Good medical practice: public consultation on our core guidance on professional standards. Survey for organisations and individuals acting in a professional capacity

1. How far do you agree or disagree with these statements?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
The amendments improve the current structure.		X			
The revised domain headings make the content more accessible.		X			

Comments on the structure:
We have no issues with the structure.

2. Comments on style and application

HCSA strongly opposes the inclusion of physician and anaesthesia associates in Good Medical Practice. We recognise the important role PAs and AAs provide in the workplace and the valuable work of existing PAs and AAs. We agree that there is a pressing need for regulation of the PA/AA role to optimise it's potential and ensure patient safety. However, it does not follow that PAs and AAs should be regulated under the same code of practice as doctors. In extending Good Medical Practice to cover PAs and AAs, the GMC would be crossing a red line.

PA/AA roles are not interchangeable with the role of doctor and nor should they be. The 5 year medical degree and 2 year foundation programme (plus up to 8 years specialist training) give doctors essential knowledge, skills and expertise. It is over-simplistic to apply all existing duties on doctors to PA/AAs, implying that the scope of the role is identical. Our concern is that this will make it easier for employers to inappropriately substitute doctors for AAs/PAs to drive down costs. For example, much of the code related to proposing, providing and prescribing treatment options (under para 37) suggests a greater role for PA/AAs in prescribing than we are comfortable with. This becomes dangerous, for patients; for PAs/AAs attempting to work at this level, and for workplace cohesion.
Therefore, a separate code of practice for PAs and AAs should clarify the duties and responsibilities that are specific to the role of PAs and AAs, which will in turn promote effective team working.

HCSA is also strongly opposed to use of the term 'medical professionals' to describe PAs and AAs. The terminology implies 'doctor', not least when abbreviated to 'medic'. This broadening of 'medical professionals' will create confusion amongst colleagues and patients, which in turn will lead to patient safety issues. Our preference are the terms 'healthcare professionals' and 'healthcare specialists'.

3. How far do you agree or disagree that we've achieved a more empathetic tone overall?

Agree

Comments on guidance tone:
HCSA agrees with changes in tone.

4. How far do you agree or disagree that the changes could help tackle discrimination and achieve inclusivity, equity and fairness overall?

Strongly disagree

Comments on ED&I:
HCSA has been vocal on the adversarial, discriminatory culture that is overseen by the GMC and perpetuated by poor employment practices locally, as well as the institutional racism that exists across the NHS. Recent high profile cases evidence this discriminatory approach, such as that of Mr Omer Karim, where employment tribunal found the GMC failed to take into account discrimination as a factor. More recently Dr Arora, who was suspended by the GMC on the grounds of dishonesty, after a single incident related to a laptop. We also know UK graduate doctors from ethnic minorities are 50 percent more likely to receive a sanction or warning than white doctors. It therefore follows that any moves to broaden the opportunities for referral will lead to a disproportionate impact on Black, Asian and minority ethnic doctors. Many of the changes proposed in this consultation create ambiguity that is the starting point for unfair, malicious or discriminatory referrals. We are entirely opposed to opening up grey areas in Good Medical Practice, and this is especially the case in the context of a GMC that has demonstrated discriminatory behaviours. We are particularly concerned with the use of intangible qualities as opposed to clear behaviours, such as the vague terminology such as used in the new paragraph 22, ‘kindness’ and ‘respect’. These words hold cultural value but could be interpreted in entirely different ways. An additional reason for precise and clear terminology is to facilitate ease of understanding for all doctors, regardless of whether English is their first language.

5. How far do you agree or disagree that we should amend the whole statement to read ‘I will’?

Agree

Comments on the revised statement:
HCSA supports changes to the statement, other than the inclusion of expectations in relation to working with colleagues, which we explain in response to question 15.

6. How far do you agree or disagree with these statements?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a. The overall introduction clarifies how we expect medical professionals to use the guidance.			X		
b. The new explanation on when we might take action is clear.				X	

Comments on introduction:
HCSA disagrees with removal of the threshold statement. The words ‘serious or persistent’ are guiding principles in the original text. The new text uses neither of these terms, therefore lowering the threshold for action so it is now possible in the context of any risk to patients or public confidence. This is far more ambiguous and therefore open to interpretation on when to intervene. As referenced above, we have already seen the case of Dr Arora, suspended for one incident that was clearly neither serious nor persistent. The GMC has now rightly overturned this decision, but it is yet another example of discriminatory and oppressive practice from the GMC. This case underlines the importance of maintaining a threshold to protect doctors from further heavy-handed and potentially career ending decisions. Whilst the stated intention is to reassure and provide more information, the new text does neither.

7. How far do you agree or disagree that it’s helpful to include introductory paragraphs?

Agree

Comments on introductory paragraphs:
HCSA agrees the summary paragraphs enhance clarity.

8. How far do you agree or disagree with these statements?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a. The updated guidance sets the right expectations on discrimination, fairness and inclusion.			X		
b. The amended duties are clear.			X		
c. The amended duties are realistic.		X			

9. Comments on theme one

In paragraph 7, the commentary suggests the intention of using the word ‘action’ is that it is non-prescriptive and therefore will prevent an unnecessarily adversarial approach. However, the word ‘action’ is often used to refer to formal action therefore there is scope for this to backfire and lead to escalation. Instead, we suggest ‘take appropriate measures or support others to take appropriate measures’.

10. How far do you agree or disagree that GMP should include extra duties from DMC?

Agree

11. Comments on theme two

It is helpful for GMP to signpost to and dovetail with DMC.

The phrase “you must be aware of your duties under relevant legislation” at paragraph 32 is redundant, since this is already required by law.

Under paragraph 32, the phrase “have regard to relevant codes of practice” is too broad and could refer to all manner codes of practice, for example Royal College codes of practice. This should be amended to specify the codes of practice it refers to, eg GMC codes of practice.

12. 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.		X			
b. The amended duties are clear.				X	
c. The amended duties are realistic.				X	

13. Any other comments (please say which duties you're telling us about)

HCSA is very concerned with the language in the new para 22, "You must treat patients with kindness, courtesy and respect." The behaviours that would demonstrate 'kindness' and 'respect' are not outlined, nor where a medical professional would fall foul of this test. There is no definition given for the terminology. It becomes a matter of discretion, that is open to misuse and disparities between cultural interpretations. We are concerned use of the language 'kindness' and 'respect' could lead to an increase in unfair referrals e.g. using a patient's first name may not be deemed 'respectful' even if the doctor was polite. Similarly, doctors are often required to provide unwelcome news to patients, that may at times be interpreted as 'unkind'. Not every medical decision may be perceived as 'kind' even if it is the best treatment plan.

The second area is within point 32, "You must take all reasonable steps to meet patients' language and communication needs." Whilst we understand the inclusion of the word 'reasonable' is to allow for exceptional circumstances, the statement remains open to interpretation. Common barriers in meeting patients' language and communication needs include logistical issues related to the whole team, and funding constraints from the Trust. It is not the sole responsibility of the medical professional to enable language needs to be met and we feel this could be used to scapegoat doctors for budgetary or logistical constraints.

14. How far do you agree or disagree with these statements?

	Agree strongly	Agree	Disagree	Disagree strongly	Don't know
a. The amended duties set the right expectations about working effectively with colleagues.			X		
b. The amended duties are clear.			X		
c. The amended duties realistic.			X		

15. Comments on theme three

HCSA's view is that making courteous working with colleagues a GMC issue oversteps the bounds of the GMC's remit. The new duty to work courteously with colleagues (para 3) has commendable intentions, to facilitate effective and supportive team working. However, the responsibility for relations between colleagues in a workplace lies with management, human resources and grievance and disciplinary processes. It is not proportional to pursue such issues through GMC, unless they are serious to the extent they put patient safety or the public's confidence in doctors at risk. Once this threshold is met, the GMC's involvement is already possible. Therefore this additional requirement is redundant and could lead to an unnecessarily heavy-handed approach from GMC.

Paragraph 8 states "You must contribute to continuity and coordination of patient care",. The word 'contribute' is vague and it is not clear which specific behaviours or scenarios the duty refers to. In the context of an overstretched department, where continuity and coordination are challenges for the multi-disciplinary team, this duty could be unfairly applied.

16. 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 all medical professionals to shape inclusive cultures that deliver safe care.	X				
b. The amended duties are clear.	X				
c. The amended duties are realistic.	X				

17. Comments on theme four

The guidance is very clear in this section.

18. How far do you agree or disagree that GMP should include duties on using technology and AI?

Agree

Comments on technology and AI:
The updated paragraph 17b to reflect new medical devices is useful in providing clarity. However, HCSA disagrees with the suggestion to extend this to create specific duties in relation to use of AI, as we feel this goes beyond the scope of medical professionals training and expertise to date. Use of AI and technology is ever-evolving. Before medical professionals are given specific duties, there is a need for greater regulation and training, both within healthcare and more widely across society.

19. How far do you agree or disagree that we should expand the duty on resources?

Disagree strongly

Comments on sustainability:
HCSA is opposed to additional duties on sustainability. Firstly, on the grounds that the primary duty of a doctor must be to their patients. Questions of sustainability and population/global health are complex and decisions highly subjective. There is a very real danger of this duty leading to a compromising of the immediate needs of patients, for example when prioritising population antibiotic resistance over an individual patient, or prioritising harm from single use plastics over infection control. It would be unjust for a doctors' licence to practice to be investigated over issues of sustainability, where no harm has come to patients. It is also entirely impractical for doctors to balance sustainability with other priorities. In the peak of Covid-19, infection control guidance was constantly changing and PPE was paramount, so such a duty would have been a distraction from the important response. The current context of overstretched and understaffed hospitals, with huge elective backlogs, adds to the challenge for medical professionals to prioritise additional duties beyond their patients.

20. Comments on other changes

HCSA supports these changes.

22. Overall comments

HCSA has outlined major concerns with the new guidance, in summary:

1. Insertion of PAs/AAs – see our response to question 2.
2. Instances where terminology has become less specific, and therefore more subjective – see response to question 13.
3. The removal of the threshold that limits action to "serious or persistent" - see response to q6.
4. The unnecessary inclusion of new duties - see response to qs 15 & 19.

The existing adversarial and discriminatory culture perpetuated by the GMC, MPTS and poor practices from some employers, makes it impossible for HCSA to support the opening up of grey areas or lowering of thresholds. Inserting such ambiguity in GMP is a risk to patients and doctors alike. It would undoubtedly lead to more doctors unfairly referred and put through the process of potentially losing their registration, including a disproportionate number of Black, Asian and minority ethnic doctors. Too many doctors have spent years waiting for cases to be heard, and tragically, many have taken their own lives. It is in this context HCSA advocates for any changes to GMP to be made with precision and clarity.

27. How far do you agree or disagree with these statements?

	Strongly Agree	Agree	Disagree	Strongly disagree	Don't know
a. The proposals were well explained		X			
b. The survey was easy to complete		X			
c. I felt I was able to express my views		X			

29. How did you hear about this consultation? Please select all that apply.

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