

**8. Do you agree that the vision and focus for a multi-agency approach to preventing and tackling serious violence is correct? If not, please explain why.**

We support the emphasis on preventing and tackling serious violence and the value of taking a multi-agency approach.

We are keen to understand more about how the elements set out in your vision will operate in practice. We think there is value in joint working to establish the scope of any proposed new duty, consider how it impacts on professionals, and how it can be applied consistently and with appropriate training.

We were not clear what partnerships “unconstrained by organisational, professional or geographical boundaries” would be likely to involve, particularly in relation to information sharing. We would be happy to work with you to ensure that the final form of the vision and the strategy is consistent with the legal and ethical standards of practice that doctors operate within.

There is of course a long standing legal and ethical principle within healthcare that all patient information is confidential. This recognises the sensitivity of information that is shared between patient and doctor and the importance of maintaining trust in this relationship to ensure that all patients fully engage with health services. However confidentiality is not absolute and we explain more on this below.

The GMC’s overarching statutory objective is to protect patients and the public. This objective is underpinned by three further objectives, including the promotion and maintenance of proper professional standards and conduct for members of the profession. As part of our role, we publish guidance for doctors setting out the principles of good practice and the standards expected of them in the course of their work. All doctors must be aware of and follow the guidance and we have powers to take action if those standards are not met.

The core professional standards expected of all doctors are set out in [Good medical practice](#), which covers fundamental aspects of a doctor’s role, including working in partnership with patients and treating them with respect.

Our guidance on [Confidentiality: Good Practice in Handling Patient Information](#) sets out the circumstances in which patient information can be disclosed. At paragraph 9 we state that although confidentiality is an important ethical and legal duty it is not absolute and state that personal information can be disclosed where the following circumstances apply;

- a. The patient consents, whether implicitly or explicitly, for the sake of their own care or for local clinical audit (see paragraphs 13–15).
- b. The patient has given their explicit consent to disclosure for other purposes (see paragraphs 13–15).
- c. The disclosure is of overall benefit to a patient who lacks the capacity to consent (see paragraphs 41–49).
- d. The disclosure is required by law (see paragraphs 17–19), or the disclosure is permitted or has been approved under a statutory process that sets aside the common law duty of confidentiality (see paragraphs 20–21).
- e. The disclosure can be justified in the public interest (see paragraphs 22–23).

There can be a public interest in disclosing information if the benefits to an individual or society outweigh both the public and the patient’s interest in keeping the information confidential, e.g. to protect individuals or society from risks of serious harm (see paragraphs 22-3 and 63-70 in our Confidentiality guidance).

In our guidance on [Protecting Children and Young People](#) we are clear that risks to the safety and welfare of children and young people can often become apparent only when a number of people, including those from different agencies, share what otherwise appear to be minor concerns. We go

on to say if you consider that their condition or behaviour leads you to consider abuse or neglect as a possible explanation but you don't think they are at risk of significant harm, doctors should discuss their concerns with their named or designated professional or lead clinician or an experienced colleague (see paragraph 43). Later we say that doctors should take all requests for information for the purpose of safeguarding seriously (see paragraph 46), and cooperate with procedures set up to protect the public from violent and sex offenders (see paragraph 47).

We also provide specific guidance on [\*Confidentiality: Reporting Gunshot and Knife Wounds\*](#) and all violent injuries (see paragraph 3) which would be covered by the remit of the new legal duty.