AvMA's response to the GMC's public consultation on guidance:

Leadership and management

and

Raising and acting on concerns on patient safety

Submitted January 2026

Introductory questions

Using the guidance

We have received a range of feedback about the way the current guidance is structured and the current wording. It's vital that the guidance is user-friendly and easy to navigate, and we want to hear your views on this.

The structure of *Leadership and management*

In the *Leadership and management* guidance, most of the paragraphs apply to all our registrants. However, there are some paragraphs that apply only to those who have *extra responsibilities*. The term *extra responsibilities* refers to those with management or leadership responsibilities at a personal, team, organisation or policy level. This may include formal management roles, such as clinical or medical directors, or roles with responsibility for supervising and managing staff (including those from a different professional background), resources and services.

1. **To what extent do you think the structure of the *Leadership and management* guidance makes it easy to use?**

Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult	Don't know
	x				

If you'd like to, please explain your answer to question 1.

The structure is clear, direct and digestible. AvMA's only query would be whether an explicit definition of extra responsibilities and which staff have them would be useful. It is unclear whether staff would always be aware that their role means they have additional obligations under the guidance. Clinical leaders should ensure that those in their team understand additional responsibilities associated with their role.

The title of *Raising and acting on concerns about patient safety*

We have received feedback that the current title of this guidance could be acting as a barrier to doctors, PAs and AAs who want to raise concerns, but don't believe their concern is linked to patient safety. For example, their concern might be about the poor behaviour of a colleague, or the behaviour of another person such as a patient or patient's relative. It is important these concerns are raised. We want to encourage doctors, PAs and AAs to speak up when things aren't right.

We understand that there are many factors which can have a detrimental effect on patient experience, such as a poor working culture which focuses on blame rather than learning, and a

lack of governance and accountability. These are some of the reasons we are thinking about updating the title of the guidance.

2. To what extent do you agree that the title should be updated to reflect concerns beyond patient safety?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	x			

If you'd like to, please explain your answer to question 2.

AvMA acknowledges that there is an extensive list of concerns which a doctor, PA or AA may feel they need to raise. If individuals are reporting that the title of the advice may be a barrier for the reporting of concerns, then there clearly is a need the title to change. Reporting and raising concerns are a crucial element in building a health service which is transparent, accountable and willing to improve.

However, we think it is very important that doctors, AAs and PAs are aware of and understand that if an issue or concern is worth raising and reporting it will be a patient safety concern, albeit indirectly. Poor behaviours and tensions absolutely impact on patient experience and can pose a risk to patient safety by hindering the focus of individuals which should be on patient care. Civility Saves Lives is one example of a clinician-led initiative which works to raise awareness and counter these behaviours and dynamics.

If the title is changed, then it will be important to qualify the types of concerns the guidance covers and make clear the relationship between poor behaviours and cultures and patient safety.

If you have a suggestion for a new title, please share this in the box below

Shorten to *Raising and acting on concerns.*

Overlap between the two pieces of guidance

There are a number of issues that are covered in both *Leadership and management* and *Raising and acting on concerns about patient safety*, including:

- The need for leaders and/or managers to create compassionate and inclusive cultures where colleagues are empowered to speak up and encouraged to learn from issues rather than assign blame

- How leaders and/or managers must respond if a colleague raises a concern with them or if they witness inappropriate behaviour
- The expectations on all doctors, PAs and AAs regarding:
    - sustaining a positive culture
    - raising concerns
    - supporting colleagues.

To help make it easier to find the relevant information, we're considering whether to combine the two pieces of guidance, so everything is in one place.

3. To what extent do you agree with the suggestion to combine *Leadership and management* and *Raising and acting on concerns about patient safety* into a single piece of guidance?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
			x	

Equality, diversity and inclusion

Inclusive working and training environments are crucial to the wellbeing of all doctors, PAs and AAs and to safe patient care.

Since both sets of guidance were last reviewed, public inquiries and other reports have found that systemic inequalities, discrimination and bias can lead to underreporting of concerns and unsafe care for various patient groups[*].

As part of this guidance review, we're carrying out an impact assessment to help us to identify how changing the guidance could impact doctors, PAs and AAs, patients and any others with protected characteristics. We will also consider how protected characteristics can overlap or 'intersect' with one another and we will consider the compound effect when this happens.

- As an example, we know from the 2025 *national training survey*[†] that some doctors in training experience disadvantages associated with their personal or protected characteristics. 56% of trainees from an ethnic minority background said they felt confident to challenge discrimination and unprofessional behaviours amongst colleagues and healthcare professionals compared to 64% of white trainees.
- When asked about reporting discrimination without fear of adverse consequences, 50% of female surgery trainees said they felt confident, compared to 61% of male surgery

[*] For example, Maternity and neonatal services in East Kent: 'Reading the signals' report

[†] National Training Survey 2025 results

trainees. Rates of confidence also differ between specialty as 69% of female GP trainees said they felt confident compared to 80% of male GP trainees.

Everyone has the right to work and train in an environment which is fair, free from discrimination, and where they're respected and valued as an individual. It is vital that leaders and managers create and maintain this type of environment to support and sustain their workforce and to empower them to deliver safe, high-quality patient care. We want the updated guidance to help them to achieve this.

4. **Do you have any suggestions for guidance aimed at leaders and managers to help them foster inclusive, discrimination-free environments where all team members feel respected and valued?**

Acknowledging that we all carry unconscious biases is the best first step to addressing them and ensuring working environments and cultures are fair and free from discrimination, as exemplified by the relationship between Responsible Officers and Employer Liaison Officers and how they encourage open dialogue. We need registered clinicians to feel confident to seek the advice and perspectives of others.

5. **Do you have any suggestions about how our *Raising concerns* guidance can be improved to help to achieve this?**

The Raising Concerns guidance is very strong on the processes that need to be followed if a concern is raised. It is evident that the development of inclusive, discrimination free environments where teams feel respected and valued is vital in the development of all high performing teams. Teams that work well together, are responsible and accountable for their behaviours are better placed to deliver safe care. Team culture should be embedded through all interactions and will falter if addressed only after concerns are raised. AvMA suggest that this could be promoted through mentoring and peer support, for example: Clinicians with extra responsibilities should ensure proper networks, mentors, peer support is in place to encourage an open culture. Clinicians with extra responsibilities should model good behaviours around open and transparent working practices including inviting feedback and dialogue through formal and informal channels. Clinicians should be open to constructive discussion and have a responsibility to contribute to an open, fair and inclusive working culture. These requirements might be best addressed as part of the Leadership and Management guidance.

Thematic questions on Leadership and management

In this section, we'd like your feedback on the key themes that we identified when exploring the *Leadership and management* guidance during our research and pre-consultation engagement activities.

Theme one: Terminology

The current *Leadership and management* guidance does not define the terms leader/leadership and manager/management. In this guidance the words are used interchangeably. We recognise that leaders and managers are distinct roles. So, in the updated guidance we want to be clearer about our expectations of doctors, PAs and AAs who perform these roles. We want to get your views on how the new guidance should describe registrants who lead and/or manage others and what it means to lead and to manage

Defining a leader, leadership behaviours and leadership skills

While not all doctors, PAs and AAs will have the word 'leader' in their job title, many will be demonstrating leadership behaviours every day, maybe without realising. This could be taking a ward round or reporting a concern.

We want to encourage our registrants to recognise these everyday leadership behaviours and to consciously develop them. Demonstrating leadership behaviours can have a positive impact on a doctor's, PA's or AA's own practice, their interactions with their colleagues and teams and on patient care.

For doctors, PAs and AAs who want to gain a greater understanding of leadership as they progress in their career, we would encourage them to develop leadership skills. Like any skill, leadership can be studied, practised, and recognised through qualifications. We think our registrants demonstrate leadership when they do the following:

- act with integrity
- show accountability when things go wrong
- role model professional and inclusive behaviours
- create compassionate, fair and psychologically safe environments
- act when negative behaviour undermines the inclusive environment
- motivate and inspire individuals and teams to perform at their best
- show respect for and sensitivity towards others' life experience, cultures and beliefs
- oversee clinical governance, risk management and audit processes
- set direction and have strategic vision for long term success

- drive positive change.

This isn't a finalised definition of leadership; it's simply a starting point. We want to hear from you about how we should describe a leader in the updated guidance.

6. To what extent do you agree that the list above is a good starting point to describe the skills a doctor, PA or AA should have to be a leader:

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
x				

7. Do you have any further comments or suggestions around the definition of leadership?

Guidance should be clear that all individuals can display leadership qualities in their day-to-day roles. Leadership can be studied and recognised through qualifications, and some individuals with have roles with innate leadership requirements, but this does not preclude others from modelling the characteristics of leadership. Patient safety, as part of a supportive and accountable health system, will not be delivered through senior leaders alone. Everyone has a responsibility and duty to take the lead on patient safety, and this is especially important if concerns need to be raised and dealt with. From our experience of over 40 years of supporting harmed individuals we know that every member of the team can take the lead to support patients.

Defining a manager, management behaviours and management skills

Some doctors, PAs and AAs will have the word 'manager' in their job title. However, just as with the term 'leader', some of our registrants may be displaying management behaviours when carrying out their everyday tasks without holding a formal management title.

Some doctors, PAs and AAs may wish to develop their management skills and may opt for further study or training, so their skills are recognised through qualifications. Registrants who are managers may well act as leaders too.

As UK healthcare continues to evolve and technology continues to advance, we also recognise that some of those registered with us will perform non-traditional management roles, such as managing colleagues remotely, which can present both opportunities and challenges.

As a starting point we think a doctor, PA or AA who is a manager or who wants to display management skills will be demonstrating many of the skills we have listed for leadership, along with the ability to do the following:

- plan, organise and oversee operational activities to achieve a desired outcome.

- empower and direct the people they manage by:
    - setting clear goals
    - providing constructive feedback
    - supporting their health and wellbeing
- ensure polices are implemented, processes are followed and standards maintained
- manage resources efficiently and appropriately.

8. **To what extent do you agree that the list above is a good starting point to describe the skills a doctor, PA or AA should have to be a manager?**

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	X			

9. **Would you like to comment on how we have described managers/management behaviours and management skills? Do you have any suggestions for improvement?**

There is a distinction between management skills and management behaviours. For people in formal management roles, it could be useful to include an expectation around reflection upon their management style and process. Akin to clinical practice, when management skills form an official part of the role they should be developed and subject to appraisal as they can directly influence patient outcomes and experience. As outlined above, there are many factors, including poor team management, that can indirectly impact upon patient safety. The GMC needs to make sure there is absolute clarity between what is meant by Leadership and Management.

Theme two: guidance on supervision

Good medical practice says that all doctors, PAs and AAs must:

- make sure that all colleagues whose work they are overseeing have appropriate supervision
- only practise under the level of supervision appropriate to their role, knowledge, skills and training, and the task they are carrying out.

Leadership and management provides more detail about the principles guiding supervision in healthcare settings and this review is an opportunity to make sure the guidance is relevant and appropriate to how medicine is practised today.

It is important that the guidance is clear but not limiting. While doctors are more likely to be in supervisory roles than PAs or AAs, we know from our engagement activity that some PAs and AAs also have these responsibilities. Similarly, although a supervisor will usually be senior to the person being supervised, this position can sometimes be reversed if the more senior colleague is less experienced in a particular activity or procedure. Our registrants frequently work in multiprofessional teams and may supervise other healthcare professionals.

Supervision expectations for all

The current guidance sets out the expectation that all doctors, PAs and AAs must:

- ensure they are appropriately supervised for any task they perform
- be willing to ask for advice and support from colleagues when necessary.

Responsibility and accountability

The current guidance sets out the expectation that all doctors, PAs and AAs should:

- establish with their employer the scope of their role and the responsibilities.
- raise any issues of ambiguity or uncertainty about responsibilities, including in multidisciplinary teams, to clarify:
    - supervision arrangements for staff and lines of accountability for the care provided to individual patients
    - who should take on leadership roles or line-management responsibilities
    - where responsibility lies for the quality and standard of care provided by the team.

Those with extra responsibilities

If they have extra responsibilities, doctors, PAs and AAs must also do the following:

- understand the extent of their supervisory responsibilities, give clear instructions about what is expected and be available to answer questions or provide help when needed
- make sure the people they manage have appropriate supervision
- support colleagues they supervise or manage to develop their roles and responsibilities by appropriately delegating tasks and responsibilities
- be satisfied that the staff they supervise have the necessary knowledge, skills and training to carry out their roles**.**

10. To what extent do you agree that the current guidance supports safe and effective supervision?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
	x				

11. Would you like to comment on how the guidance on supervision could be improved?

Supervision is an important facet of patient safety and needs to be appropriately championed throughout teams. As such, clinicians must understand any supervisory responsibility they have and this should be documented, and where it is not clear this is something that should be raised with management. Moreover, individuals with extra responsibilities should have a duty to raise or report any issues that those they manage have with their supervisors. There should be collective recognition of the importance of appropriate supervision and a responsibility to ensure that this is embedded and adhered to.

Theme three: the role of leaders and culture

Paragraph 9 of the *Leadership and management* guidance states that leaders and managers* *must advance equality and diversity by creating or maintaining a positive working environment free from discrimination, bullying and harassment* and *must make sure that [their] organisation's policies on employment and equality and diversity are up to date and reflect the law.*

12. In your experience, how well do leaders and managers actively advance equality and diversity?

Very well	**Well**	**Adequately**	**Poorly**	**Very poorly**	**Don't know**
					x

13. In your experience, how well do doctors, PAs and AAs who are leaders and managers create or maintain a positive working environment?

Very well	Well	Adequately	Poorly	Very poorly	Don't know
					x

14. In your experience, how well do doctors, PAs and AAs who are leaders and managers create a working environment free from discrimination, bullying and harassment?

Very well	Well	Adequately	Poorly	Very poorly	Don't know
					x

* Paragraph 9 is a duty for doctors, PAs and AAs *with extra responsibilities.*

The current guidance states that if you are responsible for leading or managing a team, you must make sure that staff are clear about their personal and collective responsibilities for:

- patient and public safety
- honestly recording and discussing problems.

Leaders and managers should also:

- contribute to setting up and maintaining systems to identify and manage risks in the team's area of responsibility
- make sure that all team members have an opportunity to contribute to discussions
- make sure that team members understand the decisions taken and the process for putting them into practice
- make sure that each patient's care is properly coordinated and managed.

15. In your experience, how well do doctors, PAs and AAs who are leaders and managers follow this guidance to create a safe working environment where people can talk about errors and concerns?

Very well	Well	Adequately	Poorly	Very poorly	Don't know
					x

16. Is there anything else you wish to tell us about the *Leadership and management* guidance?

As a charity representing the experiences of patients, we don't feel that we are qualified to answer Questions 12-15, which we interpret as directed more towards respondents with front line experience.

AvMA's experience of supporting thousands of individuals who have experienced avoidable medical harm has made clear how often leadership and culture are crucial contributory factors in the experiences of patients, and as such we welcome all action by the GMC to enhance this crucial guidance.

Thematic questions on Raising and acting on concerns about patient safety

In this section, we'd like your feedback on the key themes that we identified when exploring the *Raising and acting on concerns about patient safety* guidance during our research and pre-consultation engagement activities.

Theme one: Leaders and managers must act when concerns are raised with them

Good medical practice states that if a doctor**,** PA or AA in a formal leadership or management roles witnesses or is informed of bullying or other inappropriate behaviours by colleagues, the expectation is clear: they must act. It states they must:

a. *make sure such behaviours are adequately addressed*
b. *make sure people are supported where necessary, and*
c. *make sure concerns are dealt with promptly, being escalated where necessary.*

This expectation is consistent with the guidance in both the *Leadership and management* and *Raising and acting on concerns about patient safety* guidance which state that leaders and managers have a responsibility to act when serious concerns are raised with them

However, during our pre-consultation engagement, we heard anecdotal evidence that doctors, PAs and AAs may choose not to report bullying or inappropriate behaviour because they have done so before, sometimes more than once, and no action was taken.

When a concern is raised to a leader or manager, they must take it seriously and address it appropriately to ensure a safe and respectful working environment.

We want to support doctors, PAs and AAs to raise concerns, and we want to help leaders and managers to handle these situations effectively.

We acknowledge that there can be many reasons to explain why leaders or managers may fail to act and that these situations can be complex. However, when there has been a serious disregard for their duties, a pattern of leadership failings, or an attempt to cover up a serious event, the leader/manager should be asked to account for their actions and omissions.

17. **To what extent do you agree with our suggested approach to doctors, PAs and AAs who are leaders or managers who fail to act when serious concerns have been raised with them?**

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	x			

18. **Were you previously aware of the expectation on doctors, PAs and AAs who are leaders and managers to act when they witness poor behaviour or are made aware of it? Do you have any comments?**

AvMA is aware of the expectations on clinical professionals who are leaders and managers to act when they witness, or are made aware of, poor behaviours. We also appreciate that on occasion these situations can be complex and there may be acceptable reasons why action isn't taken. A large amount of faith is placed on leaders and managers to trust their own judgement as to whether action is required or not, and in such instances to remain unmoved by pressures, personal relationships, team dynamics and internal bias. This is especially true in the less clearcut aspects of poor behaviour. In such cases, especially where action isn't taken, perhaps a duty to document or record issues should be considered so there is a record of behaviours, should further issues arise. The act or recording also helps clarify thought processes and encourages a greater degree of objectivity.

Theme two: Barriers to speaking up

We understand that there are many reasons why doctors, PAs and AAs may be reluctant to speak up about inappropriate behaviours or patient safety concerns they have experienced or witnessed.

Some fear there will be a detrimental impact to their training, employment or career prospects. Others may believe they have more to lose – for example, doctors who have come to work in the UK from another country may fear consequences for their right to live and work in the UK.[*]

Another reason is a lack of belief that speaking up will lead to meaningful change. This is especially true for doctors, PAs and AAs who have previously raised concerns without resolution or action being taken. However, we recognise that in some cases, confidentiality will prevent a leader or manager from being able to share the outcome.

19. **Do you have any suggestions on how we can reduce barriers for doctors, PAs and AAs to raise concerns?**

[*] National Guardian's Office (2025), *Listening and learning: Amplifying the voices of overseas-trained workers, a review of the speaking up experiences of overseas-trained workers in England*

As a patient body we are not experts in team dynamics between clinical professionals or how best to reduce barriers to speaking up. We are, however, qualified to comment on the impact on patients when staff are seen to close ranks or not speak up when they have witnessed unsafe or uncaring behaviours. It can be devastating for patients and their families. Shifting the culture in healthcare settings to one which is truly open, accountable and committed to learning and improving is key, but it is not simple. AvMA is advocating for the introduction of the Harmed Patient Pathway, grounded in the principles of restorative justice, to encourage better support of individuals after avoidable harm through open and honest conversation with facilitates the rebuilding of trusting relationships between all parties including staff. Aside from the obvious benefits for patients and families this approach could have far reaching advantages for improving the culture within healthcare teams by further fostering open and honest communication about issues, and swifter acknowledgement and resolution of these issues.

20. Have you experienced or witnessed any differences in approaches to raising and acting on concerns, for example, between:

- **a. medical specialties?**
- **b. the four countries of the UK?**
- **c. the NHS and the independent sector?**
- **d. primary and secondary care?**

From the point of view of a charity which provides a casework service to people and their families who have suffered avoidable harm in a medical setting we have some limited evidence suggesting that the more advanced the medical speciality, often the better the approach and communication with the family, than in areas of general medicine. For example in ICU, Oncology, Neurology and other such disciplines, concerns seem to be more readily acted on (we see this from the point of view of responses to complaints and investigations such as PSIRF investigations.) Areas such as general medicine or general surgery seem to provide a less cogent response to raising and acting on concerns.

We do not have sufficient experience of dealing with victims of avoidable medical harm in Northern Ireland and Scotland as their legal systems are different. The NHS Redress Scheme in Wales gives a more structured approach. In England, the response to raising actions and concerns is highly variable.

Theme three: Victimisation and detriment as a result of raising concerns

Stakeholder feedback has shown that, in rare cases, doctors, PAs, AAs or other healthcare professionals who raise concerns with leaders or managers may face victimisation. In the most serious cases, the leader or manager may seek to shift blame onto them. They may also threaten to report them to us or another regulator in an attempt to discourage them from pursuing their

concerns. We take this type of behaviour very seriously as it is contrary to the spirit of the guidance which seeks to offer support and reassurance to those raising concerns.

There are provisions in the current guidance to prevent a person raising concerns from being subjected to unfairness and adverse consequences. For example, in paragraphs 22-24 of *Raising and acting on concerns about patient safety,* there are several paragraphs that place expectations on managers investigating concerns to do so fairly, fully, promptly and to follow the law. Managers must not try to deter colleagues from raising concerns and must not propose or condone agreements (sometimes called non-disclosure or confidentiality agreements) to restrict a colleague's right to disclose information. Managers also have a responsibility to protect those raising concerns from unfair criticism or action including any detriment or dismissal and they must tell them what action has or will be taken.

Paragraphs 66-68 of the *Leadership and management* guidance provides advice for leaders and managers who deal with grievance procedures. The guidance explains the importance of understanding and separating a personal grievance (that is a complaint about a registrant's own employment situation) and a concern about a risk, malpractice or wrongdoing that affects others. The guidance is clear that this is particularly important if patients or members of the public are at risk of harm.

We want to know your thoughts about the current guidance provisions, whether there are any gaps and if so, what we need to do to help ensure people raising concerns are protected from adverse consequences.

21. To what extent do you agree that the existing guidance is sufficient to protect those who raise concerns from experiencing victimisation, including being blamed or threatened by doctors, PAs or AAs in leadership or management roles?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	x			

22. Do we need a new paragraph to explicitly prohibit our registrants from victimising those who raise concerns?

The current guidance provisions are well considered to protect individuals raising concerns from adverse consequences. Unfortunately, it seems that there is still an explicit need to tell registrants not to victimise others. AvMA is supportive of action taken in the interests of promoting an open and accountable culture in healthcare settings, where this can improve the safety and quality of patient care.

Operational questions

Overall comments

In this section, we'd like your views on *Leadership and management (2012)* and *Raising and acting on concerns about patient safety (2012)* overall and anything we haven't specifically asked about already. When answering these questions, please bear in mind the criteria which the final guidance must meet and the remit of the consultation itself. Any new paragraphs must be:

- relevant to the individual registrant's practice, not an action for employers, educators or government
- relevant to most – if not all – doctors, PAs and AAs, bearing in mind that not all work in patient-facing roles, or in the NHS
- actionable by doctors, PAs, and AAs in practice and capable of being evidenced, for example through appraisal and revalidation
- necessary to protect patients, maintain standards or to uphold confidence in the professions we regulate.

In particular, you might want to tell us if there's anything we should remove from the current *Leadership and management (2012)* and *Raising and acting on concerns about patient safety (2012)* guidance or if there is anything missing?

23. Please provide your overall comments

The Guidance on Leadership and Management is particularly comprehensive. We note that there is less guidance to junior staff on what to do if something happens at a time when consultant level staff are not in the department (i.e. weekends). However, we think this comes under an action for employers rather than an individual action. Perhaps clinicians with extra responsibilities should ensure their juniors have an awareness of processes and reporting structures and possible alterations depending on issues such as staffing.

Implementing our guidance

When we update our guidance, we have a role in supporting doctors, PAs and AAs to understand how the principles in the guidance apply in practice in their specific roles.

We're aware there are many factors influencing the everyday practice of doctors, PAs and AAs, and these can vary depending on their working environment. For example, how a service is organised, different workplace cultures, access to training, and availability of professional support are some of the factors that could affect how easy it is to put guidance into practice. We want to gain a better understanding of these factors, which could include:

- Barriers - things that make it difficult to apply the guidance
- Enablers - things that support or make it easier to apply the guidance. This includes any opportunities for future improvement or innovation.

Your suggestions will also help us to focus our efforts when the new guidance is published.

24. Please provide any comments to help us design our implementation plan

N/A.