.

- **New duty at paragraph 60,** which says that medical professionals who have responsibilities for helping staff access training and development or employment opportunities, should make sure that they do this fairly. We've added this for similar reasons to those given for paragraph 59.

- **New duty at paragraph 72,** which says that medical professionals must not demonstrate uninvited or unwelcome behaviour that can be reasonably interpreted as sexual and that offends, embarrasses, humiliates, intimidates or otherwise harms an individual or group. We've added this in response to feedback that GMP does not sufficiently address sexual harassment in the medical profession. Recent research[*] has shown that unwanted sexual behaviour in healthcare settings is a problem that is damaging for individuals and teams, and has a negative impact on patient care.

[*] For example, the 2018 report from the Professional Standards Authority, *Sexual behaviours between health and care practitioners: where does the boundary lie?*

8 How far do you agree or disagree with these statements?

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a The updated guidance sets the right expectations on discrimination, fairness and inclusion.	☐	☒	☐	☐	☐
b The amended duties are clear.	☐	☒	☐	☐	☐
c The amended duties are realistic.	☐	☒	☐	☐	☐

We'd welcome any other feedback including, for example, whether the amended guidance will help support practice, whether it could apply to all medical professionals and whether there could be any unintended consequences arising from it.

9 Comments on theme one

A number of our Fellows welcomed in particular the strengthening of guidance here on sexual discrimination and harassment and examples of what is unacceptable in these regards.

The inclusion of the new duty at paragraph six relating to social media is welcome and appropriate. However, the RCPE considers that it might be useful for the GMC to set out examples of what the thresholds might be that would trigger action and who should take any action.

The College welcomes the addition of economic factors to existing paragraph 15 as we have long highlighted the importance of the socio-economic determinants of health.

With regard to mentoring, it was felt it may be helpful if there was recognition that potential mentors may have severe constraints on their time and this may be a particular difficulty for those who work in the smaller specialities.

Theme two: Working in partnership with patients

During our pre-consultation engagement, we asked for feedback on whether GMP has enough emphasis on patient expectations, needs and rights. Just over half of those we heard from agreed there is. But some respondents said that GMP does not go far enough to highlight the responsibility of medical professionals to facilitate patients' rights to make decisions for themselves and to be supported to do so.

Research into patient experiences and expectations also shows the continuing importance of medical professionals working in partnership with patients. This includes:

- patients being treated as individuals
- patients receiving enough information to make informed decisions about their care and in a way they can understand
- medical professionals managing conversations in a sensitive way.

Over the past five years, our fitness to practise data has shown that most complaints from patients involve a communication element.

Updates to highlight decision making and consent

Given this feedback and data, we've incorporated several principles from our *Decision making and consent* guidance into GMP to give them more prominence:

- **New duty at paragraph 28,** which says that medical professionals must try to find out what matters to patients. This helps medical professionals share relevant information about the benefits and harms of proposed options and reasonable alternatives, including the option to take no action.
- **Amended previous paragraph 32 (now paragraph 34)** to say that medical professionals should check the patient's understanding of the information they have been given, and make sure they have the time and support to make informed decisions if they are able.
- **New duty at paragraph 32**, which says medical professionals must be aware of the legal requirements around, for example, mental capacity and mental health law and have regard to the relevant codes of conduct and our guidance. This was identified in engagement as a gap in current GMP.
- **Added new subparagraph b to existing paragraph 49 (now paragraph 33)** to say that information patients need to make decisions about their care includes 'clear, accurate and up-to-date information, based on the best available evidence, about the potential benefits and risks of harm of available options, including the option to take no action.'

We'd welcome your feedback on adding guidance from *Decision making and consent* to the core professional guidance. We believe this will help to better embed the guidance but recognise that the principles could be taken out of context without the additional information in the more detailed guidance.

10 How far do you agree or disagree that GMP should include extra duties from DMC?

Strongly agree	Agree	Disagree	Strongly disagree	Don't know
☐	☒	☐	☐	☐

11 Comments on theme two

The RCPE considers that it is appropriate to reference Decision making and consent here but it may be useful to include a clear link to the full Decision making consent guidance and suggest readers may access it for full information.

Patients' needs, rights and expectations

We also heard feedback that patients' needs, rights and expectations could be strengthened in GMP. This included the suggestion that the guidance should be based on a proactive 'rights-based approach' which would include 'explicit reference to respecting specific rights' to make sure patients' rights are properly upheld and supported.

We've considered how this could differ from our current approach where registrants' responsibilities are framed around partnership working. This involves tailoring to the individual patient's needs and preferences. The current approach reflects the fact that some patients can self-advocate and are knowledgeable about legal rights relevant to their care, while others need or prefer more support to access treatment, care and with their decision-making.

As such, we feel that the partnership approach underpinning GMP should make sure patients' rights are respected and we've increased the focus on this in the guidance. We've also brought existing guidance together in domain two to give more prominence to patients' fundamental legal rights, such as rights to dignity and privacy, and to be treated fairly and with respect.

- **Amended existing paragraph 46 (now paragraph 22)** to say that medical professionals must treat patients with kindness, courtesy and respect. We've changed the terms to focus on the qualities that underpin partnership working. We're particularly interested in views on the words 'kindness' and 'respect', as we had mixed feedback during our pre-consultation engagement about what these terms mean in practice and whether they might be open to culturally biased interpretation.

- **Amended existing paragraph 31 (now paragraph 27)** to add 'openly'. We've added this to encourage having open conversations, as well as being honest in response to questions.

- **Strengthened existing paragraph 32 (now paragraph 29)** to say medical professionals 'must' take all reasonable steps to meet patients' language and communication needs. We propose to raise from a 'should' into a 'must' duty because communication is so fundamental to safe and effective care. We've included the word 'reasonable' to recognise there may be circumstances outside an individual's control which limit the steps that can be taken.

- **Added new subparagraph f to existing paragraph 49 (now paragraph 33)** to capture the need for transparency about any conflicts of interest that may influence the treatment and care options shared with the patient. Recent inquiries and reviews – such as the *Independent Medicines and Medical Devices Review* – have highlighted the importance of medical professionals being open with patients about personal or professional interests that may influence their practice.

- **Added new subparagraph g to existing paragraph 16 (now paragraph 37)** to take account of the risks of polypharmacy (that can arise from the use of multiple medicines).

12 How far do you agree or disagree with these statements?

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a The amended duties give the right amount of attention to patients' rights, needs and expectations.	☐	☒	☐	☐	☐
b The amended duties are clear.	☐	☒	☐	☐	☐

c The amended duties are realistic.	☐	☒	☐	☐	☐

13 Any other comments (please say which duties you're telling us about)

The RCPE believes that the changes here are clear and helpful.

Theme three: Working effectively with colleagues

A key theme emerging from our research and engagement was that a good workplace culture is the foundation for good healthcare. That starts with how medical professionals treat each other, and how teams work together in the interests of patients.

We've strengthened duties under this theme to highlight the importance of medical professionals working effectively with colleagues – within and between teams – in the interests of patients. These are the main changes we've made:

- **New duty at paragraph 2 (incorporating current paragraph 35)** to develop and maintain effective teamworking and interpersonal relationships. This includes recognising and showing respect for the roles and skills of the people you work with and listening to their contributions.

- **New duty at paragraph 3** for medical professionals to communicate clearly, effectively and courteously with each other. The 2013 edition of GMP has a duty about effective communication with *patients*, but we've extended this to demonstrate that clear and courteous communication in the workplace lies at the heart of good teamwork and builds the positive culture that is crucial to patient safety.

- **New duty at paragraph 5 (expanding on current paragraph 37)** for medical professionals to role model supportive, inclusive and compassionate behaviour. We've also extended the duty to include attitudes, as well as behaviours, and to consider how behaviours affect the people who experience them as well as influence others.

- **Amended existing paragraph 44 (now paragraph 8)** to change from 'you must contribute to safe transfer of patients' to 'you must contribute to continuity and coordination of patient care', drawing in text from paragraph 11 of our *Leadership and Management* guidance. This is in response to feedback about the importance of good communication between teams, particularly when supporting patients with complex care needs.

- **New duties at paragraphs 9 and 10** not to assume that someone else will pass on the information needed for patient care and to act if problems arise from poor communication or unclear responsibilities within or between teams. These duties have been drawn in from paragraphs 12 and 13 of our *Leadership and management* guidance. We now use 'must' and not 'should' for these duties.

- **Amended existing paragraph 45 (now paragraph 11)** to include delegated tasks, and to highlight the need for appropriate supervision or support. We haven't added new duties for individuals with tasks delegated to them, as we think this is already covered in the guidance on working within competence, effective

teamwork, and continuity of care. We've also given specific advice on supervision for PAs and AAs on our ethical hub.*

- **New subparagraph a at existing paragraph 22 (now paragraph 15) and new duty at paragraph 16** to highlight the importance of medical professionals working together to improve safety and quality through the routine use of quality improvement, risk management and governance processes. The new text has been drawn in from paragraphs 2b and 26 of our *Leadership and management* guidance.

14 How far do you agree or disagree with these statements?

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a The amended duties set the right expectations about working effectively with colleagues.	☐	☒	☐	☐	☐
b The amended duties are clear.	☐	☒	☐	☐	☐
c The amended duties realistic.	☐	☒	☐	☐	☐

* www.gmc-uk.org/ethical-guidance/ethical-guidance-for-pas-and-aas/advice-for-doctors-who-supervise-pas-and-aas

We'd also welcome any other feedback including, for example, whether the amended guidance could apply to all medical professionals and whether there could be any unintended consequences arising from it.

15 Comments on theme three

The RCPE believes that the new duties are generally appropriate and may help lead to improved workplace cultures.

Theme four: Leadership

The current edition of GMP doesn't mention the word 'leadership'. This is because we wanted to avoid reinforcing the idea that only doctors could lead teams made up of other healthcare professionals. Instead, we referenced our then newly published guidance on *Leadership and management* where we could expand on concepts of formal and informal leadership.

We think it's now time to incorporate leadership duties into GMP. Our research and pre-consultation activities found recurring evidence of the need for medical professionals to use and develop their everyday leadership skills to promote inclusive cultures, for the benefit of safe patient care. We also saw that medical professionals don't always recognise that behaviours and skills they demonstrate daily are examples of everyday leadership.

A decade of high-profile healthcare reviews and inquiries have also highlighted inadequate leadership and poor working culture as either the root cause of, or a contributing factor to the failings they investigated.

We've made some changes to highlight all forms of leadership, not just formal leadership and management roles, and to support all medical professionals to shape inclusive cultures that deliver safe care.

These are the main changes we've made:

- **New duty at paragraph 20,** which says that medical leaders must encourage and support colleagues to raise concerns and make sure they are acted on appropriately. We have brought this duty in from our existing *Raising and acting on concerns* guidance. We've had feedback that the existing duty to raise concerns puts the burden in the wrong place if people in leadership roles do not also take responsibility for listening up and following up.

- **Amended existing paragraph 7 (now paragraph 48)** to include the duty to be competent in formal leadership roles, where that is applicable.

- **New duty paragraph 57,** which says that medical professionals must seek and respond constructively to feedback, using it to improve practice and performance. This new duty feeds into teamworking and leadership capabilities and is intended to drive active self-development and self-awareness, which in turn can benefit the individual professional, team and patients.

- **New duty at paragraph 62,** which says that all medical professionals should develop leadership skills appropriate to their role, and work with others to make healthcare environments more supportive, inclusive and fair.

16 How far do you agree or disagree with these statements?

Statements	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a The amended duties will support all medical professionals to shape inclusive cultures that deliver safe care.	☐	☒	☐	☐	☐
b The amended duties are clear.	☐	☒	☐	☐	☐
c The amended duties are realistic.	☐	☒	☐	☐	☐

We'd also welcome any other feedback including, for example, whether the amended guidance could apply to all medical professionals and whether there could be any unintended consequences arising from it.

17 Comments on theme four

The RCPE considers that the new duties here are logical and could apply to all medical professionals.

Other themes

Technology and Artificial intelligence (AI)

We're considering whether there's a need to include new guidance on technology and AI, given the speed of technological developments in healthcare and the need for GMP to be relevant for years to come.

We've included software, diagnostic tests and apps in the definition of medical devices at paragraph 17b to align with the definitions used by the Medicines and Healthcare products Regulatory Agency (we've asked for your feedback on this later in the survey).

But we'd be interested in views on whether we should go further than this and create specific duties in relation to how medical professionals use AI and technology (keeping in mind that the high-level principles in our guidance apply to all forms of healthcare).

For example, if there is bias in the underlying data used by AI to make decisions about patient care, this could reinforce inequalities in healthcare for people who share protected characteristics. We could warn medical professionals to be vigilant with such technology, and to exercise judgement when relying on its outputs.

18 How far do you agree or disagree that GMP should include duties on using technology and AI?

Strongly agree	Agree	Disagree	Strongly disagree	Don't know
☐	☒	☐	☐	☐

Comments on technology and AI

The RCPE considers that, given software, diagnostic tests and apps are named in the definition of medical devices and, as health technology continues to advance at a significant pace, it may also be appropriate to reference AI with proportionate guidance.

Use of resources, population health and environmental sustainability

We're considering whether we need to introduce the concept of sustainability more explicitly into GMP, in response to calls for us to give more attention to the risk to public health arising from climate change.

We're also exploring whether we need to clearly acknowledge the tensions that can arise between the needs and expectations of individual patients and the interests of the wider population.

For example, as part of their roles medical professionals might need to:

- balance individual and population interests in relation to efficient use of available resources (e.g. avoiding medicines waste)
- consider the wider impact of healthcare activity on population health (e.g. antibiotic resistance) and on the environment (e.g. harm from single use plastics).

We currently say at paragraph 18 of GMP that doctors 'must make good use of the resources available to them' and we've previously said that this would cover considerations such as sustainability. The current 'Duties of a doctor' also says that doctors must 'protect and promote the health of patients and the public'.

We're proposing to expand paragraph 18 (now paragraph 65) to say that medical professionals: '**must provide the best service possible within the resources available, taking account of [their] responsibilities to patients, the wider population, and global health.'**

This incorporates elements of paragraph 85(1) of our *Leadership and management* guidance to recognise that medical professionals can have dual responsibilities to patients and the wider population. We've introduced the term 'global health' to recognise these considerations go beyond impacts within the UK.

19 How far do you agree or disagree that we should expand the duty on resources?

Strongly agree	Agree	Disagree	Strongly disagree	Don't know
☒	☐	☐	☐	☐

Comments on sustainability

The College considers that it is appropriate for the GMC to expand significantly the duty on resources, taking into account what will be the growing importance and public awareness of environmental, resource use and climate change issues going forward, and the important contribution the health sector will play in relation to all these areas.

The College is pleased to be a member of the UK Health Alliance on Climate Change and to work positively with fellow organisations in the Alliance on these topics of critical importance. We are aware that the Alliance has in its response to this consultation recommended a fifth domain in the Good Medical Practice Guidelines and we hope that serious consideration can be given to the proposal made so that the key issues of resource use and related topics can be further embedded within GMC guidance.

Other changes

In this section of the survey, we're inviting your feedback on other changes we're proposing that aren't covered by the four main themes.

Domain 1 – working with colleagues

- **Amended existing paragraph 23c (now paragraph 17b)** to include software, diagnostic tests and apps. This is to make clear that these are medical devices and adverse events should be reported in the same way as for other medical devices.

- **Amended existing paragraph 38 (now paragraph 18)** to include shifts. This is to address feedback that problems arise when medical professionals fail to turn up at short notice or no notice to work shifts. We have however added a qualifier to recognise that a medical professional's personal circumstances may prevent this – for example, ill health.

Domain 2 – working with patients

- **Amended existing paragraph 52 (now paragraph 24)** to remove the requirement for medical professionals to explain to a patient if they have a conscientious objection to a particular treatment. This was intended to encourage

doctors to make patients aware, to reduce the possibility that a patient might be denied access to appropriate care because of the personal beliefs of the medical professional. We don't think it's always necessary or helpful for this to happen, based on feedback from patients and others about the impact it can have on patients and the professional relationship.

- **Amended existing paragraph 58 (now paragraph 44)** to say that medical professionals 'must not unreasonably deny' a patient access to treatment or care that meets their needs, when the patient poses a risk to medical professionals. The current formulation ('you must not deny') has been interpreted as placing unreasonable demand on individual clinicians to provide care to patients regardless of the risks to themselves. We have also widened the paragraph beyond the patient's medical condition to include wider threats to the health and safety of medical professionals that may come from patients, for example from violence or abuse. We plan to publish supporting information and advice to expand on our expectations around this.

- **Added new paragraph 39** to signal the importance of research to medicine and to say that medical professionals should offer opportunities to patients to participate in research where appropriate. This interacts with the duty at paragraph 33e (existing paragraph 49d) in relation to giving patients the information they need if they are asked to participate in research, and the amended duty in at paragraph 84 about acting ethically when carrying out research.

Domain 4 – Maintaining trust

- **New duty at paragraph 74** in relation to communicating as a professional. This draws together existing duties in paragraphs 68-71 of GMP and applies them to all forms of written, spoken and digital communication. We've added this in response to feedback that GMP is not sufficiently clear about medical professionals' responsibilities when communicating publicly, especially on social media.

- **Amended existing paragraph 73** (now paragraph 85) to include investigations (for example, those carried out by the Healthcare Safety Investigation Branch). We also have a new subparagraph expressing a duty to cooperate with any regulator's investigation in the interests of patient safety.

- **Amended existing paragraph 78** (now paragraph 81) to make clear that conflicts of interest are not confined to financial interests. We've also widened the current paragraph to include conflicts that may be seen to affect the way a medical professional proposes or provides treatments, refers patients or commissions services. We've added this in response to feedback that GMP does not give sufficient prominence to conflicts of interest. We have also added a reference to conflicts of interest at paragraph 33.

We welcome your comments on whether these new and amended duties are clear and whether there could be any disadvantages or unintended consequences in making these changes.

20 Comments on other changes

The RCPE considers that these amendments are generally helpful and strengthen the overall guidance.

Explanatory guidance

GMP is supported by a range of explanatory guidance, which is intended to help medical professionals, patients and others understand in more depth how the high-level principles in GMP should be applied in practice.

The explanatory guidance doesn't create new principles of good practice, but instead expands on the duties in GMP. This might include advice about how to make decisions when different GMP principles point to potentially conflicting approaches.

We'll use the feedback from this consultation to help us update these pieces of guidance:

1. Personal beliefs and medical practice
2. Financial and commercial arrangements and conflicts of interest
3. Doctors' use of social media
4. Ending your professional relationship with a patient
5. Intimate examinations and chaperones
6. Maintaining a professional boundary between you and your patient
7. Sexual behaviour and your duty to report colleagues
8. Delegation and referral
9. Acting as a witness in legal proceedings
10. Writing references[*]

We welcome your comments on these pieces, particularly:

- which topics we should prioritise for redrafting and why
- if there's a theme in a particular piece of guidance that needs more detail

[*] You can access each of these pieces of guidance on our website: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors

- if there is anything we could remove
- if there is anything we should add

If you're suggesting new topics for us to address in explanatory guidance, please say which paragraph of the draft GMP content it would be supporting and why it's needed.

21 Comments on explanatory guidance

The RCPE has no additional comments on the explanatory guidance at this stage.

Overall comments

In this section, we'd like your views on the guidance overall and anything we haven't specifically asked about already. When answering these questions, please bear in mind the criteria which the final guidance must meet:

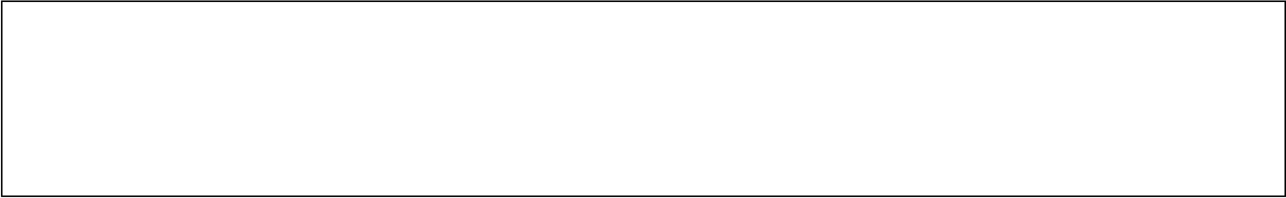
- relevant to the individual registrant's practice, not an action for employers, educators or government
- relevant to most - if not all - registrants, keeping in mind that our registrants will include doctors, PAs and AAs, and not all registrants work in patient-facing roles
- actionable by registrants in practice and capable of being evidenced, e.g., through appraisal and revalidation
- necessary to protect patients, maintain standards or to uphold confidence in the professions we regulate.

In particular, you might want to tell us if there's anything:

- missing from the updated guidance
- we should remove from the updated guidance?

22 Overall comments

The RCPE has no additional comments on this.



Implementing our professional standards

The review of GMP is an important opportunity to improve how we implement all our professional standards. We want to do be more effective, after launching updated guidance, in promoting it and supporting its implementation.

We recognise that while we have considerable impact through our activities as a regulator, our goals around supporting and influencing practice and culture can't be achieved without collaboration and partnership with others.

Responses to the questions in this section will help us understand what acts as a barrier or a positive influence on how our professional standards are put into practice. The insights from your responses will also guide our decisions on how to support the use of GMP when it's published.

We've asked about approaches to implementing all professional standards, not just the content of GMP. If you need information about our current approach to implementing professional standards, you can find it on our webpages about the *Good medical practice* review.*

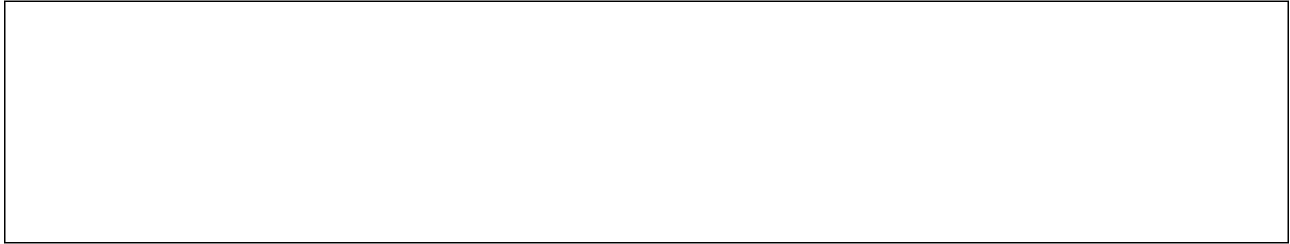
We're aware there are many influences on the everyday practice of medical professionals and these can vary depending on their working environment. How a service is organised, different workplace cultures, access to training, and availability of professional support are some of the factors that may affect how our guidance is put into practice.

We want to understand more about the factors that make it difficult (barriers) or easier (enablers) for medical professionals, in different roles and environments, to work in line with our standards.

23 Comments on barriers

A number of our Fellows expressed the view that stressful, often overstretched and understaffed NHS working environments can be a potential barrier to meeting all standards at all times. They expressed the view that medical professionals may sometimes not be able to meet these standards, even if they wish to, because of competing pressures on time. For example, clinicians would absolutely aspire to discussing all treatment decisions with patients as fully as they can but this might often simply not be possible when having to balance the risks of taking the time to do this against another clinical requirement which may present more patient risk.

* www.gmc-uk.org/ethical-guidance/good-medical-practice-review/good-medical-practice-advisory-forum



24 Comments on enablers

The RCPE has no additional comments on this.

We're keen to find out how we can better support individual doctors, PAs and AAs to know about and feel confident to apply the updated guidance. For example, are there particular standards that may be challenging to apply in some areas of practice? **We want to hear your feedback on any additional practical support that individuals might need from us.**

25 Comments on additional practical support

The RCPE has no additional comments on this beyond that we understand that the GMC will wish to publicise the new guidance widely and at all levels and we would support it emphasising that it has advisers available to answer questions that medical professionals may have on the new guidance.

We'd like to find out how we can more effectively work with the people and organisations who have the greatest influence on medical professionals' everyday practice. This could be peers, more senior colleagues, employers, or organisations that professionals turn to for

advice. **We're keen to hear about specific ideas or local, regional or national opportunities for us to engage these influencers.**

26 Comments on opportunities

The RCPE would encourage the GMC to continue to work closely with key professional, representative and medical educational and training organisations, including the Royal Medical Colleges which have various representative committees at many levels, to discuss the challenges medical professionals face in meeting all standards and how these may be tackled.

Your personal information

We will process your data in line with the *General Data Protection Regulation*. Our privacy and cookies policies* explain how your data will be used, how cookies will be set and how to control or delete them.

At the end of the consultation process, we will publish reports explaining our findings and conclusions. We won't include any personally identifiable information in these reports, but may include illustrative quotes from consultation responses. We may also provide responses to third parties for quality assurance or to approved research projects, which are anonymised before disclosure where possible.

Freedom of information

Your response to this consultation may be subject to disclosure under the *Freedom of Information Act 2000*, which allows public access to information we hold. This doesn't necessarily mean your response will be made available to the public, as there are exemptions relating to information given in confidence and information to which the *General Data Protection Regulation* applies.

Would you like your response to be treated as confidential?

☐Yes ☒No

If yes, please also tell us why:

Click or tap here to enter text.

*www.gmc-uk.org/privacy_policy.asp

The consultation process

In this section we'd value your feedback on how easy or difficult it was to respond to this survey. This information helps us continually improve our consultation process.

When answering these questions, please think about the survey itself but also the supporting information which was available on our website.

27 How far do you agree or disagree with these statements?

	Strongly agree	**Agree**	**Disagree**	**Strongly disagree**	**Don't know**
a The proposals were well explained	☐	☒	☐	☐	☐
b The survey was easy to complete	☐	☒	☐	☐	☐
c I felt I was able to express my views	☐	☒	☐	☐	☐

Please tell us here if you have any comments on this or any other aspect of the consultation process and documentation.

28 Consultation process comments

The RCPE has no specific comments on this.

29 How did you hear about this consultation? Please select all that apply.

☒GMC website
☐Another website
☒GMC news ebulletin
☐Other GMC newsletter/ebulletin
☐Joined GMC's community of interest for GMP
☐Social media
☐GMC event, workshop or meeting
☐Non-GMC event
☐Media/newspaper/radio
☐Word of mouth
☐Search engine
☐Other (please say what)

Click or tap here to enter text.

About you

First name: Douglas
Last name: Pattullo
Job title (if responding on behalf of an organisation): Policy & Public Affairs Officer
Organisation name (if responding on behalf of an organisation): Royal College of Physicians of Edinburgh
Email address: D.Pattullo@rcpe.ac.uk

Would you like to receive updates about GMC consultations you've participated in?

☒Yes ☐No

1. Are you responding as an individual or on behalf of an organisation?

☐Individual (please continue to 'Responding as an individual')

☒Organisation (please go to 'Responding on behalf of an organisation')

Responding as an individual

2. Which of these categories best describes you? Please only select one.

☐Doctor (if you select this, please answer the next two questions, otherwise go to 'age')

☐Anaesthetist associate

☐Physician associate

☐Medical student

☐Physician associate student

☐Anaesthetist associate student

☐Other healthcare profession

☐Patient

☐Carer/patient relative or advocate

☐Member of the public

☐Lay GMC/MPTS Associate

☐Other (please say what):

Click or tap here to enter text.

2a. Which of these categories best describes you? Please only select one

☐GP

☐Consultant

☐Doctor in training

☐Staff and Associate Grade

☐Locum (GP)

☐Locum (secondary care)

☐Trainer/medical educationalist

☐Responsible Officer/Medical Director

☐Other leadership or management role

☐Academic researcher

☐Practising outside the UK

☐GMC/MPTS Associate

☐Retired

☐Other clinical practice (e.g. prison health service). Please say what:

Click or tap here to enter text.

☐Other non-clinical practice. Please say what:

Click or tap here to enter text.

2b. Where were you awarded your PMQ?

☐UK ☐European Economic Area (EEA) ☐Rest of the world

Demographic questions

In this section we ask for information about your background. We use this information to help make sure we are consulting as widely as possible. Specifically, we use this information when we analyse responses to make sure we understand the impact of our proposals on diverse groups.* Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process.

3. What is your age?

☐0–18 ☐19–24 ☐25–34

☐35–44 ☐45–54 ☐55–64

☐65+ ☐Prefer not to say.

4. What is your sex?

☐Female ☐Male ☐Prefer not to say

5. Is the gender you identify with the same as your sex registered at birth?

☐Yes ☐No

☐Prefer not to say

5a. If you selected 'no' to the last question, how would you prefer to self-describe your gender?

Click or tap here to enter text.

*www.gmc-uk.org/about/how-we-work/equality-and-diversity

6. Do you have a disability?

The *Equality Act 2010* defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day to day activities.

☐Yes ☐No ☐Prefer not to say

7. What is your ethnic group? (Please tick one)

White

☐English, Welsh, Scottish, Northern Irish or British
☐Irish
☐Gypsy or Irish traveller
☐Roma
☐Any other white background, please say what:

Click or tap here to enter text.

Mixed or multiple ethnic groups

☐White and black Caribbean
☐White and black African
☐White and Asian
☐Any other mixed or multiple ethnic background, please say what:

Click or tap here to enter text.

Asian or Asian British

☐Indian ☐Pakistani ☐Bangladeshi ☐Chinese
Any other Asian background, please say what:

Click or tap here to enter text.

Black, African, Caribbean or black British

☐Caribbean ☐African
☐Any other black, African or Caribbean background, please say what

Other ethnic group

☐Arab
☐Any other ethnic group, please say what:

Click or tap here to enter text.

☐Prefer not to say

8. What is your religion?

☐No religion ☐Buddhist

☐Christian – Baptist ☐Christian – Brethren

☐Christian – Catholic ☐Christian – Church of England

☐Christian – Church of Ireland ☐Christian – Church of Scotland

☐Christian – Free Presbyterian ☐Christian – Methodist

☐Christian – Other ☐Christian – Presbyterian

☐Christian – Protestant ☐Christian – Pentecostal

☐Hindu ☐Jewish

☐Muslim ☐Sikh

☐Other (please say what): ☐Prefer not to say

Click or tap here to enter text.

9. Which of these options best describes your sexual orientation?

☐ Bisexual ☐Heterosexual or straight ☐Gay man ☐Gay woman/lesbian

☐Other (please say what):

Click or tap here to enter text.

☐Prefer not to say

10. What is your country of residence?

☐England ☐Northern Ireland ☐Scotland
☐Wales ☐Other (European Economic Area) ☐Other (rest of the world).

If you selected 'other, EEA' or 'other, rest of the world', please say where:

Click or tap here to enter text.

Responding on behalf of an organisation

11. Which of these categories best describes your organisation? Please select only one.

☐Patient organisation
☐Doctor organisation
☐Physician associate organisation
☐Anaesthetist associate organisation
☐Independent healthcare provider
☐Medical school (undergraduate)
☐NHS / Health and social care organisation
☐Postgraduate body
☐Regulatory body
☐Public body
☐UK government department

☒Other (please say what):

Medical Royal College.

12. In which country does your organisation operate? Please select only one.

☐England ☐Northern Ireland ☐Scotland ☐Wales ☒UK wide

☒Other (European Economic Area) (please say where)

Click or tap here to enter text.

☒Other (rest of the world) (please say where)

We are based in the UK but support Members and Fellows internationally as well as in the UK.

Thank you for responding to our consultation.