

**Wednesday 8 September 2021**

**10:00 to 12:30**

**MS Teams**

## **Good medical practice advisory forum Meeting one**

### **Key discussion points**

#### **Advisory forum members**

Professor Emma Cave (Chair), Mikaela Carey, Dr Josie Cheetham, Dawn Hodgkins, Dr Henrietta Hughes, Professor Pali Hungin, Eileen McEaney, Professor Geeta Menon, Lucy Mulvagh, John Randall, Joan Saddler, Neil Tester

#### **GMC project team**

Sharon Burton, Angela Breingan, Faye Cranfield, Rose Clout, Fionnula Flannery, Claire Garcia, Angela Hernandez, Farkhanda Maqbool, John Paul Mattar, Sophie Maycock, Emily Phillips, David Round, Rosalind Springer, Mark Swindells, Laura Tivey

This note attributes comments to members of the Advisory Forum simply as 'members' unless there appear to be different perspectives of individuals who are registered medical professionals ('medical members') and those from a non-medical background ('lay members'). We refer to members of the GMC team as 'team members'.

### **Item 1: Welcome and introductions**

- 1** Professor Emma Cave welcomed the group and reminded the forum of its role:
  - To act as a critical friend and sounding board for key decisions and developments throughout the life of the review
  - To be advisory, not decision making
  - That members participate as individuals, rather than as representatives of organisations
  - That members represent a diverse range of perspectives and experiences, but the forum is not a substitute for direct engagement and consultation.

## Item 2: The guidance model

- 2 Fionnula Flannery drew out some key points from the detailed pre-reading slide pack, which provides a history of GMC guidance on professional standards to date:
  - The impact and influence of *Good medical practice*, first published in 1995, as the first positive statement of good practice expected from all registered doctors.
  - The reasons why there is no straightforward relationship between the professional standards guidance and the GMC's power to take action to remove or restrict registration when a registrant poses a future risk to patients or public, or where failure to act would undermine confidence in the profession.
  - The many other uses and purposes of the guidance beyond its role in fitness to practise – for example that it informs the outcomes we set for undergraduate and postgraduate education; provides the structure for appraisal and revalidation frameworks; and is woven into registration processes.
  - The relationship between GMP and the explanatory guidance, noting that while the explanatory guidance does not establish new principles of good practice it does contain 'must' duties. If we were to change this the impacts would need to be carefully considered.
  - The context in which this review is being carried out (including the pandemic, the Black Lives Matter and Me Too movements, the climate emergency), and the need to engage with fundamental issues as we refresh what 'good' looks like. At the same time, we are not starting from a blank sheet of paper and we'll need to consider how new or revised professional duties interact with the underlying ethical principles and wider guidance.
- 3 A short discussion focused on whether the review would engage with the changing environment in which medical professionals work, and the reality of system pressures, the corporate environment of the NHS and whether the traditional values still hold in the current health care system. Another member added patient/public expectations of health services and health professionals to the list of what has changed. Fionnula confirmed that the changing environment had been a major theme in the scoping work, which we would return to in detail in the October meeting.

## Item 3: Research and intelligence gathering; findings from the stakeholder survey on the future guidance model

- 4 Mark Swindells introduced this item with a summary of the key drivers for the review. He explained the research done to date and the key themes arising in terms of equality, diversity and inclusion issues, patient views and expectations, and thematic priorities from which new or different professional duties might arise. Claire Garcia then took the group through a discussion of responses to a targeted stakeholder survey in five key areas relating to the guidance model.

## **Purpose/criteria for setting standards**

### *Individuals working in pressured environments/systems*

- 5** A key theme, particularly from medical members, was that professional standards need to be capable of being followed in the environments and systems in which doctors work. Regulation should be 'for the real world and not an ideal version of what could be'. One member commented that the tension between what employers ask from medical staff, and what professional standards require, has caused some doctors to leave some working environments. Also, a huge amount of trust could be gained if we applied a 'just culture' model, distinguishing recklessness from error and being honest about system failings in terms of communication, cover, gaps, wider environment.
- 6** Another member commented that doctors had lost trust in the GMC's ability to recognise the impact of organisations' failures to foster environments where professional standards could be upheld. They suggested GMP should be accompanied by guidance on 'good organisational practice'. A team member signposted to the [clinical governance handbook](#), which the GMC has published for organisations employing, contracting or overseeing the practice of doctors. It supports organisations to evaluate the effectiveness of their local arrangements and is currently being refreshed to include references to physician associates (PAs) and anaesthesia associates (AAs).
- 7** A lay member commented that standards should not be based solely on what is possible within current resources. The standards should be forward looking in terms of driving up standards of care, promoting quality improvement and innovation to meet patients' needs. Another member agreed and highlighted the importance of research, audit and improvement science, and the role of professional standards in driving a culture of learning and improvement.
- 8** A related theme was the importance of linking individual standards to system ones (for example, the CQC's well-led domain) and of the professional and system regulators working together to share intelligence on context and organisational issues. It was acknowledged that the regulators are getting more sophisticated at this – for example in the context of the [maternity inquiry](#).

### *Working in teams*

- 9** A key theme in this discussion was how to articulate the individual's responsibility within the team. Many professionals fear being scapegoated and disproportionately held to account for things going wrong when working as part of a dysfunctional team, particularly when they are from minority ethnic backgrounds.
- 10** A related point raised was that the professional standards should address the issue of unsupportive organisational and team cultures – the power of blame cultures and hierarchical relationships to act as a barrier to change and quality improvement is still

a challenge that needs real attention. If multi-disciplinary team (MDT) working is something that we want GMP to promote more strongly, we need to be alert to the fact that MDTs can also struggle with hierarchy.

### *Equality, diversity and inclusion and human rights principles*

- 11** A lay member asked how we can be confident that the forum and GMC had a shared view of what we mean by ED&I, as it can mean different things to different people. They also asked whether discrimination and respect for colleagues was in scope for the review and emphasised the importance of being upfront about racism and health inequalities. Another lay member agreed the review is a great opportunity to be more explicit about human rights principles like equality and non-discrimination, respect, dignity, and fairness.
- 12** A team member highlighted parts of the current guidance that speak to these issues. Another team member confirmed that respect, non-discrimination and related ED&I and human rights principles are in GMP (and other guidance) but it's an area where people are keen for us to say more in the standards and do more in how we seek to implement them in practice.

### **How duties are expressed**

- 13** Claire reported there had been strong support from respondents to our stakeholder survey for us retaining 'you must' and 'you should' statements as a way of indicating the different strengths of duties in the guidance. There had however been some interest in restricting 'must' statements to core guidance, and some support for the use of 'I will' statements to increase a sense of ownership by registrants.
- 14** One member said it was important to understand how 'should' is interpreted by registrants, particularly given the diversity of registrants who are often looking for clear direction in high stress environments. Public/patient views in the survey had leant towards supporting 'I will' statements as providing greater clarity about what to expect from doctors. Whereas health professionals and defence bodies see must/should as more helpful, in terms of understanding the relationship between the standards and fitness to practise decisions.
- 15** One medical member commented that using 'I will' felt empowering and could generate a sense of ownership by registrants. Other members expressed caution about potentially weakening the professional standards from the patient perspective, and about removing or making less clear the distinction between what's essential and what's recommended.

## **The interaction between professional standards and action against registration in fitness to practice procedures/shared standards**

- 16** Claire reported that 15 out of 24 respondents thought we could be clearer in terms of how we describe the interaction between the professional standards and our fitness to practise procedures.
- 17** Claire also reported that our stakeholders had expressed strong support for high-level overarching principles to apply to all professional groups we regulate. However, respondents had said we need a flexible approach to recognise multi-disciplinary team working and differences between roles.
- 18** No objections to shared standards were made in discussion, although a lay member said it should be clear that we were not diluting standards for doctors. A medical member asked whether we were sure that, by creating shared standards, we would not be imposing obligations on AAs and PAs that they may not have been trained to meet. Both members from the AA and PA professional groups confirmed that they already work to, and are trained against, similar standards to those already in GMP.

### **Structure of the guidance**

- 19** Claire reported that preliminary research indicates broad support for the overall structure of GMP and the four domains. This is primarily because this structure is embedded in operational systems across healthcare. However, we are actively listening to feedback on the need to make sure the labels for the domains better reflect the content.
- 20** A medical member supported this approach, saying that the four domains are integrated into the revalidation framework. A lay member commented that we shouldn't rule this out, if a good case for change emerges, but we would of course need to consider the costs and practicalities of making the change(s).

## **Item 4 Implementation**

- 21** Faye Cranfield provided an overview of our implementation work, ahead of a more detailed discussion at the December meeting. Our approach to implementation will help us to consider points raised about the role of service environments, system constraints and system leaders as enablers or barriers to good practice.
- 22** There are many ways that GMP standards are promoted to and engaged with by doctors. Some are direct, for example the work of our Outreach teams who deliver local workshops on the guidance. Some are indirect, for example through the advice provided by medical defence organisations to individual doctors.
- 23** We want people who use the standards or are affected by them to have a good understanding of what they are; how we decided what they should be; and their intended effect in practice.