Objectives of the Consultation

Primary objectives

1. Test that the new draft guidance contains principles and standards that are:
   a. Clear.
   b. Relevant.
   c. Achievable within the different environments in which doctors practice.
   d. An accurate reflection of the legal position as it applies across the UK.
   e. Promote best practice and take account of equality, diversity and human rights considerations.

2. Provide sufficient and appropriate opportunities for key interest groups to inform the decisions about content.

Secondary objectives

3. Raise awareness and understanding of:
   a. The purpose of GMC guidance and its role in improving practice.
   b. The specific challenges presented by the issues being consulted on.
   c. The robustness and openness of our process for developing guidance.
How this applies to Good Medical Practice

Summary

4. Good Medical Practice (2006) sets the standards of care, competence and conduct that patients can expect from all registered doctors. The guidance applies to all doctors regardless of specialty, grade, where they work in the UK and whether they work in the public or private sector or in clinical or non-clinical roles. A robust and credible consultation process must therefore provide appropriate insight into the diversity of practice in the UK.

5. Patients also fall into many diverse categories and so our approaches to seeking their input must reflect this diversity but also recognise common experiences. The methods we use should enable us to gather insight across this spectrum of views.

6. To summarise, we need to reach the following groups and individuals:

   - The profession including:
     a. Individual doctors.
     b. Representative organisations.
   - Patients and the public including:
     a. Individuals with particular issues or experiences.
     b. Patient and carer representative organisations.
   - Internal audiences (including Associates, Panellists and staff).
   - Special interest groups.
   - Public and private sector employers and contractors.
   - Educators.
   - Regulators.
   - Representatives of other healthcare professionals.
   - Relevant public bodies.
In detail

The profession

7. The overarching theme for consulting with the profession is ‘professionalism in action’ focusing on doctors’ overall responsibilities for ensuring all patients – including those in protected equality groups receive good care.

8. Good Medical Practice applies to all doctors but we know that there are some groups of doctors where the guidance is seen as difficult to interpret or apply, such as:
   a. Doctors in training (F1 & F2).
   b. Locum doctors.
   c. Staff grade and associate specialist (SAS) doctors.
   d. International Medical Graduates (IMGs).
   e. Doctors in non-clinical roles.

9. We have developed a stakeholder map which details the organisations we will seek to involve in the formal consultation but what follows is a summary of some of the organisations which should be given an opportunity to provide input into the development of Good Medical Practice, its supporting guidance and learning materials. Advice from these organisations often relies on GMP so it is important that they are involved:
   a. British Medical Association (BMA).
   b. The medical defence bodies.
   c. The Royal Colleges and faculties.
   d. Postgraduate Deaneries.
   e. Medical Schools.
   f. National Clinical Assessment Service (NCAS).
   g. Clinical Ethics Committees.
   h. Local Medical Committees.
   i. Care Quality Commission.
   j. Healthcare regulatory bodies.
Patients and members of the public

10. The consultation is open to all patients and patient representative bodies but we know from previous experience that it is not reasonable to expect individual patients/members of the public and smaller representative bodies to respond to the written consultation.

11. Our aims in consulting patients and their representative bodies are to:

   a. Ensure that the guidance reflects common ground between the public/patients and the profession;

   b. Identify areas where we can provide additional information or guidance to doctors about applying the guidance in practice in relation to particular groups of patients; particularly where we know that those patients suffer poorer care or health outcomes than other patients.

12. Although the GMC itself cannot address health inequalities; the consultation provides an opportunity to raise awareness of the issues and identify for those groups, what good practice looks like.

13. We have identified groups of patients to prioritise for the purposes of consultation through evidence gathered as part of our ‘Equality Analysis’ process and knowledge of our obligations under the Equality Act 2010. The following list also includes some groups where we have had limited engagement to date:

   a. Older people.

   b. Younger people.

   c. People from Black and minority ethnic groups including people in the Gypsy and Traveller communities.

   d. Asylum seekers and refugees.

   e. People with learning disabilities.

   f. People with disabilities including mental health and long term conditions.

   g. People with religious or other beliefs.

   h. People in lower socio-economic groups.

   i. Lesbian, Bi-sexual and Gay people.

   j. Transgender people.
14. Members of the public who are not themselves patients, also have an interest in the guidance. From such a large group, it is possible to identify certain groups where particular issues arise which we should target, including:

a. Family carers.
b. Advocates and support workers.
c. Parents.

Methods

15. The methods used in the consultation should be:

a. Proportionate to achieving the intended aims.
b. Tailored to the specific needs of the group being consulted.
c. Complementary; so that the data can be analysed in a coherent manner.

16. We propose to use a series of questionnaires as the basis of our consultation, all of which will be available in hard copy, electronically and on our online public consultation website:

a. A ‘long’ questionnaire asking for views on the entirety of the revised guidance and in particular, views on the principles and wording of the guidance. It is primarily aimed at organisations and informed individuals, as responding to it requires knowledge of the guidance.
b. A shorter questionnaire aimed at doctors which does not necessarily require them to read the guidance (though this would be preferable).
c. A short questionnaire aimed at individual patients and members of the public which explores the issues in an accessible and understandable manner.
d. Other suitably tailored questionnaires aimed at particular groups of patients which might be drawn up in partnership with their representative organisations. For example an easy read version for use during engagement with people with learning disabilities.

17. Written exercises are central to the consultation process but they are not sufficient or effective methods for reaching the groups outlined above or other seldom heard groups and individuals. We will therefore supplement the written exercise with the following methods:

a. Formal commissioned qualitative research project aimed at gathering opinion on patient and public attitudes to good practice and what is expected of doctors. The research will focus on groups A-C and G at paragraph 13).
b. Nationwide postcard campaign, which will enable those who would not normally contribute to the consultation, to send us their views in a way that is not burdensome to them.
c. Social media campaign which will reach those who are active in social media but who might not want to take part in a formal consultation or know about it.

d. Medical debate to tease out the ethical issues underlying the guidance and raise awareness of the guidance.

e. Focus groups and meetings with some of the equality groups identified above (see paragraph 13) with the patients/members of the public themselves; their representative bodies or both.