

This guidance is not new – it brings together relevant sections from our existing guidance.

Guidance for doctors acting as responsible consultants or clinicians

A key recommendation from the Francis report¹ was for every patient admitted to hospital in England to have a named, identifiable clinician assigned to them. They are known as a responsible consultant or clinician. We support this initiative, which will help to make sure care is properly coordinated and that patients and those close to them know who to speak to if they have questions or concerns about their treatment.

The Academy of Medical Royal Colleges has produced guidance setting out the role and responsibilities of a responsible consultant or clinician in England.² For example, these doctors should:

- ensure a patient's entire stay in hospital is coordinated
- ensure that every patient and those close to them know who has overall responsibility for their care
- ensure that responsibility is transferred to another consultant or clinician when appropriate.

Supporting doctors taking on this role

To support responsible consultants and clinicians, and other doctors who have a role in coordinating

patient care, we have brought together relevant sections from our existing guidance to help these doctors understand the standards we expect of them.

Our guidance is relevant to doctors across the UK. These principles should be applied to the particular role and circumstances each doctor faces, including doctors who take on the role of the responsible consultant or clinician.

We hope that bringing together existing guidance in this way will also be helpful for doctors in England who are acting as a named general practitioner (GP) for patients older than 75 years or as a senior responsible clinician for a dying patient, and for doctors in any similar roles in Northern Ireland, Scotland and Wales.

The sections are taken from the following guidance:

- *Good medical practice*³
- *Leadership and management for all doctors*⁴
- *Delegation and referral*⁵
- *Confidentiality: good practice in handling patient information*⁶
- *Raising and acting on concerns about patient safety*.⁷

Responsibility for patient care

You must provide a good standard of practice and care.⁸ In particular you must:⁸

- promptly provide or arrange suitable advice, investigations or treatment where necessary
- refer a patient to another practitioner when this serves the patient's needs.

You are not accountable to the General Medical Council (GMC) for the actions (or omissions) of those to whom you delegate care or make referrals.⁹ You are accountable for your decisions to transfer care and the steps you have taken to make sure patient safety is not compromised.⁹

Take responsibility for the continuity of care provided for your patients

You must:¹⁰

- share all relevant information with colleagues involved in your patients' care within and outside the team, including when you hand over care, delegate care or refer patients to other health or social care providers
- check, where practical, that a named clinician or team has taken over responsibility when your role in providing a patient's care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons.

When you are not able to fulfil your role in coordinating patient care – for example, because you will be on leave for the remainder of the patient's treatment, or the patient's whole care has been transferred to another team – you should check, where practical, that your role has been transferred to another appropriate consultant or clinician. This should be recorded and communicated to the patient and those close to them.

When you do not provide a patient's care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must be

satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient.¹¹

Work collaboratively with patients, colleagues and those close to the patient

You must communicate relevant information clearly to:¹²

- colleagues in your team
- colleagues in other services with which you work
- patients and those close to them in a way that they can understand, including who to contact if they have questions or concerns.

You should not assume that someone else in the team will pass on information needed for patient care.¹³ You should check if you are unclear about the responsibility for communicating information, including during handover, to members of the healthcare team, other services involved in providing care and patients and those close to them.¹³

You should make sure information is readily available to patients explaining that, unless they object, personal information about them will be shared within the healthcare team, including administrative and other staff who support the provision of their care.¹⁴

You must respect the wishes of any patient who objects to particular information being shared within the healthcare team or with others providing care, unless disclosure would be justified in the public interest.¹⁵ You should take into account that publicly displaying your name as the patient's responsible consultant or clinician may, in itself, disclose personal information about the patient that they would not want others to know.

If a patient objects to a disclosure considered essential to the provision of safe care, you should explain that you cannot refer them or otherwise arrange for their treatment without also disclosing that information.¹⁵

You must be readily accessible to patients and colleagues seeking information, advice or support, when you are on duty.¹⁶

You should encourage team members to cooperate and communicate effectively with each other and other teams or colleagues with whom you work.¹⁷ If you identify problems arising from poor communication or unclear responsibilities within or between teams, you should take action to deal with them.¹⁷

Take responsibility for patient safety and the quality of care provided to your patients

You must take prompt action if you think that a patient's safety, dignity or comfort is being seriously compromised.¹⁸

- If a patient is not receiving basic care to meet their needs, you must immediately tell someone who is in a position to act straight away.
- If patients are at risk because of inadequate premises, equipment or other resources, policies or systems, you should put the matter right if that is possible. You must raise your concerns in line with our guidance and your workplace policy. You should also make a record of the steps you have taken.

If you have reason to believe that patients are, or may be, at risk of death or serious harm for any reason, you should report your concern to the appropriate person or organisation immediately.¹⁹ You must not delay doing so because you are not in a position to put the matter right yourself.¹⁹

Take responsibility if things go wrong

You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you should:²⁰

- put matters right (if that is possible)
- offer an apology

- explain fully and promptly what has happened and the likely short-term and long-term effects.

You must respond promptly, fully and honestly when a patient or a family member makes a complaint about the care provided, and apologise when appropriate.²¹

Equality and diversity

You must treat patients fairly and with respect. The investigations or treatment you provide or arrange must be based on the assessment you and your patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options.²²

You must give patients the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.²³ You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support.²⁴

You must consider and respond to the needs of disabled patients and make reasonable adjustments to your practice so that patients with disabilities can receive care to meet their needs.²⁵

Endnotes

- 1 The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* available at www.midstaffpublicinquiry.com/report
- 2 Academy of Medical Royal Colleges (2014) *Taking responsibility* available at http://www.aomrc.org.uk/doc_download/9765-taking-responsibility
- 3 General Medical Council (2013) *Good medical practice* available at www.gmc-uk.org/gmp

- 4 General Medical Council (2012) *Leadership and management for all doctors* available at www.gmc-uk.org/leadership
- 5 General Medical Council (2013) *Delegation and referral* available at www.gmc-uk.org/delegation
- 6 General Medical Council (2017) *Confidentiality: good practice in handling patient information* available at www.gmc-uk.org/confidentiality
- 7 General Medical Council (2012) *Raising and acting on concerns about patient safety* available at www.gmc-uk.org/raisingconcerns
- 8 General Medical Council (2013) *Good medical practice* (paragraph 15) available at www.gmc-uk.org/gmp
- 9 General Medical Council (2013) *Delegation and referral* (paragraph 2) available at www.gmc-uk.org/delegation
- 10 General Medical Council (2013) *Good medical practice* (paragraph 44) available at www.gmc-uk.org/gmp
- 11 General Medical Council (2013) *Good medical practice* (paragraph 45) available at www.gmc-uk.org/gmp
- 12 General Medical Council (2012) *Leadership and management for all doctors* (paragraph 11) available at www.gmc-uk.org/leadership
- 13 General Medical Council (2012) *Leadership and management for all doctors* (paragraph 12) available at www.gmc-uk.org/leadership
- 14 General Medical Council (2009) *Confidentiality* (paragraph 25) available at www.gmc-uk.org/confidentiality
- 15 General Medical Council (2009) *Confidentiality* (paragraph 27) available at www.gmc-uk.org/confidentiality
- 16 General Medical Council (2013) *Good medical practice* (paragraph 34) available at www.gmc-uk.org/gmp
- 17 General Medical Council (2012) *Leadership and management for all doctors* (paragraph 13) available at www.gmc-uk.org/leadership
- 18 General Medical Council (2013) *Good medical practice* (paragraph 25) available at www.gmc-uk.org/gmp
- 19 General Medical Council (2012) *Raising and acting on concerns about patient safety* (paragraph 12) available at www.gmc-uk.org/raisingconcerns
- 20 General Medical Council (2013) *Good medical practice* (paragraph 55) available at www.gmc-uk.org/gmp
- 21 General Medical Council (2013) *Good medical practice* (paragraph 61) available at www.gmc-uk.org/gmp
- 22 General Medical Council (2013) *Good medical practice* (paragraph 57) available at www.gmc-uk.org/gmp
- 23 General Medical Council (2013) *Good medical practice* (paragraph 32) available at www.gmc-uk.org/gmp
- 24 General Medical Council (2013) *Good medical practice* (paragraph 33) available at www.gmc-uk.org/gmp
- 25 General Medical Council (2013) *Good medical practice* (paragraph 60) available at www.gmc-uk.org/gmp

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