

# GMC consultation response: Principles of Better Patient Safety

## Our role

The GMC 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 in the UK and oversee all stages of medical education and training. We also set the standards that doctors need to follow, make sure that they continue to meet these standards throughout their careers and 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.

As the regulator of doctors (and in future physician associates and anaesthesia associates), we set the high-level standards for professional practice which our registrants are expected to uphold. As our guidance applies to all doctors, at every stage of their careers and in every specialty, it is necessarily high level, and we expect doctors to use their professional judgment to apply the principles in our guidance to their individual circumstances.

## General comments

These draft principles align with those set out in our recently updated core guidance [Good medical practice](#) (GMP). The updated professional standards have a stronger focus on the behaviours and values which create respectful, fair and supportive workplaces, with particular emphasis on encouraging effective teamwork and environments in which doctors feel safe to speak up and are empowered to provide good quality care. In particular, we've updated five key areas of Good medical practice to help doctors:

- create respectful, fair and compassionate workplaces for colleagues and patients
- promote patient centred care
- tackle discrimination
- champion fair and inclusive leadership
- support continuity of care and safe delegation.

We are grateful for the opportunity to respond to this consultation and welcome the draft principles, which will support the provision of appropriate staffing and in so doing, better outcomes for patients through safe and high quality care.

We understand that these principles are designed to act as a guide for senior leaders. Whilst we recognise senior leaders play a particular role in ensuring patient safety, we think it could be helpful to add further details to explain that these principles are useful for all healthcare workers, whether providing leadership

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to colleagues, their organisation, their profession or the sector as a whole.

This would further increase the consistency of these principles with the approach we take in our guidance, which views all doctors as having leadership responsibilities. Our guidance on [Leadership and management for all doctors](#) does distinguish between the duties and principles that apply to all doctors, and the extra responsibilities that may only apply to some doctors (for example those with management or leadership responsibilities at a personal, team, organisation or policy level). We also acknowledge that in practice how these principles apply will depend on the roles and responsibilities of individual doctors. For example, most doctors work in multidisciplinary teams. The work of these teams is primarily focused on the needs and safety of patients. The formal leader of the team is accountable for the performance of the team, but the responsibility for identifying problems, solving them and taking the appropriate action is shared by the team as a whole (see paragraph 3).

We have highlighted some further areas in the draft principles which could be expanded or strengthened, to better reflect our guidance and promote patient safety.

## Principle 1: Create a culture of safety

We are supportive of the aims of principle 1, which is reflective of many of the recently updated principles in our core guidance for doctors, *Good medical practice (GMP)*.

As part of work doctors do to create cultures of safety, those in formal leadership or management roles have a responsibility to normalise the reporting of incidents and concerns but also near misses and adverse events, which they, their team, or organisation can learn from, helping to embed good practice. An emphasis in this principle on the reporting of concerns would help to build such reporting into everyday practice rather than it being seen as an addition doctors have to find time for. We emphasise this core responsibility for all doctors to raise concerns in our guidance on [Raising and acting on concerns about patient safety](#).

## Principle 2: Put patients at the heart of everything

We also support principle 2, which is in line with the guiding principle of *Good medical practice*, to make the care of patients a doctors' first concern (see *The duties of medical professionals registered with the GMC*) and reflects the principles in our more detailed guidance [Decision making and consent](#).

It would also be helpful to make clear that these principles apply whether healthcare professionals are working in the public or private sector (as do our professional standards). We are also aware that failures of patient safety often occur where treatment is delivered across care boundaries and so it would be valuable to draw attention to the need to work collaboratively when patients move between services and different parts of the health and care sector.

## Principle 3: Treat people as equals

We firmly agree with principle 3 to treat people as equals. We are clear that doctors must respect every

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patient's dignity and we add that doctors must also treat colleagues with kindness, courtesy and respect and work with them in ways that best serve the interests of patients (see paragraph 48 in GMP and *The duties of medical professionals registered with the GMC*). It would be helpful to make it clear this principle applies to both patients and colleagues. Creating a respectful culture for all members of the team is important to delivering safe patient care.

We think it is valuable to include a commitment to bring the views of patients, their families and colleagues together however we recognise the challenge of incorporating diverse perspectives. Emphasising a commitment to take those views into account may be a more effective way of demonstrating respect for different views, some of which medical professionals may not be able to fully incorporate in practice.

The environment and culture within which medical professionals practice is also vital to ensuring patients and colleagues are treated fairly and respected. We expect all doctors to promote a working environment free from unfair discrimination, bullying and harassment. Doctors with extra responsibilities must actively advance equality and diversity by creating a positive working environment free from discrimination, bullying and harassment (see paragraphs 2 and 9 in *Leadership and management*). It would be helpful to emphasise the creation of an inclusive and supportive working environment which supports staff to deliver safe and effective patient care.

## Principle 4: Identify and act on inequalities

We are supportive of this principle and it aligns with our core principles in Good medical practice to protect and promote the health of patients and the public, never unfairly discriminate against patients and never abuse patients' trust in medical professionals or the public's trust in their profession.

## Principle 5: Identify and mitigate risks

This principle also closely aligns with the approach in our guidance. Doctors must act promptly if they think patient safety or dignity is or may be seriously compromised (see paragraph 75 in GMP). Those with a formal leadership or management role must take active steps to create an environment in which people can talk about errors and concerns safely. This includes ensuring any concerns raised with those leaders are dealt with promptly and adequately, in line with their workplace policy and our more detailed guidance on *Raising and acting on concerns about patient safety* (see paragraph 76). It would be helpful to include reference to the early identification of problems or issues, which we reference in our guidance on *Leadership and management* (paragraph 24) and *Raising and acting on concerns about patient safety*. Routinely identifying adverse incidents or near misses at an early stage can allow issues to be tackled, problems to be put right and lessons to be learnt (see paragraph 11 in *Raising and acting on concerns about patient safety*).

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## Principle 6: Be transparent and accountable

We strongly agree with the importance of creating an honest and respectful culture and an emphasis on candour. We expect doctors to act with honesty and integrity, which means being open with patients if things go wrong. If a patient suffers harm or distress doctors should;

- Put matters right, if possible,
- Apologise,
- Explain fully and promptly what has happened and the likely short-term and long-term effects
- Report the incident in line with their organisations policy so it can be reviewed or investigated as appropriate.

Doing so also ensures lessons can be learnt and patients protected from harm in the future (see paragraph 45 and our guidance on [Openness and honesty when things go wrong: the professional duty of candour](#)). We also emphasise the importance of all doctors demonstrating their leadership by contributing to improvements in the design of their local systems through regular reviews and audits (see paragraphs 24-29 in Leadership and management). These contributions, alongside those driven by doctors in formal leadership and management positions, as well as commissioners, regulators and employers are vital to the creation of the culture called for in principle 6.

## Principle 7: Use information and data to drive improved care and outcomes for patients and help others to do the same

We agree that information and data about patients can be used to improve care and patient outcomes, It is also vital that these principles are also consistent with the legal and ethical duties of confidentiality doctors owe their patients. Trust is an essential part of the doctor-patient relationship and confidentiality is central to this. We recognise that appropriate information sharing is an essential part of the provision of safe and effective care and that patients may be put at risk if those providing their care don't have access to relevant, accurate and up-to-date information about them. In many instances anonymised information will usually be sufficient for purposes other than the direct care of patients and doctors must use anonymised information in preference to identifiable information wherever possible. If doctors disclose identifiable information, they must be satisfied they have a legal basis for breaching confidentiality (see paragraph 79 and paragraph 9 in our guidance on [Confidentiality](#) for more information on the legal bases for disclosure). Amending principle 7 to include reference to upholding the legal and ethical duties medical professionals owe their patients, and the preference for anonymised information will ensure consistency with our guidance and the legal duties doctors have.