

NHSI Draft framework for involving patients in patient safety

Thank you for inviting us to contribute to the consultation on the draft framework for involving patients in patient safety.

We have provided a brief response to the consultation below. However, it may be useful to first outline the role of the GMC. We are an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

Turning to the consultation, we have focussed our response on **Question 15 – are you aware of / is your organisation taking any additional approaches to involving patients and the public in patient safety work?**

We have set out some examples below of how we are doing this. However, we would also like to draw reference to the role our guidance plays in promoting patient and public involvement and engagement in their own care – as a foundation for involving them in patient safety work more broadly – drawing on our guidance on raising concerns and decision making and consent.

Raising and acting on concerns

In our guidance, [Raising and acting on concerns about patient safety](#), we make clear that where Doctors have wider management responsibilities within their organisation, they have a duty to help people report their concerns and enable people to act on concerns that are raised with them (Paragraph 21).

In addition, where Doctors are responsible for investigating incidents or complaints, they should also make sure that patients who make a complaint receive a prompt, open, constructive and honest response (paragraph 24).

And in our guidance [Good Medical Practice](#), we say that individuals must be open and honest with patients if things go wrong, going onto say: Where a patient under your care has suffered harm or distress, you should:

- a** put matters right (if that is possible)
- b** offer an apology
- c** explain fully and promptly what has happened and the likely short-term and long-term effects.

Decision making and consent

In our revised guidance on [Decision making and consent](#) (which comes into effect on the 9 November) we place an emphasis on supporting patients to be more active partners in their own care and safety and ensuring they have enough information to participate in decision making. In our guidance we set out 7 principles of decision making and consent, which include the following;

- All patients have the right to be involved in decisions about their treatment and care and be supported to make informed decisions if they are able (principle 1)
- All patients have the right to be listened to and given the information they need to make decisions as well as the time and support they need to understand it (principle 3)
- Doctors must try to find out what matters to patients so they can share relevant information about the benefits and harm of proposed options and reasonable alternatives, including the option to take no action (principle 4)

Our guidance is also clear that Doctors must check whether patients have understood the information they have been given, and if they would like more information before making a decision (paragraph 30).

Involving patients in our work

We are developing our long-term approach to patient and public involvement across the GMC to align with our new corporate strategy which will run from 2021-25. We are engaging with external partners and patient representative groups to inform this approach and to identify suitable next steps.

In addition, we continue to work with patients and public groups to inform our policies, standards and processes. For example, we commissioned the Patients Association to lead

a patient focus group on the development of our new GMC strategy and we will be hosting a patient and public discussion to engage patients on our decision making and consent guidance, and our guidance on remote prescribing. And in addition, in setting standards for medical education and training, we require that postgraduate curricula require input and involvement from groups including patients, patient groups, carers and lay people.