

General Medical Council
Regent's Place
350 Euston Road
London NW1 3JN

6 April 2011

Dear Sirs

Review of Good Medical Practice

Thank you for the opportunity to comment on the forthcoming review of Good Medical Practice. We will restrict our suggestions at this stage to key issues which we think the more detailed review should cover.

We recommend that the GMC carefully consider whether Good Medical Practice needs to be clearer with regard to what extent it simply represents good practice guidance, and to what extent it represents standards which doctors are required to meet. We believe it does.

The current version is ambiguous about what is and what is not required of doctors. Whilst for certain issues the word "must" is used, this is qualified by the introduction which states that "serious or persistent failure to follow this guidance will put your registration at risk". We believe that the use of subjective and undefined terms such as "serious" is unhelpful and creates more ambiguity. In re-drafting Good Medical Practice we recommend that the word "must" is used where the failure to abide by that standard or practice will automatically put registration at risk (or in other words, it by definition is a "serious" departure from Good Medical Practice which would lead to investigation and possible sanctions). This would be much clearer for all concerned.

We would recommend that discretionary areas which are currently dealt with by the word "should" are avoided as much as possible, except in so far that it refers to supplementary guidance available for a variety of subjects. This way, Good Medical Practice will become a much clearer and practical guide to what is required from doctors, supplemented by further guidance which gives further clarification and advice on how to comply.

To use an example from the current version of GMP, which we recommend you prioritise for review, let us look at paragraph 30 "Being Open and Honest when things go wrong". The current wording says a doctors "must" if possible, act to put things right. We believe that is quite right and proper, provided that failure to do this automatically means that the doctor's registration will be put at risk.

However, as regards informing the patient fully and promptly as to what has happened, the word used is “should”. Whether intended or not, this implies that whilst desirable, actually being honest with the patient is not essential. In our view, being open and honest with patients deserves to be a “must”. A more appropriate wording of paragraph 30 would, we suggest, be:

“If a patient under your care has suffered harm or distress as a result of something going wrong, whether by error or omission, you **MUST** act immediately to address the patient’s clinical needs, if that is possible. You **MUST** explain fully and promptly what has happened and the likely short and long-term effects. If you are aware of a patient suffering harm where you were part of a team responsible for their care, or where the patient was under a colleague’s care, you **MUST** report this incident to an appropriate person or body if you have reason to believe that the patient has not been informed. You should refer to guidance on ‘Being Open’ for help with how you should deal with such situations and how to explain them to patients or their family”.

In paragraph 6 “Raising Concerns about Patient Safety”, the word “should” should be replaced with “must”.

We look forward to taking part in the full consultation in due course.

Yours faithfully

Peter Walsh

Peter Walsh
Chief Executive