

# GMC response to consultation on the NHS constitution: 10 year review

We welcome the opportunity to comment on the proposed changes to the NHS constitution. While the constitution does not directly impact the GMC, the proposed changes may impact the professionals whom we regulate and the care that they provide to patients and other users of NHS services. Our response explains our role and highlights the proposals where we believe more detail or further clarification may be needed.

## Our role

The General Medical Council (GMC) is 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. There are over 370,000 doctors on the UK medical register.
- We check every doctor's identity, qualifications, knowledge, skills, experience, and English language competence before they can join the register. We also check with others, such as the doctor's medical school or previous employers, to find out if they have any concerns about the doctor's ability to practise safely, for example inappropriate behaviour, serious health problems, or performance.
- We set the professional 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.

## GMC response

We note that many of the proposed changes seek to reinforce a patient-centred approach to the delivery of healthcare. We support patient-centred decision making and welcome the sort of changes that strengthen professionals' ability to work in partnership with patients, their families and carers. Our comments follow the order in which the themes and questions are set out in the consultation document.

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## Responding to deterioration

We welcome the inclusion of a new pledge that forms part of the programme of action to implement Martha's Rule across the NHS in England. Following NHS England's announcement in May 2024, we published [a statement](#) with other regulators supporting Martha's Rule, as it reinforces the fundamental principles of listening to people who use health and care services and their families, and acting on what they say. Actively involving people in their care decisions and addressing their concerns promptly is critical to safety and, aligns with the standards of care that we expect from doctors.

## Health disparities

We welcome the strengthened commitment to *"NHS organisations working with statutory and non-statutory partners, using the best data available, to understand the range of healthcare needs within and between local communities and how to tailor services accordingly and fairly, reducing disparities in access, experience and outcomes for all."* We have a shared interest in working to tackle health inequalities ([as set out in our corporate strategy](#)) and believe that this requires greater collaboration across the health system to achieve the desired change. We collect and publish a range of data that can provide unique insights into trends affecting the medical workforce, and the ability of UK healthcare systems to meet patients' needs. We would hope that including an NHS values statement about health inequalities will encourage more sharing of data to support collective action.

## Environmental responsibilities

We note the proposed NHS value aimed at supporting the environmental duties under the Health and Care Act 2022 while providing transparency about the implications for other NHS priorities. We can see that providing clarity here would be helpful to staff, patients and the wider public. In *Good medical practice*, the professional standards all doctors practicing in the UK are expected to follow, we say that doctors should choose sustainable solutions when they are able to, provided these don't compromise care standards. We say that doctors should consider supporting initiatives to reduce the environmental impact of healthcare (paragraph 15).

The draft wording points to factors that need to be considered alongside environmental concerns and seems to suggest that they will outweigh environmental goals. If this isn't the intention, the wording may need to be amended to provide greater clarity about how these factors should be weighed together.

## Research

We recognise the important role that well-designed research can play in improving patient care and the health of the population. We support efforts to increase the participation of patients and the wider public in health and care research, and to create [research supportive](#) workplace environments. Strengthening the existing NHS pledge to state that *"Health research and the offer to be part of research should be integrated into health and care across the NHS"* is consistent with our position. We have also been clear that wider promotion of research needs to be

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supported by the provision of accessible information and resources, to help potential participants to understand their options and provide reassurance about the governance measures that ensure their interests are prioritised in any research programme.

### **Leadership**

We support the addition of a statement, within the section on pledges to NHS staff, about the important role of leaders and managers in creating a positive workplace culture which contributes to good patient care. The statement: *“Strong and effective leadership, management and governance of NHS organisations is central to the delivery of high-quality care, will support learning and innovation and promote an open and fair culture”* aligns with the professional standards in [Good medical practice \(2024\)](#) and our more detailed guidance on [Leadership and management](#).

### **Sex and gender**

We recognise that there are occasions when patients may express a preference to see a doctor of the same sex. For instance, because they want to discuss a sensitive topic or need an intimate examination. In such circumstances they may not be comfortable being treated by a doctor whose gender identity differs from their sex at birth. The proposals in the consultation include a right for patients to request intimate care be provided - where reasonably possible - by someone of the same biological sex, and a strengthened right to be accommodated on a same sex ward. The practical implications for service delivery are not fully explored in the consultation document, so it's difficult to form a view on how new rights along these lines would impact on wider patient care.

However, as currently worded, it appears to us that the proposed rights would not change or materially impact the privacy and non-discrimination rights of doctors and other NHS employees, which will be relevant in considering how to meet demand for same sex care. If the proposed changes were to proceed as set out in the consultation, it seems that legal clarification of the relationship between the different rights of patients and of NHS employees would be needed, to be able to achieve the stated aims. It would be helpful to have a clear and consistent approach on terminology across public bodies. No doubt feedback from the consultation will provide important insights into the issues that might need to be addressed by the department or NHS England, including any legal changes, to achieve the intended goals of the current proposals.

### **Health and work**

We note the proposed new NHS value within ‘Improving Lives’: *“We support people to remain in, and return to, work, reflecting the good impact that work can have on a person’s health and wellbeing”*. This has some resonance with our expectation that doctors will do their best to make sure all patients receive good care and treatment that supports them to live as well as possible, whatever their illness or disability.

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*Good medical practice* highlights the importance of [caring for the whole patient](#), in a way that empowers them to access information and support to improve and maintain their health. Clearly for many people being in or returning to work can be a key priority for support. It's also important that patients are supported to access other purposeful activity that can improve their health and wellbeing, and we hope that this might also be reflected in the NHS value 'Improving Lives'.