27 September 2012

Council

General Medical Council

Regulating doctors
Ensuring good medical practice

6a

To consider

Good Medical Practice

Issue

1. The draft of the new edition of *Good Medical Practice* and the explanatory guidance which supports it.

Recommendations

2.

a. To approve the draft *Good Medical Practice* at Annex A for publication (paragraphs 8-14).

b. To approve the explanatory guidance at Annexes B - I (paragraphs 18-24).

c. To note the plans for publication and launch of the guidance (paragraphs 25-28).

Further information

3. If you require further information about this paper, please contact us by email: gmc@gmc-uk.org or tel. 0161 923 6602

Background

4. Strategic Aim Four in the Business Plan for 2012 is 'To provide doctors with relevant up-to-date guidance on professional standards and ethics'. We have undertaken to launch a revised edition of *Good Medical Practice*, including a version for patients, and to support this with updated supplementary guidance and learning materials.

5. *Good Medical Practice* was last published in 2006. This review has been overseen by a Working Group of Council members, chaired by Professor McKillop.

6. The review of *Good Medical Practice* began in early 2011 and has included two public consultations and extensive engagement activity to help us understand the views and concerns of the profession, patients and the public, educators and employers.

7. Council has received regular updates on the progress of the review and considered some of the significant changes to the guidance at its meeting on 18 July 2012. Council's views have been considered by the Working Group, and a final draft has now been prepared for approval (Annex A).

Discussion

Key changes

8. The biggest change we have made is to the structure of the guidance. We have organised the text under the four domains used in the framework for revalidation, rather than the existing seven headings. This is designed to help doctors by facilitating read across between the requirements for appraisal and our wider statement of standards and values.

9. We have also refreshed the style and language of the guidance, using a direct and concise tone. We have cut detail – for example on financial and commercial interests – from the text and included this instead in the explanatory guidance.

Other changes to the guidance

10. The new *Good Medical Practice* includes new guidance on doctors' role in assuring continuity of patient care (paragraphs 44-45) and acting promptly when patients are not receiving basic care (paragraph 25). We have also added guidance on seeking out, and being willing to act as a mentor (paragraphs 10 and 42).

11. The Working Group considered the issues discussed by Council on 18 July 2012. The majority of views expressed by Council members supported the position taken by the Working Group. However we have made some minor changes to drafting to remove duplication and improve clarity since the Council discussion.

12. The Working Group considered in detail the range of views expressed by Council on the inclusion of guidance on supporting patients in caring for themselves. The Group concluded that some amplification of the principle was valuable, but that the emphasis should be on doctors empowering patients to improve their health, rather than specifying ways in which the patient may do this. Nonetheless, the Working Group agreed that the guidance should include a reference to – amongst other things - 'doing voluntary or paid work or other fulfilling activity'.

The format of the guidance

13. *Good Medical Practice* is supported by guidance which explains how the principles apply in practice. Since 2006 we have referred to this guidance as 'supplementary' guidance. However, 'supplementary' could be perceived as indicating that the guidance is optional. This would be misleading as doctors are required to follow the advice it contains. We have decided therefore to describe this guidance as 'explanatory guidance' when it is published with the new *Good Medical Practice.*

14. The on-line version of *Good Medical Practice* can provide the links to the explanatory guidance through hyperlinks in the text, without the text looking cluttered. On paper this is more difficult. For the printed booklet, we have decided that, rather than interrupting the text with footnotes whenever further guidance is indicated, we will instead assign each piece of guidance a unique number which is listed at the back of the document. This removes the lengthy footnotes from each page, while maintaining the explicit link between individual paragraphs in *Good Medical Practice* and the explanatory guidance.

> **Recommendation:** To approve the draft *Good Medical Practice* at Annex A for publication.

Explanatory guidance

15. In 2006 we published *Good Medical Practice* with links to 'supplementary guidance' on five new issues. Since 2006 we have added to these, including publishing guidance on *Personal Beliefs* and *Acting as an Expert Witness*. We have reviewed the existing guidance, and added new explanatory guidance to make sure none of the material removed from the current edition of *Good Medical Practice* is lost.

16. In Spring 2012 we consulted on explanatory guidance covering ten topics. Each piece is listed below with any significant changes highlighted. The guidance is at Annexes B - I.

New explanatory guidance

a. *Doctors' use of social media* explains how the principles in *Good Medical Practice, Confidentiality* and other GMC guidance applies when doctors are using blogs, internet forums and social media sites (Annex B).

Updated versions of existing explanatory guidance:

b. *Financial and commercial arrangements and conflicts of interest* includes the detail removed from *Good Medical Practice* and updates the *Conflicts of interest* guidance to include guidance for doctors involved in commissioning (Annex C).

c. *Maintaining boundaries* covered a wide range of issues, and has now been divided into three related pieces of guidance: *Intimate examinations and chaperones*; *Maintaining a professional boundary between you and your patient*; and *Sexual behaviour and your duty to report colleagues* (Annex D).

d. *Reporting criminal and regulatory proceedings* has been updated and now includes a reference to HMRC's 'contractual disposal facility' which enables individuals to admit to tax fraud and avoid prosecution (Annex E).

e. *Personal beliefs and medical practice* (discussed at paragraphs 19-24).

f. *Acting as a witness in legal proceedings* has broadened the existing guidance about acting as an expert witness to include advice on giving evidence as a professional witness (Annex F).

Guidance that has been moved from *Good Medical Practice* (2006) to form separate 'explanatory guidance':

g. Delegation and referral (Annex G).

h. Ending your professional relationship with a patient (Annex H).

17. We also consulted on guidance on *Taking up and ending appointments* but, on reviewing the consultation responses, the Working Group decided that there was insufficient content to warrant separate guidance. We have therefore reinstated a statement of principle in *Good Medical Practice.*

18. The consultation responses indicated broad acceptance of the tone and scope of the explanatory guidance, with few respondents raising objections to the content. We have redrafted sections of the guidance to reflect helpful comments on style or clarity.

Personal beliefs and medical practice

19. The draft guidance on personal beliefs (Annex I) was the only guidance to provoke a large response (570), and a substantial challenge to the principles on which the guidance was founded.

20. In July 2012 Council discussed the key issues which had been raised in the consultation, although because of the timing of meetings, this discussion took place before the analysis was completed and considered by the Working Group.

21. The Working Group has now met to consider the analysis of the consultation responses and the views of Council members. The Working Group has had a very extensive discussion of the issues and has weighed carefully the arguments presented by respondents to the consultation and those debated by Council on 18 July 2012.

22. The Working Group considered first the underlying principles that inform the guidance and agreed that the GMC, as the regulator, should seek to restrict doctors' freedom to practise according to their values and beliefs only where, by doing so, they would infringe the rights of patients or cause patients distress. Other restrictions might reasonably be imposed through contracts of employment, but these would not affect a doctor's registration.

23. After careful consideration of how best to express this balance between obligations and freedoms, the Working Group agreed redrafted sections of the guidance on conscientious objection (paragraphs 7-11), and on doctors talking to patients about their own beliefs (paragraphs 24-25).

24. Some respondents to the consultation asked whether the endnotes in the consultation draft were part of the guidance, or were intended to have a different status. The Working Group agreed that this was unclear. They also noted that the endnotes served different purposes – some included guidance, whilst others were examples. The Working Group concluded that the endnotes should be removed and any specific guidance incorporated into the main text. Examples of cases where the guidance might apply should be added as footnotes or as the basis of possible case studies or learning materials.

Recommendation: To approve the explanatory guidance at Annexes B - I.

Other materials

25. We are developing case studies for *Good Medical Practice in Action* to illustrate the new issues covered in the guidance, and to demonstrate how the guidance applies to doctors in training. The format of *Good Medical Practice in Action* is being updated, to provide more flexibility in the style of scenarios and questions and to allow individual case scenarios to be linked to our guidance.

26. We are also working on a publication for patients, which will explain what *Good Medical Practice* means for them, and how it fits with our fitness to practise procedures.

Next steps

27. The guidance will be edited for Plain English, before it is printed. We propose to launch the guidance, and distribute it to all doctors in the week of 19 November 2012. The explanatory guidance will be published on the website, with printed copies available on request.

28. The guidance will come into effect about 10 weeks after its publication, in late January or early February 2013. The date has yet to be agreed. We propose to launch *GMP on-line* and the redesigned *GMP in Action* on that date. This will ensure that we avoid potential confusion of having two versions of the document available on our website at the same time.

> **Recommendation:** To note the plans for publication and launch of the guidance.

Resource implications

29. The cost of printing and distribution of *Good Medical Practice* will be approximately £292,700.

30. The cost of the new version of *GMPiA* will be £39,000.

31. Other costs, including on-line version of guidance will be covered by existing budgets.

Equality

32. An equality assessment has been developed throughout the course of the project. This has now been completed and will be published with the guidance. Copies are available on request.