

The development of *0-18 years: guidance for all
doctors*

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PART ONE: CONTEXT

The Role of the GMC

As the regulator for the medical profession, the purpose of the General Medical Council (GMC) is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. The law gives us four main functions under the *Medical Act 1983 (as amended)*:

- Keeping up-to-date registers of qualified doctors
- Fostering good medical practice
- Promoting high standards of medical education
- Dealing firmly and fairly with doctors whose fitness to practise is in doubt.

Under section 35 of the *Medical Act* the GMC has the power to '*provide in such a manner as the Council think fit, advice for members of the medical profession on –*

- a. standards of professional conduct;*
- b. standards of professional performance ; or*
- c. medical ethics'.*

The GMC's Committee on Professional Standards and Ethics (or 'Standards and Ethics Committee') is responsible for developing and reviewing the guidance that Council gives to the profession.

Fostering Good Medical Practice

Good Medical Practice (GMP) is the GMC's core advice booklet. GMP sets out the principles and values on which good practice is founded; these principles together describe medical professionalism in action. The guidance is addressed to doctors, but it is also intended to let the public know what they can expect from doctors.

The current edition of GMP was published in 2006, following and extensive review. More information about the review of GMP, and the different ways in which it is used to inform and underpin medical regulation, is available on the GMC's website:

http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

Five further pieces of core guidance supplement GMP:

- *Seeking patients' consent: the ethical considerations* (1998)
- *Confidentiality: protecting and providing information* (2004)
- *Management for doctors* (2006)

- *Withholding and withdrawing life-prolonging treatments: good practice in decision-making* (2002)
- *Research: the role and responsibilities of doctors* (2002)

Together with a range of other supplementary guidance notes (for example *Maintaining Boundaries*, *Writing References*) these expand upon the high level principles in GMP and provide an explanation for doctors, and the public, of how the principles apply in practice.

This guidance is applicable to all doctors. It is not a code of practice, but doctors should be prepared to explain and justify departures from it if they are called upon to do so. It is not aspirational: all doctors should be able to comply with the guidance.

All current guidance and an archive of older advice is available on the GMC's website: <http://www.gmc-uk.org/guidance/index.asp>

The need for guidance on children and young people

Before the publication of *0-18 years: guidance for all doctors*, the GMC's guidance had only referred to children and young people where the position was different to those of adults, such as in relation to consent to medical treatment. However, a number of developments prompted the Standards and Ethics Committee (SEC) to reconsider this position.

One such development was the Children Act 2004. This Act created an obligation on healthcare providers in England and Wales to safeguard and promote the health and well being of children and young people; that is to do more than merely protect them from serious harm or treat illness.

The guiding principles behind that change in the law are in the UN Convention on the Rights of the Child and the report of the Laming Inquiry into the death of Victoria Climbié.

To explore whether there was a need for further guidance from the GMC on issues relating to children and young people, meetings were held with a range of interested organisations in early 2005. These included children's charities, medical Royal Colleges and other patient and medical bodies. There was broad support for the inclusion of general, high-level principles in the revised GMP but also for the proposal for new and more detailed advice on issues related specifically to children and young people.

Consequently, SEC decided to develop new guidance dealing solely with children and young people and to include in the revised version of GMP three new duties that relate to children and young people in particular:

24. The guidance that follows in paragraphs 25-27 is relevant whether or not you routinely see children and young people as patients. You should be aware of the needs and welfare of children and young people when you see patients who are parents or carers, as well as any patients who may represent a danger to children or young people.

25. You must safeguard and protect the health and well-being of children and young people.

26. You should offer assistance to children and young people if you have reason to think that their rights have been abused or denied.

27. When communicating with a child or young person you must:

a. treat them with respect and listen to their views

b. answer their questions to the best of your ability

c. provide information in a way they can understand.

PART TWO: DEVELOPING THE DRAFT GUIDANCE

The Children's Guidance Working Group

Following its decision to develop new guidance on issues relating to children and young people, SEC established a working group to take forward the project.

The membership of the working group was comprised of medical and lay members of the GMC, a professor of child law, representatives from the nursing, teaching, social care professions and relevant medical specialities from across the UK. The group was chaired by Dr Rosalind Ranson, a medical member of the SEC. (See appendix 1 for the full membership of the working group.)

The role of the working group was to determine the scope of the guidance and oversee the development of a draft for approval by SEC and Council.

The working group met five times between September 2005 and April 2007.

Citizens' Jury

In November 2005 the GMC hosted a Citizens' Jury to seek the views of members of the public on a key question, to inform the development of the guidance.

The jury was asked to consider the following question:

When is it appropriate for doctors to share confidential information with other professionals and parents without the consent of children and young people?

16 members of the public heard evidence, over a period of three days, from a variety of experts with differing perspectives and views. They included doctors, lawyers, police officers and others working with children and young people. They also had the opportunity to listen to the views of two 16 year olds from the Southwark Youth Council.

Key points of the jury's verdict included:

- Children and young people should have the right to a confidential relationship with their doctors
- doctors should be trusted to make a professional judgement as to when it is appropriate to share confidential information
- Guidance to doctors should allow for a case-by case approach, rather than set down blanket policies
- Where practicable, consent should be sought prior to information sharing. When a child or young person is not able to give their consent, they should still be involved in the decision making process, as far as their age or competence allows
- A risk of significant harm should be the threshold for sharing confidential information without consent.

The full report of the Citizens' Jury is available from the GMC's website:

http://www.gmc-uk.org/guidance/Jury_Report_19_Jan_2006.pdf

Informal consultation with children and young people

From the outset of this project both SEC and the working group were keen to ensure that the views of children and young people were heard and considered.

To help inform the initial development of the guidance members of the Standards and Ethics team met with young people across the UK to find out how they felt about doctors, the issues that were important to them and what they thought the guidance should cover. These meetings took place between February and August 2006.

We are grateful to the young people from the following organisations who gave up their time to speak to us, which provided an insight into the priorities and concerns of children and young people:

- Funky Dragon, the Children and Young People's Assembly for Wales
- The Northern Ireland Youth Forum
- The young advisers to the Young Mayor of Lewisham
- The Health Committee of the Scottish Youth Parliament.

In all four of these meetings, the common themes that emerged were that young people did not feel doctors took them seriously nor communicated with them effectively, and that they did not believe that doctors would respect their confidentiality.

The findings of these meetings were reported back to the working group, and were taken into account when drafting the guidance.

Formal Consultation

The Working Group developed a draft which took account of the findings of the Citizens' Jury, the informal consultation with children and young people and the early meetings with key stakeholders.

The draft was presented to the Standards and Ethics Committee at its meeting in September 2006. Following approval the draft was issued for formal consultation, with a set of accompanying questions, on 15 November 2006. The consultation period ran until 2 March 2007.

Written Consultation

A letter was sent to over 2000 key interest groups and individuals advising them that the consultation had begun. These included medical professionals and their representative organisations, children's charities, patient organisations, NHS trusts and the four UK government health departments. The letter directed respondents to a secure online facility for responding to the consultation questions. It also drew their attention to the consultation for children and young people (see below). Respondents were also able to request hard copies of the draft guidance and consultation questions in a variety of formats, including large print and Welsh.

The draft guidance and consultation also featured prominently in the GMC's bi-monthly publication *GMC Today*, inviting individual doctors to respond. *GMC Today* is sent to all doctors on the medical register.

Meetings with stakeholders

In addition to the full written consultation, a number of meetings with key stakeholders were held. These afforded the opportunity to discuss the draft guidance in more detail and took the form of one-to-one meetings or round-table seminars. They included organisations representing medical professionals, such as Royal Colleges, children's charities and relevant government departments.

A Parliamentary lunch for interested MPs and Peers was also held, providing them with an opportunity to consider and comment on the guidance.

A paper on the draft guidance and consultation was presented to the GMC's Committee on Diversity and Equality and Patient and Public Reference Group.

Consultation with children and young people

A separate consultation was prepared, with the help of the National Children's Bureau, to seek the views of children and young people. It asked fewer questions, in a simplified form, that did not require children and young people to have read the draft guidance. It did, however, ask about some of the key issues covered by the full written consultation.

Children and young people were able to submit their responses via a secure website. Hard copies of the questions were also available on request. As with the full written consultation, they were also available in large print and in Welsh.

To encourage children and young people to complete the consultation, two iPod nanos were offered as prizes to two respondents picked at random after the consultation closed.

The views of patients at the Evelina Children's Hospital in London were also sought during a visit to the hospital's school by members of the GMC's Standards and Ethics team. Pupils at a secondary school in Splott, South Wales also met with representatives from the GMC to discuss the issues raised in the consultation.

Poster Competition

To raise awareness of the consultation among children and young people, a competition was launched in partnership with the Teenage Cancer Trust and the Rainbow Trust Children's Charity. Children and young people were invited to illustrate what they thought of doctors and how they thought doctors should treat them.

The competition was launched by the Coronation Street actress, Helen Flanagan. Helen was chosen to promote the competition as her character had been involved in a high profile story involving under-age sex, the provision of contraception to under-16s and the role of parents in medical decisions – all key issues addressed in the guidance. A poster promoting the competition and the consultation was sent to over 13,000 organisations, such as schools and libraries, across the UK. A winner from each of the four home countries was selected, with a prize of an iPod nano.

The winning entries can be found on the inside back cover of *0-18 years: guidance for all doctors*.

Consultation with parents

A number of parents' organisations were written to as part of the full written consultation. In addition to this the Family and Parenting Institute circulated an adapted version of the children's consultation questions to their parents' panel, a number of whom responded.

During the visit to Evelina Children's Hospital members of the Standards and Ethics team were able to discuss the guidance with young patients' parents. The views of a group of young fathers from the Shankhill Road area of Belfast were submitted by Baroness Blood, following informal conversations based on the draft guidance and consultation questions.

Legal Opinion

Given the complexity of some of the legal issues and the differing legal frameworks, the opinion of leading Counsel was sought from each of the three UK legal jurisdictions. Counsel were asked to consider whether the guidance was consistent

with the law in general, with attention being drawn to particularly complex areas.

PART THREE: POST CONSULTATION PROCESS

Analysis of consultation responses

The various strands of the consultation process generated a high volume of data, in various forms. These included:

- 185 responses to the full written consultation
- 366 responses to the children and young people's consultation
- 30 responses to the consultation from members of the Family and Parenting Institute's parents' panel
- Notes of all the meetings held with organisations and individuals – 3 roundtable meetings and 12 one-to-one meetings.

The full written consultation was divided into questions that related to specific sections of the draft guidance, with a small number covering overarching themes or issues. This aspect of the consultation provided the most detailed and specific comments, and so was used as the foundation of the analysis.

All the data that emanated from the other strands of the consultation were analysed in turn. Specific comments were allocated to the most relevant question of the full written consultation. Where it was not possible to allocate a comment to a specific question, it was allocated to 'any other comments' to ensure that it was still incorporated into the analysis. This made it possible to analyse all strands as a whole.

Analysis of the responses was undertaken by members of the GMC's Standards and Ethics team. A set of detailed instructions on how to approach this analysis was issued to each member of the team to ensure a consistent approach. Each team members' analysis was checked by the project managers to ensure consistency of style, avoid duplication and that all major issues were properly addressed.

A report of the analysis was produced, along with recommendation arising from that analysis. The report and recommendations (66 in total), along with counsels' advice, were presented to the Working Group to consider at its last meeting in April 2007.

Approving the guidance for publication

The guidance was redrafted in accordance with the decisions of the Working Group and presented to SEC at its meeting in May 2007. The committee approved the guidance with further minor amendments and recommended it to Council for publication.

The guidance was then edited and plain English approved by the Word Centre.

The guidance was presented to Council at its meeting in July 2007. Council approved the guidance for publication, subject to minor amendments, and agreed that it should be called *0-18 years: guidance for all doctors*.

Launching *0-18 years: guidance for all doctors*

The guidance will be launched across the UK on 25 and 27 September 2007, and comes into force on 15 October 2007.

It will be available online via the GMC's website, with links to other sources of guidance and information.

A copy of the guidance booklet will be sent to all doctors on the medical register, approximately 240,000. A copy will also be sent to all others who receive GMCToday, those who contributed to the development and consultation process and other key audiences.

Next Steps

The Standards and Ethics team will now begin a programme of work to publicise the guidance, to ensure that the principles it contains are known, understood and put into practice by the medical profession. It will also consider how the contents of the guidance can be made accessible to children and young people.

Membership of the Children's Guidance Working Group

GMC Members

Dr Rosalind Ranson (Chairman)

Dr John Jenkins

Mrs Patricia Moberly

Mr Robert Slack

External members

Ms Amanda Brown
Legal and Professional Services
National Union of Teachers

Mrs Elaine Cloke
Office for the Children's Commissioner for Wales

Professor Jane Fortin
Child Studies Unit, School of Law
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Dr Sue Hobbins
Consultant Paediatrician
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Mr Graham Ixer
General Social Care Council

Mr Morgan Jamieson
National Clinical Lead for Children and Young People
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Eiri Jones
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