

HIS consultation response: Draft Clinical Governance Standards

1. Do you have any general comments on the standards?

Thank you for the opportunity to respond to this consultation.

The General Medical Council (GMC) work with doctors, physician associates (PAs), anaesthesia associates (AAs), patients, and other stakeholders to support good, safe patient care across the UK. We set the standards doctors and those who train them need to meet, and help them achieve them, and give guidance and advice to help doctors, PAs and AAs understand what's expected of them. If there are concerns these standards may not be met or that public confidence in doctors may be at risk, we can investigate, and take action if needed. We work to make sure that education and training outcomes prepare doctors to deliver good, safe patient care across the UK. We also check who is eligible to work as a doctor, PA or AA in the UK and check they continue to meet the professional standards we set throughout their careers.

Please note that we have only commented on those questions where we are in a position to do so.

We consider that HIS's draft Clinical Governance Standards give us a strong platform to make education a service priority. We want to work with employers and with HIS and other system regulators so that educator support, protected learning time, and inclusive training are treated as core conditions for safe, effective care for people in Scotland and across the UK.

The draft standards align well with the ambitions of our FutureEd programme, to:

- Prioritise education as part of service delivery. Our framework refresh centres patient safety, clearer standards, and the role of employers and educators.
- Strengthen support for educators. We know educators are under pressure. We want better recognition, protected time, and transparent support across all learning environments.
- Work more closely with employers. We're exploring proportionate ways to set and reinforce employer-level expectations—focusing first on new standards for employers, shared data, and “what good looks like” guidance.

We welcome that there is a whole-system approach to quality, risk, and data that can also be used to track education inputs and impact. We would welcome opportunities to align our processes with those of HIS and other system regulators.

Based on our review of the draft standards we have also identified several ideas for collaboration with HIS, which we would welcome opportunities to explore further:

- Embedding educator support in governance. Align HIS Standard 5 with simple employer-level expectations – such as protected educator time, and visibility of education funding – that Boards can monitor alongside clinical and financial metrics.
- Share usable data. Build a small set of education indicators – such as learning time, supervision, educator capacity, placement quality – into existing quality dashboards, using HIS's whole-system approach.
- Co-publish “what good looks like”. Produce a short, practical guide and maturity matrix for employers on supporting educators and learners, consistent with both frameworks.
- Design for different populations. Co-design flexible learning offers that reflect rural/urban needs, multimorbidity, and prevention—so teams have the skills local patients need.

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- Pilot in Scotland. Test the approach with a small number of Boards/Health and Social Care Partnerships, evaluating effects on patient experience, staff wellbeing, and service safety. Learning from this could then be shared with colleagues elsewhere in the UK.

2. Would you like to give more detailed feedback on any of the individual standards?

- All of the standards
- None
- **Standard 1: Staffing and staff management**

There is a focus here on effective leadership, and a direct comment that:

‘Staff must uphold the professional standards expected of them by their professional regulator.’

Our core guidance on professional standards, [Good medical practice](#), and our more detailed guidance, [Leadership and management](#), are both referenced here in support of this requirement.

We welcome the requirements (1.7, 1.10) on staff to routinely undertake performance appraisals and reflect on feedback and on organisations to validate professional registration throughout their employment, as this supports professionals in their revalidation process. We might suggest this could be made more explicit with an addition along the lines that, where applicable, organisations support staff in gathering evidence for the purposes of meeting the revalidation requirements of professional regulators.

On the requirement for organisations to have robust processes in place to mitigate the risk of employing staff who have criminal convictions for, or previous investigations into, abuse, harm or unsafe practice (1.11): we might suggest it could be made more explicit that this means communicating with previous employers and responsible officers to check for any concerns.

We welcome the focus on effective leadership. We enhanced what we say about leadership in the latest version of *Good medical practice (2024)* and brought in some of the established principles from *Leadership and management (2012)*. We are currently reviewing the latter, along with our standards on *Raising and acting on concerns about patient safety (2012)*. We aim to launch a public consultation on these standards later this year.

In *Good medical practice* we say that all medical professionals must help to create a culture that is respectful, fair, supportive, and compassionate by role modelling behaviours consistent with these values. For those in a formal leadership or management role we include expectations that they will take active steps to create an environment in which people can talk about errors and concerns safely.

In *Leadership and management* we also set out our expectation that medical professionals recognise and work within the limits of their competence, and that they make sure, to the best of their ability, that they are appropriately supervised for any task they perform. We say they must be willing to ask for advice and support from colleagues when necessary.

For medical professionals with extra responsibilities, we add that they must make sure that the people they manage have appropriate supervision, whether through close personal supervision (for newly qualified colleagues, or colleagues in training, for example) or through a managed system with clear reporting structures. We say if they are responsible for supervising staff,

whatever their role, they must understand the extent of their supervisory responsibilities, give clear instructions about what is expected and be available to answer questions or provide help when needed. Those with extra responsibilities must support any colleagues they supervise or manage to develop their roles and responsibilities by appropriately delegating tasks and responsibilities. They must be satisfied that the staff they supervise have the necessary knowledge, skills and training to carry out their roles.

To strengthen the focus within this standard on education and patient safety, we might suggest putting education on Board agendas with a small education dashboard (covering things like protected time, supervision ratios, educator capacity, placement quality). This suggestion would equally apply under Standard 2: Clinical audit and quality improvement.

- **Standard 2: Clinical audit and quality improvement**
- **Standard 3: Clinical effectiveness**

We welcome the focus here on patient centred care. [Good medical practice](#) says that each patient must be treated as an individual. Our more detailed guidance on professional standards, [Decision making and consent](#) is referenced. The guidance is designed to support medical professionals in their conversations with patients - to give patients the information they want or need to make a decision and to be shared in a way they can understand and retain, so they can use it to make a decision.

Further, [Good medical practice](#) sets out our expectations around competence, which includes the requirement to keep up to date with guidelines and developments that affect your work. There is a requirement to follow the law, our guidance on professional standards, and other regulations relevant to your work.

We therefore welcome the commitment to staff having time, resources and support to participate in knowledge development and exchange to allow them to remain up to date with current best practice and clinical evidence.

We welcome the reference to Realistic Medicine, which is in line with professional standards. We might suggest adding a line to the effect that professional regulatory guidance supports the practice of Realistic Medicine and organisations should be aware of the links between these standards and principles.

- **Standard 4: Risk management and safety**

We note there is reference made to the organisational duty of candour here. We suggest it may also be helpful to add that there is also a professional duty of candour. In [Good medical practice](#) we say you must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you must follow our guidance on [Openness and honesty when things go wrong: the professional duty of candour](#), and you should:

- put matters right, if possible
- apologise (apologising does not, of itself, mean that you are admitting legal liability for what's happened)
- explain fully and promptly what has happened and the likely short-term and long-term effects

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- report the incident in line with your organisation’s policy so it can be reviewed or investigated as appropriate – and lessons can be learnt and patients protected from harm in the future.

Regarding responding to safety risks, we make clear in [Good medical practice](#) that medical professionals must act promptly if they think that patient safety or dignity is, or may be, seriously compromised. We say that they should first protect patients and put the matter right if that’s possible; then they must raise their concern in line with their workplace policy and our more detailed guidance on [Raising and acting on concerns about patient safety](#). If they have a formal leadership or management role, they must take active steps to create an environment in which people can talk about errors and concerns safely, including making sure that any concerns raised with them are dealt with promptly and adequately.

More broadly, we suggest HIS might consider using more active language in the Standard 4: Risk management and safety section, specifically in relation to the organisational role in influencing a culture of openness. When we updated *Good medical practice* we strengthened our expectation for those in a formal leadership or management role to ‘take active steps to create an environment in which people can talk about errors and concerns safely’ (para 76). This is opposed to, for example, just requiring these individuals to ‘encourage’ this culture.

Specific areas where this could be reflected include switching passive language such as ‘a clear commitment’ and ‘encourage’, to something more active:

- 4.14 Organisations can demonstrate a clear commitment to openness and transparent decision making.
- What does the standard mean for the organisation? - ‘Organisations promote patient safety and encourage a culture of openness and learning.’

We welcome the provisions about the need for organisations to have a robust governance and reporting structure to support effective oversight and assurance (4.2) and effective processes for managing complaints, incidents, near misses and adverse events (4.3). We suggest 4.2 could be clarified as to whether it is referring to professional regulator responsible officers. On 4.3, perhaps it could be made explicit that this includes issues of patient safety and that organisations should support professionals to raise and act on concerns as set out in professional guidance.

To strengthen the focus within this standard on education and patient safety, we might suggest treating unsafe learning conditions (missed supervision/time, overload) as safety concerns with clear escalation/ ‘whistleblowing’ to Board level.

- **Standard 5: Education and training**

We welcome that there is a clear standard on Education and training that calls for protected learning time, supervision, and responsive CPD for staff delivering care. This aligns with our direction of travel in the Future of education and career development programme.

To strengthen the focus within this standard on education and patient safety, we might suggest HIS:

- make protected learning time a measurable local requirement;
- spell out employer duties to recognise/support educator roles (time, training, funding transparency); and
- include LEDs/SAS doctors, PAs and AAs and other healthcare professionals explicitly for equitable CPD, supervision and recognition.

- **Standard 6: Service user and patient involvement**

We welcome the strong expectations on patient and community involvement set out in this standard. We share these expectations and want to mirror this in how learning is designed and delivered.

To strengthen the focus within this standard on education and patient safety, we might suggest adding a requirement for patient/community co-design of learning priorities and materials.

- **Standard 7: Data and information**

We note the reference that information about a person's care must only be shared with their consent and in accordance with relevant legislation and guidance. Whilst our professional standards are not referenced, we do have guidance on professional standards - [Confidentiality: good practice in handling patient information](#) - which sets out [eight principles](#) of confidentiality which doctors, PAs and AAs should apply to their practice. We might suggest incorporating a direct reference to this guidance within the Standards.

We also note the comment that in some circumstances information must be shared without consent if this is deemed necessary to protect them, or other people, from harm, and references current law in this area. [Good medical practice](#) requires all our registrants to follow the law, our guidance on professional standards, and other regulations relevant to their work.

To strengthen the focus within this standard on education and patient safety, we might suggest adding a few education indicators to routine data tools/dashboards.

3. Do you feel that anything is missing from the standards?

4. Would you like to be sent the final standards when they are published?

Yes please.