

Response ID ANON-DUR2-4Y87-S

Submitted to Palliative Care Matters for All: strategy consultation
Submitted on 2025-01-09 12:30:39

Section A: Overall strategy

Question 1a Do you agree with the aims for this strategy?

Not Answered

Please add any comments you have about the strategy aims here.:

Question 2a Do you agree with the strategy cornerstones, which form the basis for the strategy and delivery plans?

Not Answered

Question 2b: Please add any comments you have about the four strategy cornerstones here.:

Section B: Strategy outcomes

Question 3a Do you agree with strategy outcome 1 and the proposed actions being developed to deliver this outcome?

Not Answered

Question 3b: Please add any comments you have about outcome 1 and its actions here.:

Question 4a Do you agree with strategy outcome 2 and the proposed actions being developed to deliver this outcome?

Not Answered

Question 4b: Please add any comments you have about outcome 2 and its actions here.:

Question 5a Do you agree with strategy outcome 3 and the proposed actions being developed to deliver this outcome?

Not Answered

Question 5b: Please add any comments you have about outcome 3 and its actions here.:

Question 6a Do you agree with strategy outcome 4 and the proposed actions being developed to deliver this outcome?

Not Answered

Question 6b: Please add any comments you have about outcome 4 and its actions here.:

Question 7a Do you agree with strategy outcome 5 and the proposed actions being developed to deliver this outcome?

Not Answered

Question 7b: Please add any comments you have about outcome 5 and its actions here.:

Thank you for the opportunity to respond to the consultation on the Palliative Care Matters for All strategy. The General Medical Council (GMC) work with doctors, 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. 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 approve their undergraduate and postgraduate training and the assessments they must pass.

The consultation document distinguishes between 'advance or anticipatory care planning' and 'future care planning', stating that the former concerns (mainly) healthcare plans for patients who are expected to lose capacity. However, it might be helpful for the consultation team to note that the scope of 'advance care planning' in the context of the GMC's professional standards is not limited to situations where a loss of capacity is anticipated. In the glossary to our guidance on 'Treatment and care towards the end of life' it is defined as:

The process of discussing and recording the type of treatment and care that a patient would or would not wish to receive at a future stage. Advance care planning is usually focused on informing decisions after a person has lost capacity, or if they become unable to communicate their wishes. However, the process can help a person with life limiting illness to consider the clinical or personal arrangements for managing their condition as it progresses. For example, where they should receive their care and who they would want to be involved in making decisions about different aspects of their care. An advance care plan is created with a patient and provides a record of the patient's wishes and values, preferences and decisions, to ensure that care is planned and delivered in a way that meets their needs and involves and meets the needs of those close to the patient. As part of advance care planning, patients may want to have an emergency care plan (such as the ReSPECT process and other approved models), which provides concise, rapidly accessible clinical recommendations in the event of the need to make urgent treatment and care decisions.

Given the multiplicity of terms and definitions around future/ advance/ anticipatory care planning, which might give rise to some confusion amongst healthcare workers, it would be helpful to provide a clear definition of the scope of 'future care planning' within the new strategy document.

GMC professional standards

As the consultation team will already be aware, our professional standards set out the high-level principles, values and standards of professional behaviour expected of all doctors, physician associates (PAs) and anaesthesia associates (AAs) registered with us. The importance of advance care planning/ planning for future decisions – and doing this at an early stage, in a timely way - is discussed at various paragraphs in those standards, including:

Paragraphs 32-36 of our Decision making and consent guidance. These acknowledge that there may be circumstances when future decision making could be more difficult because of factors that both do and don't relate to loss or impaired capacity. It also makes clear the need to revisit and review those decisions at regular intervals, as well as immediately before treatment (where relevant).

Paragraphs 37-38 also explain the need to record discussions and decisions about the patient's future care, 'including as much detail as practical about the patient's wishes and fears, their preferences about future options for care, and the values and priorities that influence their decision making'. It also sets out the importance of ensuring that the record is made while the patient has capacity to review and understand it, and making sure that the record is 'flagged and made available to the patient and others involved in their care' and that decisions and preferences are 'easy to access and regularly reviewed'.

In the context of terminally ill patients, paragraphs 50-55 of our guidance on Treatment and care towards the end of life discusses advance care planning and sets out the importance of planning ahead as much as possible 'to ensure timely access to safe, effective care and continuity in its delivery to meet the patient's needs'. In particular, paragraph 52 states that:

Patients whose death from their current condition is a foreseeable possibility are likely to want the opportunity (whether they are in a community or hospital setting) to decide what arrangements should be made to manage the final stages of their illness. This could include having access to palliative care, and attending to any personal and other matters that they consider important towards the end of their life. For any possible future emergency decisions, discussions will be easier to do in advance than in a time-pressured situation when the patient might be in pain, confused or afraid. Discussing options in advance doesn't remove the need to have a further dialogue immediately before providing treatment, and at regular intervals as treatment or care progresses. Even if there's a care plan in place, or the patient's made a decision in advance, you should still talk to them about the options available in case the options have changed or the patient has changed their mind.

The guidance goes on to discuss, at paragraph 53, advance care planning in the context of patients whose capacity might be impaired or lost at a later stage:

The guidance also specifically recognises that 'high-quality treatment and care towards the end of life includes palliative care that focuses on managing pain and other distressing symptoms; providing psychological, social and spiritual support to patients; and supporting those close to the patient' which 'can be provided at any stage in the progression of a patient's illness, not only in the last few days of their life'. (See paragraph 4). Indeed, paragraphs 26-27 explain that early consideration must be given to those needs.

Finally, The guidance also includes a detailed section on cardiopulmonary resuscitation, including do not attempt cardio-pulmonary resuscitation (DNACPR) decisions (see paragraphs 128-145).

Question 8a Do you agree with strategy outcome 6 and the proposed actions being developed to deliver this outcome?

Not Answered

Question 8b: Please add any comments you have about outcome 6 and its actions here.:

Question 9a Do you agree with strategy outcome 7 and the proposed actions being developed to deliver this outcome?

Not Answered

Question 9b: Please add any comments you have about outcome 7 and its actions here.:

Question 10a Do you agree with strategy outcome 8 and the proposed actions being developed to deliver this outcome?

Not Answered

Question 10b: Please add any comments you have about outcome 8 and its actions here.:

Question 11 Please add any further comments you have about the draft strategy outcomes and actions here

Please add any further comments you have about the draft Strategy outcomes and actions here:

Section C: Strategy content

Question 12a Community action and support - Do you think this strategy explains why it is important to encourage people, families and communities to come together, support each other, take action and talk more openly?

Not Answered

Question 12b: Please add any comments you have about how to do this better in Scotland.:

Question 13a Earlier access to palliative care - Do you think this strategy explains why getting palliative care long before someone is dying can help adults, children, their families and carers?

Not Answered

Question 13b: Please add any comments you have about earlier access to palliative care here.:

Question 14a Improving access to palliative care and support - Do you think that the actions in this strategy can improve the experiences of people with different personal characteristics and circumstances?

Not Answered

Question 14b: Please add any comments you have about impacts of the strategy on these or other groups of people here.:

Question 15a Language and terms used in the strategy - Do you think the strategy explains what is meant by the terms palliative care for adults; palliative care for children; care around dying; and future care planning?

Not Answered

Question 15b: Please add any further comments you have about any of the terms that are used in the draft strategy.:

Section D: Further Comments

Question 16 Please add any other comments or suggestions you have about the draft Palliative Care Strategy here

Please add any other comments or suggestions about the draft Palliative Care Strategy here:

About you

What is your name?

Name:

Andrew Fraser

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

General Medical Council

Further information about your organisation's response

Please add any additional context:

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

Do you consent to Scottish Government contacting you again in relation to this consultation exercise?

Yes

What is your email address?

Email:

andrew.fraser@gmc-uk.org

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Neither satisfied nor dissatisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:
Neither satisfied nor dissatisfied

Please enter comments here.:

Asking for additional information