

The Review of *Good Medical Practice*

October 2006

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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 and 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*:

- 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 the *Medical Act* the GMC has the power to 'provide, in such manner as the Council think fit, advice for members of the medical profession on medical ethics'.

The Committee on Professional Standards and Ethics (Standards and Ethics Committee or 'SEC'), is responsible for developing and reviewing this guidance and consultation is a key part of the process for doing this.

Fostering good medical practice

The GMC's ethical guidance to doctors is set out in various guidance booklets and supplementary statements. The core booklet, *Good Medical Practice*, provides a clear statement about what is expected of doctors. Currently, six further pieces of core guidance supplement GMP:

- Serious Communicable Diseases (October 1997)
- Seeking patients' consent: the ethical considerations (November 1998)
- Research: The role and responsibilities of doctors (February 2002)
- Withholding and Withdrawing Life-Prolonging Treatments: Good Practice in Decision-Making (2002)
- Confidentiality: Protecting and Providing Information (April 2004)
- Management for Doctors (2006)

Together with a range of other supplementary statements (for example, 'Good Practice in Prescribing Medicines'), 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.

All current and archived guidance is available on the GMC's website (<http://www.gmc-uk.org> - see 'Guidance on Good Practice').

Good Medical Practice

Good Medical Practice (GMP) sets out what is expected of doctors in their professional lives. First published in 1995, it applies to every doctor on the Medical Register regardless of specialty, grade and area of practice (e.g. National Health Service or independent sector).

The publication of GMP was the first time that guidance to doctors on the standards expected of them was presented in a positive form, focusing on their duties towards patients rather than behaviour likely to lead to disciplinary action. Although it is guidance for doctors, GMP also sets out in a clear and accessible way, what members of the public can expect from their doctors. Since its publication, the approach to standards setting taken in GMP has been widely accepted as a good model and has been adapted by many other healthcare and non-healthcare regulators both nationally and internationally.

The primary purpose of GMP is to inform doctors of their duties, but it also has a variety of other uses. In particular it:

- Informs the medical undergraduate curriculum.
- Provides the basis of appraisal for National Health Service (NHS) doctors.
- Provides the basis of planned GMC revalidation of all doctors.
- Provides the benchmark for considering doctors' fitness to practise.

Keeping Good Medical Practice Up to Date and Fit for Purpose

In June 2004, nearly ten years after the publication of GMP, the Standards & Ethics Committee (SEC) agreed it was time for a fundamental review to ensure that GMP remains up to date and fit for purpose. GMP had been reviewed in 1998 and 2001 but these reviews had focused on ensuring that the guidance was up to date in terms of the law and forthcoming plans for revalidation. The 2004 review would however, question the fundamental assumptions underlying the current document, namely that GMP should:

- a. Be addressed to all doctors, regardless of the type of work they may be involved in.
- b. Provide advice on good practice, rather than highlighting bad, or unacceptable practice.
- c. Be addressed to doctors, but nevertheless accessible to all possible audiences, including patients, the wider public and other healthcare professionals.

In order for GMP to be fit for purpose, it needed to do the following:

- a. **Fulfil its primary purpose of providing ethical guidance to the profession.** GMP needs to clearly set out for doctors their professional responsibilities towards patients in key areas of their work. This is important because the practice of medicine is not just about working within the law or fulfilling contractual obligations. There is also an important ethical dimension which GMP seeks to address and should do so by balancing the needs of patients against what can reasonably be expected of doctors. Where possible, GMP should point doctors towards further sources of guidance for dealing with ethical dilemmas, including the GMC's own supplementary guidance.
- b. **Provide an adequate base for its many uses.** GMP provides a benchmark for the GMC's consideration of fitness to practise cases, as well as the framework for the undergraduate medical curriculum, NHS appraisal and planned revalidation. GMP has also been adopted as a template for local and national complaints and disciplinary procedures (including the National Clinical Assessment Service and the Health Service Ombudsman).
- c. **Take account of its wider context.** This will include changing work environments, (changes to the NHS in terms of service provision and contractual obligations on doctors, or developments in the independent sector); closer working with other healthcare and non-healthcare professionals raising questions about individual accountability of doctors; a changing regulatory and legal landscape and changes expected as a result of public inquiries.
- d. **Inform patients and members of the public of what constitutes good medical practice.** GMP should enable members of the public to see

what the GMC expects of doctors. It should therefore help members of the public see what should inform the decisions which doctors make and if necessary, query these decisions. This implies that whilst GMP, as the core guidance from the regulator, should be addressed to doctors, it should also be written in an accessible way for patients and the public.

Objectives in Reviewing GMP

The SEC agreed that the revised draft should be informed by views from a wide range of professional and public organisations and individuals. It was also agreed that simply circulating a written draft for consultation would not be the most effective way to do this. The SEC agreed therefore, to undertake an informal consultation at the outset of the review to seek views on how the existing guidance should change and develop to be followed by a formal consultation (according to Cabinet Office guidelines) to seek views on a revised draft.

Overall objectives for the review were therefore to:

- a. Organise opportunities to discuss the guidance.
- b. Use a range of ways of communicating, including by attending or presenting at meetings/events, by telephone/e-mail and via the GMC website.

This would be done through engaging with:

- a. Internal audiences to seek views on GMP:
 - i. The Council's policy committees (i.e. Committee for Diversity and Equality; Patient and Public Reference Group; Fitness to Practise Committee, Registration Committee; Education Committee).
 - ii. GMC Associates (particularly those involved in Fitness to Practise work).
- b. External professional organisations and individuals:
 - i. Individual doctors (all doctors on the register were invited to respond through the GMC's main source for communicating with doctors – *GMC Today* – and the website/E-bulletin).
 - ii. Medical Royal Colleges (who have developed GMP documents for each specialty).
 - iii. British Medical Association.
 - iv. Other professional organisations on an extensive GMC contact database, including medical schools, Trusts, other regulatory bodies, employers and professional associations.
- c. Governmental departments/agencies:
 - i. Wide range of bodies held on the GMC's contact database (e.g. health departments in the UK; parliamentary and health service ombudsmen; all NHS Strategic Health Authorities, Primary Care and

Health Trusts and equivalents in Wales, Scotland and Northern Ireland; all Patient and Public Involvement headquarters).

d. Individuals and organisations not normally known for responding to formal consultation exercises:

i. Including faith groups; disabled people; minority ethnic people; children and young people; homeless or those of no fixed abode; carers and the elderly.

Publicising the review

The review was announced in the GMC's newsletter (*GMC Today*) which is circulated to all registered doctors and other stakeholders (for example all GMC Associates) and which is also available on the GMC website. Subsequent articles on the review and the consultation, calling for views featured in every issue published throughout the review and provided updates. A section of the GMC website was established to provide information on the review and invite responses. In addition, the written consultation, each of the public meetings and the research were all publicised.

PART TWO: CONSULTING ON GMP

Informal Consultation

To begin the review, an informal consultation document, asking for views on the content and format of the current guidance, was circulated to a wide range of professional and patient organisations. The accompanying questions focused on the audience for GMP; the level of detail; good or bad medical practice; the Duties of a Doctor; the seven headings and shared principles. There were close to 100 responses to this consultation and the key findings are summarised below.

The majority of respondents felt that:

- a. GMP should continue to be addressed to doctors, whilst being written in such a way as to make it accessible to the wider public.
- b. There should *not* be a separate 'patient version' of GMP as this may lead to confusion, but there was support for a 'summary document' for patients or a poster.
- c. GMP itself should be concise and accesible but provide links to additional information.
- d. GMP should remain as a document setting out principles of good practice.
- e. The Duties of a Doctor was a useful summary of GMP, but there were some suggestions for change.
- f. The seven headings should remain the framework of GMP as they were well recognised and already embedded in other processes.
- g. The standards and principles contained in GMP were important to them, but some felt that it should place greater emphasis on partnership which was something that had changed since it was first published.

Recommendations

The GMP Review Working Group (GMPRWG) comprising members of the SEC and invited external representatives agreed the following recommendations for the direction of the review based on the analysis of this consultation which the SEC subsequently agreed. These recommendations included that:

- The new version of GMP should as with the current one, be addressed to doctors, and should continue to be accessible to the wider public.
- The principles in GMP should reflect a partnership between patients and doctors.
- GMP should remain as a concise core and standalone inclusive document containing general principles which are relevant to all registered doctors, with links to more detailed guidance.
- The seven headings should remain the basic framework of GMP.
- GMP should remain as a positive document which sets out principles of good practice.

Formal Consultation

Following the informal consultation, the GMPRWG produced a redraft, taking into account information from the informal consultation and other relevant evidence (including for example, outcomes of government inquiries and changes to the law).

After SEC and Council approval (in May and July 2005 respectively), a revised draft with accompanying questions was issued for formal consultation in August 2005. The consultation ended on 30 November 2005 (this period was subsequently extended until 13 January 2006). To supplement views sought via the written consultation, views were also sought through:

- Research by Picker Institute Europe undertaken with members of the public and the profession to find out views on the standards expected of doctors.
- Five 'Public Meetings' held around the UK to discuss issues which arose during the redrafting process.
- Other meetings held with individuals and organisations to find out their views on the draft and the review generally.

Written consultation

The revised draft and accompanying questions were sent in hard copy format to 2,000 professional and public organisations from the GMC contact database in August 2005. Further copies were available on request from the office and over the course of the consultation period approximately 2,000 more copies were distributed (either sent out on request; distributed at the public and other meetings and given to the research participants). An electronic version was placed on the website with an online submission form.

Research project

To meet the objective of finding out what people who might not normally contribute to formal consultations thought of the revised guidance, research on the attitudes of members of the public and professionals on the standards expected of doctors was commissioned. Following a competitive tendering process (in accordance with the GMC's own guidelines on issuing tenders and awarding contracts), the contract was awarded to Picker Institute Europe. In the invitation to tender, the SEC emphasised that the research should seek views from a number of groups normally considered 'hard-to-reach'. The researchers responded by including older people (aged 70 and over), homeless people and those from minority ethnic groups in the research.

The main methods for conducting the research were focus groups and paired in-depth interviews with members of the public, doctors and medical students. Approval to carry out research with the doctors and medical students was obtained from an NHS research ethics committee, local Research and Development Committees and deans of medical students.

The full report 'Setting Standards: The views of patients, members of the public and doctors on the standards of care and practice they expect of doctors' (March 2006) and an executive summary are available to download from the GMC and Picker Institute websites¹.

Some key findings in the report were that:

- a. There was broad consensus that the great majority of duties in the new version of GMP were important and should be included in the document.
- b. Technical competence and providing a good standard of practice and care, maintained by keeping up to date with developments in medicine were perceived as a fundamental of good medical practice and it is appropriate that this comes near the top of the list of duties, following 'make the care of your patient your first concern'.
- c. Confidentiality is seen as necessary to the development of trust between a doctor and a patient. There was a general assumption of confidentiality from members of the public, but also a willingness for information to be shared where clinically necessary and subject to their consent.
- d. The extent to which patient's views should prevail over those of the doctor emerged as a difficult area around which there was no clear consensus. Doctors' views on partnership with patients were variable and to some degree context specific. They saw partnership as something which had to be worked at and which was often time-consuming and demanding.

The report ends:

'The revised guidance appears to balance well the varied demands and expectations of the public and the medical profession. Some minor changes are suggested. Most importantly, we recommend further public debate about some of the issues underlying GMP, and raising awareness and discussion of its contents among both the medical profession and students. It is right too that patients should be aware of the high standards expected of doctors and against which they can be held to account.'

The report made a number of specific recommendations, some specific to the text of GMP and others addressing wider issues, which the SEC considered as part of the consultation analysis.

¹ <http://www.pickereurope.org/> and <http://www.gmc-uk.org>

Public meetings

During the consultation, the SEC hosted five public meetings to discuss some of the issues raised during the review of GMP. The audiences included a mix of existing stakeholders, and members of the public (doctors and lay people), since the aim was to engage individuals who might not usually consider attending a seminar to discuss guidance development. As a result, in contrast to previous seminars held to discuss drafting, scenarios were discussed at each of the meetings to see what participants felt doctors in those situations should do.

A full account of the meetings and the discussions which took place is set out in *Report of Public Meetings Held During the Review of 'Good Medical Practice'* (May 2006) which is available on the GMC's website.

Other meetings held as part of the consultation

As well as the 'Public Meetings' held during the consultation period, the revised guidance was presented to all of the GMC's policy committees and the GMC's Patient and Public Reference Group asking for their views on the guidance. Key issues covered in the draft were also discussed in the form of case studies at the GMC's open day for medical students (with some students returning completed forms on the day and others sending them in afterwards).

In addition, meetings were held with the following (either at our request or at theirs):

- a. BMA Junior Doctors Executive Sub-Committee.
- b. Gay and Lesbian Association for Doctors and Dentists.
- c. Harry Cayton, National Director for Patients and the Public, Department of Health.
- d. Interfaith Alliance.
- e. Medical Members of Parliament, at the House of Commons.
- f. Patients' Forum.
- g. UK Transplants.

PART THREE: POST CONSULTATION PROCESS

Analysis and Audit

A variety of data was generated as a result of the written consultation and the other strands. This included 500 responses to the written consultation, a 90-page research report, transcripts and voting results from the public meetings and notes of other meetings held.

Analysis of all this material was undertaken following advice on how to combine the data from all these strands. The analysis informed recommendations to the GMP Review Working Group which were then considered by the SEC.

Following the analysis, an independent, external audit was undertaken to check whether the analysis was transparent and consistent, and whether appropriate use had been made of the data. The audit found that the analysis and interpretation of the consultation material as a whole were carried out fairly and accurately, and that it fully met the following criteria:

- **Balance:** put appropriate weight on views expressed by individuals and organisations and, in particular, allow individual and minority responses to be heard.
- **Responsiveness:** be ready to respond to criticism of what is proposed.
- **Consistency:** adopt a common approach to analysing and interpreting the consultation material.
- **Transparency:** make it clear how recommendations based on the consultation material have been arrived at.

A full description of how data from all these strands was combined and analysed to inform recommendations, is set out in *Review of Good Medical Practice: Analysis of Consultation Data*, which is available on request from the Standards and Ethics Team. Copies of the audit report are also available on request.

Launching Good Medical Practice

Council approved the final version of GMP at its meeting on 7 September 2006 and the new edition of GMP will come into effect on 13 November 2006. It will be launched online on 23 October 2006.

One of the objectives in reviewing GMP was to provide links to further guidance and sources of information to illustrate how the principles apply in practice. This fulfils the recommendation agreed by the Standards and Ethics Committee that:

'Good Medical Practice should remain as a concise, 'standalone' and inclusive document containing principles that are relevant to all registered doctors, with links and clear pathways to more detailed guidance from the GMC and other organisations, for example the medical Royal Colleges. It should also contain links to materials that will demonstrate how the guidance applies in a variety of contexts, including within our fitness to practise procedures.'

The online version of GMP will therefore, contain links to other guidance and information, including:

- a. Supplementary guidance and other information from the GMC.
- b. Anonymised determinations of cases heard by our fitness to practise panels, which provide examples of where a failure to follow the guidance in GMP has put a doctor's registration at risk.
- c. The Indicative Sanctions Guidance, which currently includes an explanation of the 'Meaning of Fitness to Practise' and the relationship between our fitness to practise procedures and GMP.
- d. External sources of advice and information.

GMP is already supported by a range of supplementary guidance (see page 3) but the links to this guidance will be made clearer in the online and print versions. The following pieces of new supplementary guidance were recently consulted upon, and will be launched alongside GMP in October 2006:

- a. Raising concerns about patient safety.
- b. Maintaining boundaries.
- c. Conflicts of interest.
- d. Reporting criminal and regulatory proceedings within and outside the UK.