

NMC response to consultation on GMC core guidance on professional standards

Consultation description

The General Medical Council (GMC) is consultation on an updated version of Good medical practice (GMP), their guidance on the standards of patient care and professional behaviour expected of all medical professionals registered with the GMC.

In this consultation, the GMC is proposing that GMP will apply to physician associates (PAs) and anesthesia associates (AAs), once these professional groups come into regulation.

GMP is embedded in all regulatory functions.

The guidance is also embedded in UK-wide healthcare systems for appraisal and clinical governance.

The consultation is available [here](#).

This consultation closed on 20 July 2022.

Our response to consultation questions

Part one: core questions

Four key themes

Theme one: Tackling discrimination and promoting fairness and inclusion

GMP has an important role to play in supporting medical professionals to take action against racism and other forms of discrimination in healthcare, such as in relation to disability, sex or sexual orientation. We're proposing to add the following new duties to emphasise the need to tackle discrimination, while promoting equality and inclusion in a positive way:

- **Paragraph 6:** 'You must not abuse, discriminate against, bully, exploit, or harass anyone, or condone such behaviour by others.' This applies to all real life and online interactions, including on social media and networking sites.'
- **Paragraph 7:** 'You should take action, or support others to take action, if you witness or are made aware of bullying, harassment or unfair discrimination.' We've tried not to be prescriptive so that, for example, taking action could mean asking the person who experienced the discrimination if they're okay.'

- **Paragraph 56:** 'You should consider how your attitudes, values, beliefs, perceptions, and personal biases (which may be unconscious) may influence your interactions with others' (e.g., as potential contributors to health inequalities or barriers to accessing some treatments).
- **Paragraph 72:** 'You must not demonstrate uninvited or unwelcome behaviour that can be reasonably interpreted as sexual and that offends, embarrasses, humiliates, intimidates or otherwise harms an individual or group.' This new duty goes beyond what is required by law and includes behaviours such as sexualised 'banter' that are damaging for individuals and teams and have a negative impact on patient care.

Q1 How far do you agree or disagree with these statements? (strongly agree, agree, disagree, strongly disagree, don't know)

- The updated guidance sets the right expectations on discrimination, fairness and inclusion. **Agree**
- The amended duties are clear. **Agree**
- The amended duties are realistic. **Agree**

Please provide comments on how you think these sections of the guidance could support you or if you can see any unintended consequences arising from them.

We support the proposed change. Providing regulatory guidance to enable medical professionals to have a good understanding of racism and other forms of discrimination, and how to recognise and address these behaviours in their practice, will have a positive impact on professional behaviour and patient care. These changes are also broadly in line with the obligation under part 20.2 of the NMC's Code which requires nursing and midwifery professionals to 'act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment.'

As regulators we need to be able to hold professionals to account and ensure our processes are fit for purpose in doing so. We have explored this recently through updating our Fitness to Practice (FtP) guidance to better take account of how to deal with concerns relating to discrimination, harassment and victimisation and are in the process of making further updates in this area which include bullying.

Although we agree that the amended duties as worded are clear it may be helpful to provide additional information about what is meant by certain terms and types of behaviour, such as harassment, bullying, discrimination and banter. We would suggest providing definitions or clarifying information in order to strengthen these points in the GMP. It's important for professionals to be clear on the terms they're being held to account on to enable action to be taken, especially those which are potentially more subjective, such as bullying and banter.

We appreciate that paragraph 7 is intentionally not prescriptive, which is an approach we agree with. However, it's important that any approach to taking action is person-centred and led by the wishes and/or safety of the person(s) impacted by the behaviour, and some further explanation around this would be beneficial.

Additionally, we feel it would be positive to ask professionals to be mindful of the potential impact of discrimination on patient care and to act accordingly and proportionately, being proactive in challenging discrimination and promoting equality.

Theme two: Working in partnership with patients

We've had feedback that GMP doesn't go far enough to demonstrate the responsibility medical professionals have to help patients to make decisions for themselves. Research into patient experiences and expectations shows the continuing importance of medical professionals working in partnership with patients. This includes:

- patients being treated as individuals
- patients receiving enough information to make informed decisions about their care and in a way they can understand
- medical professionals managing conversations in a sensitive way.

We've brought some principles from our *Decision making and consent* guidance into GMP to give them more prominence and we're also proposing to make the following changes:

- **Paragraph 22:** 'You must treat patients with kindness, courtesy and respect'. The new terms we've used focus on the qualities that underpin partnership working. We're particularly interested in views on the words 'kindness' and 'respect', as we've had mixed feedback about what these terms mean in practice and whether they might be open to culturally biased interpretation.
- **Paragraph 29:** 'You must take all reasonable steps to meet patients' language and communication needs'. We propose to change this from a 'should' into a 'must' duty because communication is so fundamental to safe and effective care. We've included the word 'reasonable' to recognise there may be circumstances outside an individual's control which limit the steps that can be taken.
- **Paragraph 33:** Information patients need to make decisions about their care includes 'clear, accurate and up-to-date information, based on the best available evidence, about the potential benefits and risks of harm of available options, including the option to take no action.' We have also added a requirement for medical professionals to be transparent about 'any potential or actual conflicts of interest that may influence the treatment and care options' they discuss with patients.
- **Paragraph 34:** 'You should check [the patient's] understanding of the information they have been given, and make sure they have the time and support to make informed decisions if they are able to'.

Q2 How far do you agree or disagree with these statements? (strongly agree, agree, disagree, strongly disagree, don't know)

- a. The amended duties give the right amount of attention to patients' rights, needs and expectations. **Agree**
- b. The amended duties are clear. **Agree**
- c. The amended duties are realistic. **Agree**

Please provide comments on how you think these sections of the guidance could support you or if you can see any unintended consequences arising from them

We support this proposed change. The changing of paragraph from 'should' to 'must' is an important and positive step. The inclusion of 'kindness, courtesy and respect' are good baselines but will look different in practice for each individual. Understanding people as individuals, meeting their needs and removing barriers to positive outcomes, in order to provide safe care are also important to providing effective person-centred care.

We believe that working in partnership with families and carers who are involved in discussions and decisions about an individual's care is important and should be emphasised in GMP.

The GMC may wish to consider whether 'patient' is the right term to use in all circumstances in GMP. The term comes from Latin 'patiens' meaning to suffer or bear and is often associated with people who are injured or sick. To some the term evokes negative connotations of passive recipients of care and an unequal relation between healthcare professional and those who seek or need their services. The NMC often uses the term 'people who use services' and we only use 'patient' in specific circumstances. This is particularly important when talking about maternity services, as there are far fewer 'patients' in these settings.

Theme three: Working effectively with colleagues

A key theme emerging from our research and engagement was that a good workplace culture is the foundation for good healthcare. That starts with how medical professionals treat each other, and how teams work together in the interests of patients.

We're proposing to strengthen duties under this theme to highlight the importance of medical professionals working effectively with colleagues, in the interests of patients:

- **Paragraph 2:** requires medical professionals to 'develop and maintain effective teamworking and interpersonal relationships. This includes recognising and showing respect for the roles and skills of the people you work with and listening to their contributions'.
- **Paragraph 3:** 'You must communicate clearly, effectively and courteously with colleagues'. We want this to emphasise that clear and courteous communication in the workplace lies at the heart of good teamwork and builds the positive culture that is crucial to patient safety.

- **Paragraph 5:** ‘You must be aware of how your attitudes and behaviours may influence or affect others. You should contribute to a positive teaching, training and working environment by role modelling supportive, inclusive and compassionate behaviour’.
- **Paragraph 8:** ‘You must contribute to continuity and coordination of patient care’. This is in response to feedback about the importance of good communication between teams, particularly when supporting patients with complex care needs.
- **Paragraph 11:** ‘When you delegate tasks or duties, you must be satisfied that the person you are delegating to has the appropriate qualifications, skills and experience to carry them out, and that they will be appropriately supervised and supported if necessary’. We haven’t added new duties for individuals with tasks delegated to them, as we think this is already covered elsewhere in GMP. We’ve also given specific advice on supervision for PAs and AAs on our ethical hub.

Q3 How far do you agree or disagree with these statements? (strongly agree, agree, disagree, strongly disagree, don’t know)

- The amended duties set the right expectations about working effectively with colleagues. **Agree**
- The amended duties are clear. **Agree**
- The amended duties realistic. **Agree**

Please provide comments on how you think these sections of the guidance could support you or if you can see any unintended consequences arising from them.

In general we are supportive of these additions to GMP. Research shows that fair treatment of staff leads to more effective working relationships between staff and better patient care (for example see: West M, Dawson J, Admasachew L & Topakas A (2011) NHS Staff Management and Health Service Quality. Results from the NHS Staff Survey and Related Data).

We also suggest it would be helpful if explanatory guidance equips professionals to understand what a good, inclusive workplace looks like and the behaviours they need to be role-modelling, enabling and practising themselves.

Theme four: Leadership

Our research, engagement and reviews of public inquiries have found recurring evidence of the need for medical professionals to use and develop their everyday leadership skills. These skills help to promote inclusive cultures and have a positive influence on safe patient care. We also heard that medical professionals don’t always recognise that behaviours and skills they demonstrate daily are examples of everyday leadership. We’re proposing to add the following new duties to support all medical professionals with everyday leadership skills:

- **Paragraph 20:** 'If you have a management role or responsibility you must encourage and support your colleagues to raise concerns and ensure that concerns are responded to appropriately in line with our *Raising concerns* guidance'. We have brought this duty in from our existing *Raising and acting on concerns* guidance. We've had feedback that the existing duty about raising concerns puts the burden in the wrong place if people in leadership roles don't also take responsibility for listening up and following up.
- **Paragraph 57:** 'You must seek feedback and respond constructively to it, using it to improve your practice and performance'. This new duty supports self-awareness, which in turn should help with developing teamworking and leadership capabilities
- **Paragraph 62:** 'You should develop leadership skills appropriate to your role, and work with others to make healthcare environments more supportive, inclusive and fair'.

Q4 How far do you agree or disagree with these statements? (strongly agree, agree, disagree, strongly disagree, don't know)

- a. The amended duties will support me to shape inclusive cultures that deliver safe care. **Agree**
- b. The amended duties are clear. **Agree**
- c. The amended duties realistic. **Agree**

Please provide comments on how you think these sections of the guidance could support you or if you can see any unintended consequences arising from them.

The amended duties will help, but they could go further. We suggest that the feedback element is strengthened to required feedback on leadership, inclusivity and support, and that role modelling is included in paragraph 62.

Questions on other changes in GMP

Updating 'Duties of a doctor'

At the front of GMP is a section called 'The duties of a doctor registered with the GMC'. It summarises the core duties in each domain and is written as a set of statements which doctors must meet.

We're proposing to add 'I will' to the start of this section, as we've had feedback that this could give medical professionals more ownership of these behaviours. Here's the proposed new wording:

As a medical professional, I will:

- Make the care of patients my first concern.
- Work effectively with colleagues in ways that best serve the interests of patients.
- Act promptly if I think the safety, dignity or comfort of patients or colleagues are being compromised.

- Treat patients as individuals and respect their dignity and privacy.
- Listen to, support and work in partnership with patients, to help them to make informed decisions about their care.
- Provide a good standard of practice and care, and be honest and open when things go wrong.
- Work within my competence and keep my knowledge and skills up to date.
- Demonstrate leadership as appropriate to my role, and work with others to make healthcare more supportive, inclusive and fair.
- Protect and promote the health of patients and the public.
- Act with honesty and integrity.
- Never discriminate unfairly against patients or colleagues.
- Make sure my conduct justifies my patients' trust in me and the public's trust in my profession.

Q5 How far do you agree or disagree with the proposal to use 'I will' for this section? (strongly agree, agree, disagree, strongly disagree, don't know)

Any comments about the statements in this section?

This feels like a positive change. Our only suggestion here (and throughout GMP) is the use of the term 'discriminate unfairly' which could be unclear for professionals. Our advice would be to remain within the legal framework around discrimination and use terms such as 'unlawfully discriminate', rather than to 'discriminate unfairly'.

Describing how we use the professional standards when considering a fitness to practise concern

We want to make sure medical professionals, patients, members of the public and others are clear about how GMP is used in our fitness to practise processes.

The previous version of GMP says that 'only serious or persistent failure to follow this guidance will put your registration at risk'. In the updated version, we're proposing to include a clearer explanation of this. Here's the proposed new wording:

'Most medical professionals uphold high professional standards, but a small proportion fall seriously short. We will take action where there is a risk to patients or public confidence in medical professionals, or where it is necessary to maintain professional standards.'

The professional standards describe good practice, not the thresholds at which medical professionals are safe to work. When assessing the overall risk to public protection posed by a medical professional, through our fitness to practise process we consider the extent of their failure to meet the professional standards, factors that increase and decrease the risk to public protection (including the context in which they were working), and how they responded to the concerns raised'.

We hope that this wording is clearer and more reassuring to medical professionals.

Q6 Any comments on how we use the professional standards when considering a fitness to practise concern?

We agree the wording is clearer.

Questions on implementing GMP

After launching the new version of GMP, we want to do more to help medical professionals apply it in practice. There are many influences on the everyday practice of medical professionals, and these can vary depending on their working environment. This includes how a service is organised, different workplace/multidisciplinary team cultures, access to training and availability of professional support. There are also a range of factors that can impact on the ability of medical professionals to work in line with GMC standards, such as local employer processes and contractual arrangements.

Q7 What factors in your working environment might make it difficult to put GMP into practice?

Health and social care settings are complex and sometimes concerns that appear to be the result of poor individual practice are actually caused by system pressures or others factors. They're not always due to a medical professional's attitude, knowledge, skills or ability to provide safe and effective care.

Recent inquiries point to a number of environmental and system factors that could inhibit professionals from meeting the standards expected.

- **Blame culture:** many inquiries, such as the Dixon and Williams reviews, point to an underlying and pervasive culture in healthcare where any deviation from the highest standards is intolerable. This can translate into poor working relationships, blame culture and fear of speaking out when things go wrong, which is an essential component to all professionals' roles.
- **Poor leadership and governance:** many inquiries, such as the Ockenden report, Francis Inquiry and Kirkup investigation, have uncovered shortcomings in leadership and teamwork. They highlight that inadequate governance, failures to learn from complaints and serious incidents, a culture of not listening to people using services contributed to significant failings in maternity services.
- **Insufficient staffing levels and resourcing:** organisations have a duty to ensure safe working environments which includes safe staffing levels with the appropriate clinical expertise, but poor resourcing and planning can undermine this.
- **Insufficient access to development opportunities and training:** this factor is broad and could impact medical professionals' ability to meet a number of the GMC standards. Most recently, the Messenger review identified that the way leadership management, training and development is inconsistent, inadequate or even absent in many settings.
- **Multidisciplinary working, communication and intelligence sharing:** the Messenger review found that the current environment undermines collaborative working and effective communication, as staff are often required to respond to

pressures by immediately prioritising tasks at hand rather than working with their team.

When things go wrong, it's important that regulators understand the role of other people, the culture and environment they were working in when something went wrong.

Q8 What factors in your working environment might make it easier for you to put GMP into practice?

We don't have a view on this question.

Q9 What support or advice could we provide to help you put GMP into practice?

The GMC's Ethical guidance and Ethical hub contains helpful information and resources for medical professionals. It's important the elements of GMP are embedded throughout these documents.

Questions on equality, diversity and inclusion

Q10 Any comments about ED&I?

In addition to the comments on EDI throughout the rest of our response, we would suggest an additional duty specifically on professionals enhancing their understanding of diverse communities, health inequalities and inequitable experiences within healthcare, in order to inform their inclusive practice and leadership.

We welcome the focus on professional and appropriate relationships and would suggest there could be additional focus added on power dynamics within professional relationships, for example, the power dynamics between doctors at different stages of their careers where there may be a mentoring role.

PART TWO

The second part of this survey focuses on specialist topics and some specific issues. You can answer as many questions in this section as you'd like. If you want to skip a question, just click on the 'next page' button at the bottom

Technology and artificial intelligence (AI)

We're considering whether there's a need to include new guidance on technology and AI, given the speed of technological developments in healthcare and the need for GMP to be relevant for years to come.

We've expanded the definition of 'medical devices' in the existing duty about reporting adverse incidents (paragraph 17b). Medical devices now includes 'software, diagnostic tests and apps' in the definition to align with the definitions used by the Medicines and

Healthcare products Regulatory Agency. But we're interested in your views on whether we should create any new duties on how medical professionals use technology and AI.

For example, if there is bias in the underlying data used by AI to make decisions about patient care, this could reinforce healthcare inequalities. So, we could warn medical professionals to be vigilant and exercise judgement when relying on such technology.

Q11 How far do you agree or disagree that GMP should include duties on using technology and AI? (strongly agree, agree, disagree, strongly disagree, don't know)

Any comments on technology and AI?

We support the proposal to include new duties on using technology and AI. This will better ensure GMP keeps pace with the digital and technological changes in health and social care.

In addition we agree that there are risks and concerns about the possible prevalence of bias in the use of AI to make decisions about patient care, and that this could contribute to reinforcing health inequalities. We welcome the suggestion that medical professionals would need to be made cognisant of these concerns.

Use of resources, population health and environmental sustainability

We're considering whether GMP should emphasise the risk to public health from climate change. We're also exploring whether we need to acknowledge the tensions that can arise between the needs and expectations of individual patients and the interests of the wider population. For example, medical professionals might need to:

- balance individual and population interests in relation to efficient use of available resources (e.g., avoiding medicines waste)
- consider the wider impact of healthcare activity on population health (e.g., antibiotic resistance) and on the environment (e.g., harm from single use plastics).

We're interested in your feedback on paragraph 65 of the updated guidance, which says that medical professionals 'must provide the best service possible within the resources available, taking account of [their] responsibilities to patients, the wider population, and global health.'

Q12 How far do you agree or disagree with including this statement in GMP?

Any comments on resources, population health and environmental sustainability?

We agree with the proposal, which is broadly in line with the requirement in our education standards for professionals to understand the principles and methods of sustainable health care.

Conscientious objection

Paragraph 24: We've removed the requirement for medical professionals to explain to a patient if they have a conscientious objection to a particular treatment. This reflects feedback we've had about the impact it can have on patients to be told about the personal beliefs of the medical professional. So, we're proposing to change the guidance to allow medical professionals to use their discretion when deciding whether to tell the patient the reason they are unable to provide care themselves.

Q13 Any comments on conscientious objection?

In principle we support the proposal to allow medical professionals to use their discretion when deciding whether to tell the patient or person using services the reason they are unable to provide care themselves. However, this shouldn't place an unnecessary burden on other professionals to explain why a medical professional has a conscientious objection which prevents them from agreeing to carry out certain actions.

At all times decision around conscientious objection should be focused on ensuring patients experience safe and kind care, as referenced in paragraph 24.

Treating patients who pose risks

We're proposing to add the word 'unreasonably' to the paragraph that currently says that says medical professionals 'must not deny treatment to patients because their medical condition may put you at risk'. The current wording has been interpreted as meaning that medical professionals must provide care to patients without regard to the risks to themselves. So, we're proposing to change it to say:

Paragraph 44: 'You must not unreasonably deny a patient access to treatment or care that meets their needs. If a patient poses a risk to your own health and safety, or that of other patients or staff, you should take all available steps to minimise the risk before providing treatment or making alternative arrangements for treatment.'

We've also widened the paragraph beyond the patient's medical condition so now it could include other threats to a medical professional's wellbeing, such as from:

- a patient threatening them
- a patient behaving in a discriminatory manner, such as refusing to be treated by a particular person because of their ethnicity.

We plan to publish supporting information and advice to expand on our expectations around this.

Q14 Any comments on treating patients who pose risks to medical professionals?

This is welcome, although we suggest that this could be more explicit in terms of the second bullet point, particularly where we also know there are current concerns from some patients about being treated by a professional of a particular gender identity (e.g.

attempting to recognise someone on the basis of sex rather than their gender identity).

Communicating as a professional

Paragraph 74: In response to feedback, we've clarified medical professionals' responsibilities when communicating publicly, especially on social media. GMP now says that:

'When communicating publicly as a medical professional you must:

- be honest and trustworthy
- make clear the limits of your knowledge
- make reasonable checks to make sure any information you give is not misleading
- declare any conflicts of interest
- maintain patient confidentiality.

This applies to all forms of written, spoken and digital communication'

Q15 Any comments on communicating as a professional?

We don't have a view on this question.

Conflicts of interest

Paragraph 81: We've clarified that conflicts of interest are not confined to financial interests and may include other personal or professional interests. We've also widened the current paragraph to include conflicts that may be seen to affect a medical professionals' practice. And we've added references to conflicts of interest at paragraphs 33 (patients' rights to be involved in decisions about their treatment and care) and 74 (communicating as a medical professional).

Q16 Any comments on conflicts of interest?

This is welcome and a helpful addition.

Explanatory guidance

GMP is supported by a range of explanatory guidance to help medical professionals, patients and others understand how the high level principles in GMP should be applied in practice.

The explanatory guidance doesn't create new principles of good practice, but instead expands on the duties in GMP. This might include advice about how to make decisions when different GMP principles point to potentially conflicting approaches. We'll use the feedback from this consultation to help us update these pieces of guidance:

1. [Personal beliefs and medical practice](#)

2. [Financial and commercial arrangements and conflicts of interest](#)
3. [Doctors' use of social media](#)
4. [Ending your professional relationship with a patient](#)
5. [Intimate examinations and chaperones](#)
6. [Maintaining a professional boundary between you and your patient](#)
7. [Sexual behaviour and your duty to report colleagues](#)
8. [Delegation and referral](#)
9. [Acting as a witness in legal proceedings](#)
10. [Writing references](#)

We welcome your comments on these pieces of explanatory guidance, particularly:

- which topics we should prioritise for redrafting and why
- if there's a theme in a particular piece of guidance that needs more detail
- if there is anything we could add or remove

If you're suggesting any new topics, please say which paragraph of the draft GMP content it would be supporting (if known) and why it's needed.

Q17 Any comments on the explanatory guidance?

In line with our comments, clarity on some of the terms being used and guidance which equips professionals to understand what a good, inclusive workplace looks like and the behaviours they need to be role-modelling, enabling and practising would support these standards being put into practice by medical professionals.

About us

We are the UK's independent regulator of nursing and midwifery professions. We regulate around 745,000 nursing and midwifery professionals. Our purpose is to promote and uphold the highest professional standards in order to protect the public and inspire confidence in the professions. Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. Our core role is to **regulate**. To regulate well, we **support** our professionals and the public. Regulating and supporting our professionals allows us to **influence** health and social care.

Our website has further information about who we are and what we do at:

www.nmc.org.uk/about-us/our-role/.