General
Medical
Council

Regulating doctors
Ensuring good medical practice

Good Medical Practice

Consultation questions

August – November 2005

Please return to:

Standards & Ethics Team
General Medical Council
Regents Place
350 Euston Road
London NW1 3JN

This booklet is also available in large print and on the GMC website at http://www.gmc-uk.org

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Review of *Good Medical Practice* – Consultation Questions

The new version of *Good Medical Practice* will be an interactive document with links to additional guidance and other relevant information. In the web-based version the reader will be able to click through to access the additional information; in the paper edition the links will be clearly referenced within the booklet.

For the purposes of this consultation, the proposed links from each paragraph are indicated in smaller text in the margin to the right of the main text, which states the author of the additional information, and whether it is currently available or yet to be drafted. If you have any comments on the proposed links or wish to make any suggestions for additional links, please answer question 53 accordingly.

For the most part, this consultation document is seeking your views on the revised core text of *Good Medical Practice*, and the revised list of *Duties of a doctor*, with some questions on themes at the beginning, and some general questions at the end. The majority of the questions can be answered yes or no, and you are welcome to provide as much or as little explanation of your answers as you like, including any suggestions for alternative wording where appropriate. There is some extra space at the end of the document if you need more space for your answers.

Although the links will be a key feature of the new *Good Medical Practice*, we would like the core text to remain a statement of key principles and standards of professional conduct and performance expected of all registered doctors throughout their working lives. If you feel there are any principles missing, or that any of the paragraphs are irrelevant to, or unreasonable for, the majority of registered doctors, please let us know by answering questions 50 and/or 51.

Your details

Name ______________________

Job Title ______________________

Organisation ______________________

Address ____

____

Email ______________________

Contact Tel ______________________

If you are responding as an individual, which of the following categories best describes you?

- Doctor ☐
- Patient ☐
- Member of the public ☐
- Other ☐ ______________________

If you are responding as a representative of an organisation, which of the following categories best describes your organisation?

- Medical body ☐
- Patient representative body ☐
- Regulatory body ☐
- Public/representative body *(please give details)* ☐ ______________________
- Other *(please give details)* ☐ ______________________

Please note that your response will be used for analysis and may be made public. If you would prefer your response to remain private, please indicate this by ticking this box: ☐

A. Questions relating to themes

The doctor-patient partnership

We have tried to reflect the change in the doctor-patient relationship since *Good Medical Practice* was first published by emphasising the importance of working in partnership. For example in paragraph 1a, the doctor is required to understand the patient's own priorities, and in paragraph 5 to take account of the patient's assessment of his or her needs – in addition to their own (the doctor's) clinical judgement – when providing or arranging treatment. Paragraph 19 contains a duty to 'work in partnership with patients', and paragraph 20 states that good communication involves 'sharing information with' patients (previously 'giving patients' information).

1. Have we reflected the patient's contribution to the doctor-patient relationship accurately?

Yes ☐ No ☐ Not sure ☐

Comments:

2. Does the current draft allow for patients who may not want to be treated as equal partners in making decisions about their healthcare?

Yes ☐ No ☐ Not sure ☐

Comments:

Discrimination, equality and diversity

Paragraph 5 aims to deal with the issue of unfair discrimination against patients. We wanted to go further than before, not only stating that doctors must not let their views about patients affect the relationship, but also imposing a positive duty to respect each patient's right to live their lives the way they choose. It would not be reasonable to expect a doctor to respect all lifestyle choices or any views or beliefs held by their patients. But we feel that doctors must still show respect for patients, regardless of their lifestyle choices, views or beliefs.

3. Do you agree that doctors must respect their patients' right to live their lives the way they choose?

Yes ☐ No ☐ Not sure ☐

Comments:

4. Is this adequately expressed in paragraph 5?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 44 also emphasises that doctors must not let their views about their colleagues affect their professional relationship with them. However, rather than requiring doctors to respect their colleagues' 'right to their life choices and beliefs' as we do in relation to patients in paragraph 5, we felt that it would be more appropriate to simply say that they must always treat colleagues fairly, with respect, and never bully or harass them.

These paragraphs raise questions about the extent of the GMC's role, firstly in ensuring doctors do not discriminate unlawfully or unfairly against their patients or colleagues, and secondly in requiring doctors to promote equality and value diversity. We feel that we have a justified interest in doctors' attitudes towards their patients, but that our remit does not necessarily extend to requiring a similar attitude in relation to their colleagues, provided that they treat their colleagues fairly and with respect and work constructively with them.

5. Do you agree that the GMC's role in these issues is different in relation to colleagues than in relation to patients?

Yes ☐ No ☐ Not sure ☐

Comments:

6. Do paragraphs 5 and 44 express reasonable, achievable standards?

Yes ☐ No ☐ Not sure ☐

Comments:

7. Do you think these paragraphs accurately reflect doctors' duty to promote equality and value diversity?

Yes ☐ No ☐ Not sure ☐

Comments:

8. If not how could we express these concepts as practical, attainable standards?

Comments:

Children

We have added three new duties – paragraphs 2h, 22 and 23 – concerning doctors' obligations and responsibilities towards children, partly in response to the obligations imposed by the *Children Act 2004* and international conventions. These general duties regarding children will be expanded on in additional GMC guidance about children, which is currently in the planning stage.

9. Do you think these duties towards children are a positive addition to Good Medical Practice?

Yes ☐ No ☐ Not sure ☐

Comments:

10. Do you feel that these paragraphs are written in a way that makes sense to doctors in their everyday work?

Yes ☐ No ☐ Not sure ☐

Comments:

11. Are the new duties imposed by these paragraphs practical and reasonable?

Yes ☐ No ☐ Not sure ☐

Comments:

Leadership

It has been suggested that *Good Medical Practice* should include an additional duty for doctors to show leadership. We are concerned that by requiring doctors to show leadership this could conflict – or at least be seen to conflict – with duties to recognise the contributions and skills of colleagues, and to work effectively in multidisciplinary teams which may well be led by someone from another profession.

The interpretation of a duty to show leadership would of course depend on what the reader understood by the word. Leadership on an individual, personal level, encompassing responsibility and accountability would not necessarily conflict with teamworking. However, these duties are arguably already expressed in paragraph 4, and throughout the section on *Working with colleagues* as well as in the *Duties of a doctor*. We would be interested to have your views on this issue.

12. What does 'leadership' mean to you?

Comments:

13. Do you think that Good Medical Practice should include an additional duty for doctors to show leadership?

Yes ☐ No ☐ Not sure ☐

Comments:

14. Is there a way of expressing such a duty without it being interpreted as conflicting with the duty to work effectively as part of a team? Please explain your answer.

Yes ☐ No ☐ Not sure ☐

Comments:

B. Questions relating to specific parts of the text

The Duties of a doctor

The *Duties of a doctor* have been revised and updated for the first time since they were published in 1995. We haven't substantially changed the content, but have re-structured the duties in a way which we feel makes sense and which we hope makes them more accessible. The sub-bullet points are no less important than the main bullet points, but rather expand on the principle in the 'stem'.

15. Do you feel the redrafted Duties are an improvement on the previous list of 14?

Yes ☐ No ☐ Not sure ☐

Comments:

None of the themes of the original *Duties* have been lost, but there are some additions, for example respecting individuality, acting with integrity, as well as a new duty of candour.

16. Do you agree that these are positive and/or necessary additions to the Duties?

Yes ☐ No ☐ Not sure ☐

Comments:

The first duty of a doctor is now to 'respect human rights'. We wanted to reflect the concept that doctors should respect the many obligations imposed by human rights conventions and law. This includes, although is broader than, the requirement to show respect for human life included in the current *Duties*.

17. Is this an appropriate way to express this concept?

Yes ☐ No ☐ Not sure ☐

Comments:

There is a new duty to 'work with patients as partners in their care' which intends to convey that doctors have a duty to use the knowledge and expertise that patients bring to the consultation. A subsequent bullet point states that doctors must 'give patients the information they want or need', recognising that not all patients will want the same level of involvement.

18. Do these duties allow for the different levels of involvement different patients may want in their care?

Yes ☐ No ☐ Not sure ☐

Comments:

19. Do you agree that doctors have a duty to work in partnership with their patients, while recognising that the terms of one partnership may be different from another? Have we expressed this concept adequately?

Yes ☐ No ☐ Not sure ☐

Comments:

The duty to 'be honest and trustworthy' has been expanded to include acting with integrity, and never acting 'in ways which undermine public confidence in the medical profession'.

20. Is it reasonable for the GMC to impose these duties on doctors?

Yes ☐ No ☐ Not sure ☐

Comments:

21. Do you think that Good Medical Practice should only be concerned with doctors' behaviour in their professional lives?

Yes ☐ No ☐ Not sure ☐

Comments:

You may have noticed that there are no suggested links from the text of *The Duties*. The aim of this is to present them as self-contained, 'standalone' principles, and we hope that we have expressed them adequately so as not to require further explanation.

22. Do you agree that the Duties of a Doctor should not contain links to additional guidance or information?

Yes ☐ No ☐ Not sure ☐

Comments:

23. Are there any duties which you feel require further explanation?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 2d

We have expanded on our advice about record-keeping, saying that doctors should keep records of every contact with patients. This is because we feel that, regardless of whether treatment was prescribed or advice given, the fact that a patient approached their GP, or a hospital doctor checked on a patient, is significant in itself. We recognise that in some circumstances – in intensive care units for example – a doctor might check on a patient's progress every 10 minutes with little or no change in the patient's condition. On balance, however, we feel our advice should be for doctors to make a record of *every* contact.

24. Is it reasonable to require doctors to keep records of every contact with patients?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 2f

We state that, in providing care, doctors must alleviate pain and distress whether or not curative treatment is possible.

25. Does this statement adequately express a doctor's duty to provide palliative care?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 3

We've added a new principle that doctors should avoid treating their family and friends wherever possible. This is because the medical history may not be known, and lack of objectivity could cloud a doctor's clinical judgement. However, in some circumstances – emergencies or doctors living in remote communities for example – treating someone you have a close relationship with may be impossible to avoid.

26. Does the wording of this paragraph ('should' rather than 'must' and 'wherever possible') allow for such instances while still discouraging doctors sufficiently from treating their friends and family?

Yes ☐ No ☐ Not sure ☐

Comments:

27. Do you feel we've got the balance right?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 4

In our redraft of paragraph 4 we have strengthened the duty on a doctor to raise the alarm if resources, policies or systems are jeopardising – or could jeopardise – patient safety. This is in line with our revised draft guidance on *Management for doctors*. We intend to provide further detailed guidance, possibly giving examples of scenarios, which can be linked to this paragraph.

28. Do you feel that the duty to raise the alarm increases with the level of seniority of the doctor involved? If so should we make this explicit in Good Medical Practice?

Yes ☐ No ☐ Not sure ☐

Comments:

29. Is there enough guidance in paragraph 4 about how to deal with concerns of this nature?

Yes ☐ No ☐ Not sure ☐

Comments:

30. Is there anything else a doctor in this situation could or should do?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 6

We have tried to clarify that this paragraph is about doctors' beliefs about particular procedures and not their beliefs about patients.

31. Is it clear this paragraph relates to doctors' beliefs about procedures and not their beliefs about their patients?

Yes ☐ No ☐ Not sure ☐

Comments:

We have strengthened the responsibility of doctors to ensure continuity of care, but we still do not require them to refer the patient to another practitioner who will provide or facilitate the procedure involved. Our guidance is ultimately enforceable through our fitness to practise procedures, and we do not feel it would be reasonable to make doctors' registration dependent on matters of conscience. This reflects our understanding that some doctors would feel responsible for an abortion, for example, simply by referring the patient to another practitioner who would be prepared to carry it out. We are aware that this may pose difficulties for some patients, and we are anxious to find guidance which will both ensure that patients' right to receive appropriate, safe and timely care, while still enable doctors to practise in accordance with their conscience.

32. Do you agree that this is as far as the GMC should go in guidance to the profession, given that a serious or persistent breach of the guidance will put a doctor's registration at risk?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 7

The duty to give priority to the investigation and treatment of patients on the basis of clinical need has been strengthened (it was previously 'you must *try to* give priority…'). Our aim is to make it clear that the only circumstance where clinical need is *not* the determinant of priority should be where the priorities are not being set by the doctor (in which case the doctor must report the policy or system jeopardising patient care in line with the guidance in paragraph 4).

33. Do you agree with the strengthening of this duty?

Yes ☐ No ☐ Not sure ☐

Comments:

34. Is this a reasonable duty to impose on doctors working in healthcare today?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 8

In redrafting this paragraph we have tried to balance doctors' right to protect themselves against risk with patients' right to receive care to meet their clinical needs, regardless of their condition.

35. Does the wording of paragraph 8 accurately reflect the extent of the duty for a doctor to treat a patient who may pose a risk to their (the doctor's) own safety?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 9

This paragraph has been changed to clarify that the onus is on the doctor to assess what assistance they should offer in an emergency, taking into account their competence and the options available. In some circumstances – for example a doctor who has been out of clinical practice for 20 years – the appropriate assistance to offer might be protecting the individual from harm while ensuring that an ambulance is called.

36. Is it clear from paragraph 9 that doctors must respond in an emergency, even if they simply check that others better able to assist are helping and/or dial 999?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 12

This has been expanded to include a requirement for doctors to work with patients and the public, as well as colleagues, to maintain and improve the quality of their work.

37. Do you agree that this is a reasonable requirement for the majority of doctors?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraphs 13-14

In the opening paragraph (13) of this section we have tried to emphasise the importance of teaching, training, appraising and assessing, which we feel are relevant to all registered doctors whether or not they have formal teaching responsibilities. We recognise that some doctors feel there would be no advantage for students to be taught by someone who does not have the necessary skills (now listed in paragraph 14) or enthusiasm. Nonetheless, we would argue that all doctors have a duty to *be willing to contribute* to the education and training of their colleagues, whether or not they have a natural talent for teaching.

38. Do you agree that it is reasonable to require all doctors to be willing to contribute to the education of students and colleagues?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 19

We have added a new heading, *Respect for patients*, in this section of *Good Medical Practice*. This does not contain new duties but has been included after the restructuring of this section and because we believe that the responsibilities which are now listed here fit better under this new heading. It is also consistent with the redrafted *Duties of a doctor*.

39. Does this paragraph reflect what you think doctors should do to show respect for their patients?

Yes ☐ No ☐ Not sure ☐

Comments:

40. Is there anything else which you think should be included?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 35

This is a new paragraph which tries to convey doctors' responsibilities towards those close to the patient. This is a complicated issue as we recognise that one patient might not want their family members to know anything about their condition however serious the circumstances, whereas another may be upset if their close friend had, for example, been anxiously waiting for news but had not been kept informed in any way about the treatment they had received. The doctor's first duty is, of course, to their patient and this includes a duty to maintain confidentiality. However, we want to convey that in certain circumstances, where it may not be possible or practicable to seek the patient's consent to disclosure, keeping concerned friends or relatives informed about a patient's condition would be the right thing to do. We recognise that there is a fine line between this and a potential breach of confidentiality, so have expressed this responsibility as 'it is considerate to', rather than imposing a direct duty which could conflict with the duty to maintain patient confidentiality.

41. Do you disagree, and feel that doctors should only speak to family members, partners or friends when the patient gives consent, or when it is in the patient's best interests?

Yes ☐ No ☐ Not sure ☐

Comments:

42. Do doctors have any other duties towards those close to the patient?

Yes ☐ No ☐ Not sure ☐

Comments:

Working with colleagues

We have removed the subsection on leading teams as we felt this was not relevant to all registered doctors. Our redrafted guidance for doctors in management includes advice on this issue and we direct attention to this in paragraph 41.

43. Do you agree that Good Medical Practice does not itself need to include guidance on leading teams?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 46

We have expanded this paragraph to include terminating contracts, and to explain why doctors taking up posts they have accepted is important (so as not to compromise patient care). However, we have not specified a notice period which doctors must give, instead saying that employers must be given 'reasonable time to make other arrangements' since this will vary depending on the position and the employer.

44. Do you think this is unhelpful and we should specify a time period? If so what notice period would be reasonable for both the doctor and the employer?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 49

This paragraph, on arranging cover, has been redrafted to reflect the fact that under the GP contract, for example, there have been changes to the delivery of out-of-hours care. However, we retain the concept that, as professionals, doctors have wider obligations than working the hours specified in their employment contract.

45. Do you agree that doctors have a responsibility to safeguard patient care when they are off-duty, regardless of the terms of their contract?

Yes ☐ No ☐ Not sure ☐

Comments:

46. If so, how far does this duty extend? Have we expressed it adequately in paragraph 49? Is there an alternative form of words which better expresses the duty?

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 52

It has been suggested that 'probity' is not a word easily understood by the majority of people and that we should use a word such as 'integrity' or 'honesty' instead. However, the concept of probity encompasses not only honesty and integrity but also other qualities, listed in the dictionary definition in paragraph 52. Rather than use a word which does not capture the concept as a whole, we have retained 'probity' and followed it with a dictionary definition in recognition of the fact that it is not widely understood.

47. Do you feel this is an acceptable way of dealing with this issue? If not, please suggest an alternative.

Yes ☐ No ☐ Not sure ☐

Comments:

Paragraph 53

This is a new paragraph which introduces a principle outlining our expectations in terms of doctors' private – as well as professional – conduct. We have not explicitly stated that doctors must not break the law or otherwise behave in ways which may bring the profession into disrepute, as this paragraph follows the heading *Professionalism and the law*.

48. Do you feel that Good Medical Practice should explicitly state that doctors must not break the law or behave in ways which may bring the profession into disrepute?

Yes ☐ No ☐ Not sure ☐

Comments:

49. Alternatively, do you feel that the GMC's authority does not extend over doctors' private conduct, unless it directly impacts on their professional practice?

Yes ☐ No ☐ Not sure ☐

Comments:

C: General questions

50. Are there any paragraphs you feel are not relevant to the majority of registered doctors and so should be removed from Good Medical Practice?

Yes ☐ No ☐

Comments:

51. Are there any principles or duties missing?

Yes ☐ No ☐

Comments:

52. Do you have any comments on the structure of the redraft, or on any of the headings and sub-headings?

Yes ☐ No ☐

Comments:

53. Do you have any suggestions for links which you think we should include in Good Medical Practice? (Please indicate the relevant paragraphs.)

Yes ☐ No ☐

Comments:

54. Would you prefer to read Good Medical Practice on-line or in hard copy?

On-line ☐ Hard copy ☐

Comments:

55. Do you have any comments or suggestions about what the hard copy booklet should look like?

Yes ☐ No ☐

Comments:

56. Is there anything else you would like to add, either about the redrafted Good Medical Practice or about this consultation document?

Yes ☐ No ☐

Comments:

Thank you very much for taking the time to complete this consultation document. Please return this booklet to:

Standards & Ethics Team
General Medical Council
Regents Place
350 Euston Road
London NW1 3JN

Comments (please indicate question number where relevant):

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