

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions:</p> <ol style="list-style-type: none"> 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 4. The recommendations in this guideline were largely developed before the coronavirus pandemic. Please tell us if there are any particular issues relating to COVID-19 that we should take into account when finalising the guideline for publication. <p>See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>General Medical Council</p>

Consultation on draft guideline – deadline for comments Friday, 29th October 2021 at 5pm

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Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		[Insert disclosure here]		
Name of commentator person completing form:		Alex Lewis		
Type		[office use only]		
Comment number	Document [guideline, evidence review A, B, C etc., methods or other (please specify which)]	Page number Or 'general' for comments on whole document	Line number Or 'general' for comments on whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Guideline	16	45	We are concerned that this recommendation may imply that
Example 2	Guideline	17	23	Question 1: This recommendation will be a challenging change in practice because
Example 3	Guideline	23	5	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
Example 4	Guideline	37	16	This rationale states that...
Example 5	Evidence review C	57	32	There is evidence that ...
Example 6	Methods	34	10	The inclusion criteria ...

Example 7	Algorithm	General	General	The algorithm seems to imply that ...
1				<p>GMC response to NICE mental wellbeing at work consultation</p> <ol style="list-style-type: none"> 1 Thank you for the opportunity to submit our views on the draft guideline consultation on mental wellbeing at work. 2 The GMC is an independent organisation that helps to protect patients and improve medical education and practice across the UK. <ul style="list-style-type: none"> ▪ 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. <p>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.</p> 3 The GMC welcomes the draft guidelines in respect of how to create the right conditions to support mental wellbeing at work alongside the need for active leadership support and engagement in this respect. 4 As a regulator, we have been using our influence to support doctors and medical students’ wellbeing at work. In 2019, we brought together a programme of work to deliver the recommendations of three independent reports we commissioned in 2018: the

				<p><u><i>Caring for Doctors, Caring for Patients, Fair to Refer?</i></u> and the <u><i>Independent review of gross negligence manslaughter and culpable homicide</i></u>. All of these reports contain recommendations designed to promote improve mental wellbeing in the workplace for doctors, although <i>Caring for Doctors, Caring for Patients</i> and <i>Fair to Refer?</i> <u>contain the most reference to wellbeing.</u></p> <p>5 <u><i>Caring for Doctors, Caring for Patients</i> evidences the very clear link between patient safety and doctor wellbeing. It highlights that the wellbeing of doctors is vital because there is abundant evidence that workplace stress in healthcare organisations affects quality of care for patients as well as doctors’ own health. Poor wellbeing amongst doctors is also linked to a significant problem with retaining doctors which exacerbates existing difficulties with providing the number of doctors needed to support our health services. Ensuring that working conditions, in both primary and secondary care, are supporting doctors in their work is fundamental to the success of our health services. The report contains multiple examples of local initiatives aimed at effectively promoting doctors’ wellbeing.</u></p> <p>6 <u><i>Fair to Refer?</i> was commissioned to understand the disparity of GMC referral rates for fitness to practise concerns for some groups of doctors. The research identified the importance of good induction, feedback and support for doctors from diverse groups. It also highlighted the need to address systemic issues that prevent a focus on learning, rather than blame and identified the importance of engaged, positive and inclusive leadership which is more consistent across the NHS.</u></p> <p>7 In summary, the evidence collated through these reports indicates that organisations who prioritise staff wellbeing and leadership provide higher quality patient care, see higher levels of patient satisfaction, and are better able to retain the workforce they need. Our</p>
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				<p>previous Chair, Dame Clare Marx, said that during her career “In my happiest moments, I felt respected, valued and listened to. I felt I belonged.”</p> <p>8 In 2021 we identified three themes for our work to support improvement of healthcare environments and drive forward meaningful change; Equality diversity and inclusion, Leadership, Wellbeing and support. This work is embedded within our 2021-25 corporate strategy, a key part of our strategic theme ‘enabling professionals to provide safe care’.</p> <p>9 We note that the draft guidelines are applicable to a wide range of organisations and individuals. Whilst the GMC is the UK regulator for doctors, we are very aware that all healthcare workers contribute to the delivery of good patient care and recognise the importance of supporting the mental wellbeing of every staff member.</p> <p>10 We welcome the highlighted importance of taking a preventative and proactive approach to mental wellbeing at work. Both the <i>Caring for doctors</i>, <i>Caring for patients</i> and <i>Fair to Refer?</i> reports make similar recommendations and we continue to engage with and influence our key stakeholders regarding such matters. We are currently working with Responsible Officers to explore and develop plans they have to make workplaces more inclusive and supportive.</p> <p>11 The draft guidance makes an important point that support around mental wellbeing should be delivered in an accessible format which is inclusive to all staff including those at the highest risk of poor mental wellbeing. We are encouraged that the three tiered approach outlined aligns with our own thinking on wellbeing and support for doctors.</p> <p>12 Finally, many of our key stakeholders are doing important work to support wellbeing in the workplace for doctors. We would like to highlight the BMA’s Fatigue and Facilities</p>
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				Charter as a particularly good example of what practical steps can be taken by healthcare providers to support staff wellbeing.
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Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation.**
- Do not paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; do not cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

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Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

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