



Good medical
practice



2024

Implementing *Good medical practice* 2024

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General
Medical
Council



#GoodMedicalPractice2024

GMC Outreach

Regional and national

Improve understanding

Promote and support excellence

Teaching and engagement workshops

In person and online

Gather and share insight



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To explore the key updates
to our standards

Aims of the session:



To consider your role in
the implementation of
Good medical practice

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Good medical practice is at the heart of UK healthcare. It sets the standards of care and professional behaviour expected of all medical professionals registered with us.

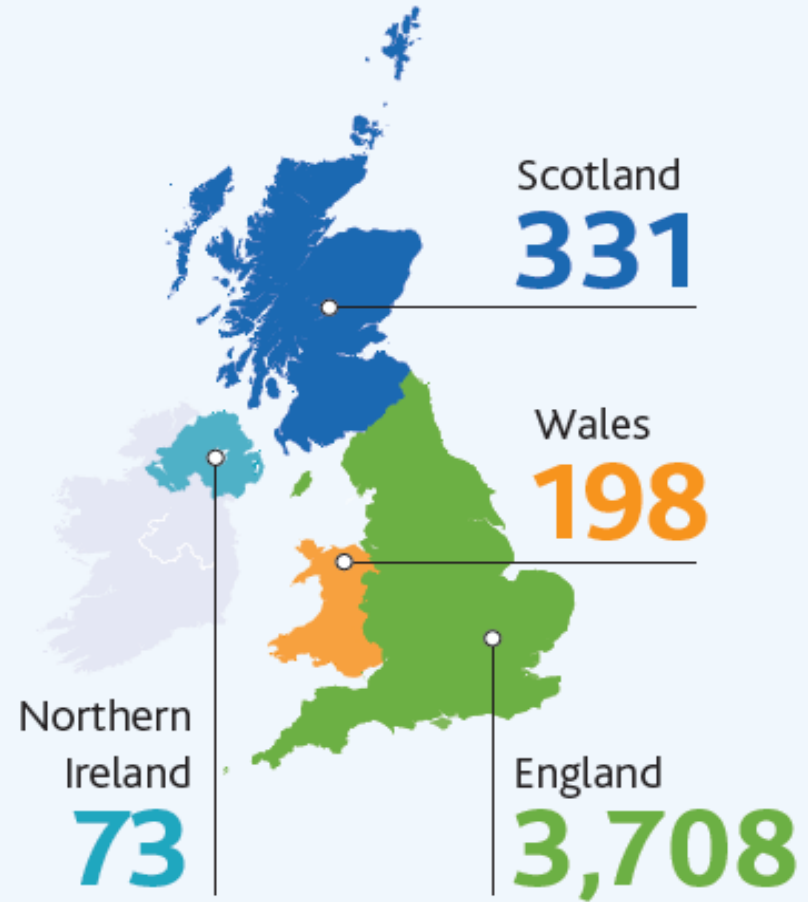


General
Medical
Council

Our consultation on *Good medical practice*



We heard from over **4,600** medical professionals and members of the public



29% of medical professionals who responded qualified outside UK and Europe (roughly the same proportion as on our medical register).

How familiar are you with the new GMP?

- a) Not read it
- b) Had a quick look & got a general sense of it
- c) Read it & have a good grasp of it

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What's new?

Exploring the key updates to the standards

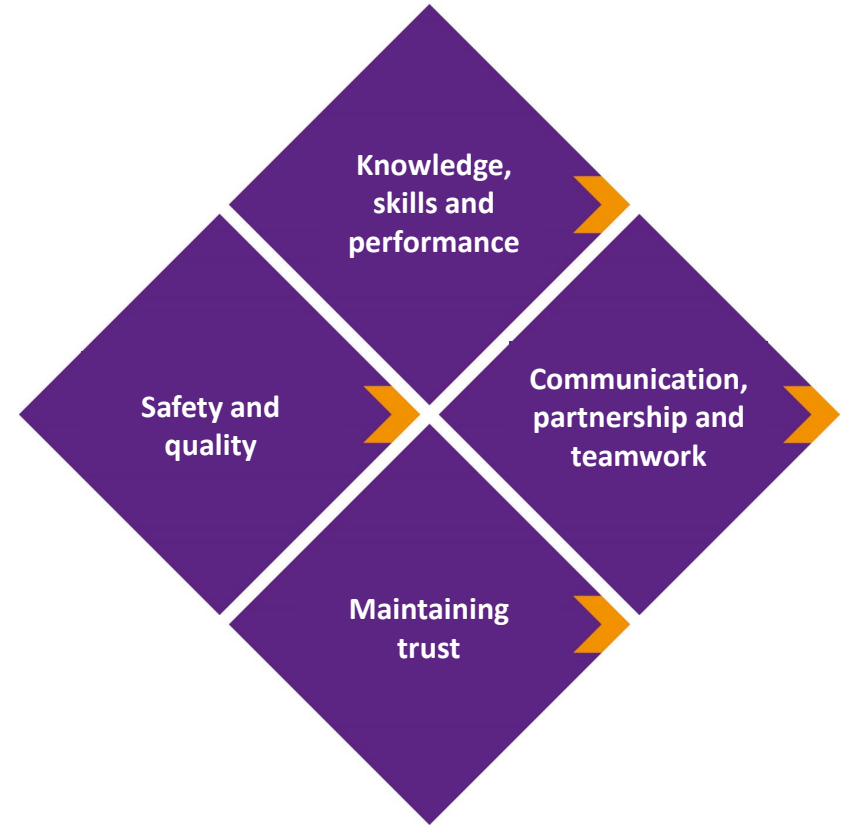


The four domains

2024



2013



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The four domains





Fairness



Remote consultations



Making sustainable decisions



Research



Treating patients with kindness, courtesy and respect



Partnership working



Meeting communication needs



Safeguarding

Treating patients with kindness, courtesy and respect

23 You must treat patients with **kindness, courtesy and respect**. This doesn't mean agreeing to every request or withholding relevant information that may be upsetting or unwelcome. It means:



What is kindness?

What behaviours do you think represent kindness?



What is kindness?



Kindness means ...

Communicating sensitively & considerately, particularly when you're sharing potentially distressing issues about the patient's prognosis and care

Listening to patients, recognising their knowledge and experience of their health, and acknowledging their concerns

Trying not to make assumptions about what a patient will consider significant or the importance they will attach to different outcomes

Being willing to explain your reasons for the options you offer (and the options you don't) and any recommendations you make

Recognising that patients may be vulnerable, even if they don't seem it

Being alert to signs of pain or distress, and taking steps to alleviate pain and distress whether or not a cure may be possible.

Do doctors need to be told to be kind?

There is no need, in my view, to seek a technical definition of kindness. It is a word whose ordinary meaning most of us understand without much difficulty.

However, when determining whether a doctor has been kind or unkind, decision makers must be sensitive to context and culture.

Daniel Sokol, BMJ August 2023



Contributing to a positive environment



Tackling discrimination



Team working and delegation



Leadership

Contributing to a positive working and training environment

57. (new) You must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress. What we mean by acting ‘in a sexual way’ can include – but isn’t limited to – verbal or written comments, displaying or sharing images, as well as unwelcome physical contact. You must follow our more detailed guidance on Maintaining personal and professional boundaries.



What would you do?

Sir, This “snowflake generation” of young doctors, largely female and selected on mainly academic excellence, clearly did not do their homework. Medical training and practice is brutal and demanding, with long hours, and bullying happens. Sexually inappropriate comments and actions do occur. It is stressful. All I can say is that if they want to make a success of this rewarding career then they should toughen up. Perhaps four A*s at A-level are not the answer to all the problems they will face.

You overhear a **senior** colleague read this letter to *The Times* out loud. They then state “Well, he’s got a point.” This could be heard by several people, including trainees.

The bystander duty

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Everyone
should
act...

- offer support
- have a quiet chat
- challenge the behaviour
- consider reporting

Leaders
must
act....

- address behaviours
- support people
- deal with concerns promptly, escalating if necessary



Acting with honesty and integrity



Maintaining professional boundaries



Communicating as a professional



Managing conflicts of interest

The five key themes:

A new approach?



Five key themes

1

Creating respectful, fair and compassionate workplaces

2

Promoting patient centred care

3

Helping to tackle discrimination

4

Championing fair and inclusive leadership

5

Supporting continuity of care and safe delegation



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Creating respectful, fair and compassionate workplaces

General Medical Council



GMP 2024: Key updates

Theme: Creating respectful, fair, supportive and compassionate workplaces for colleagues and patients.

Para 48: You must treat colleagues with kindness, courtesy and respect.

Para 49: To develop and maintain effective teamworking and interpersonal relationships you must: listen to colleagues, communicate clearly, politely and considerately, recognise and show respect for colleagues' skills and contributions, work collaboratively with colleagues, being willing to lead or follow as the circumstances require

Para 52: You must help to create a culture that is respectful, fair, supportive, and compassionate by role modelling behaviours consistent with these values.

Para 78: You should try to take care of your own health and wellbeing, recognising if you may not be fit for work.

What would you do?

You hear a racist “joke” at work, delivered by a popular, usually friendly, colleague?

Dr Banerji Part 1



Dr Banerji part 2



‘Bullying and undermining stops everyone talking to each other. It makes people afraid so that they don’t share confidences and concerns, and that’s really dangerous for patients because unsafe practices are allowed to carry on.’

Sir Robert Francis

[Chaired the public inquiry into deaths at Mid Staffordshire]

GMP 2024: Key updates

Theme: Tackling discrimination

Para 54: You should be aware of the risk of bias, and consider how your own life experience, culture and beliefs influence your interactions with others, and may impact on your decisions and actions.

Para 55: You must show respect for, and sensitivity towards, others' life experience, cultures and beliefs.

Para 56: You must not abuse, discriminate against, bully, or harass anyone based on their personal characteristics, or for any other reason.

Para 57: You must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress. What we mean by acting 'in a sexual way' can include – but isn't limited to – verbal or written comments, displaying or sharing images, as well as unwelcome physical contact.

Para 58: If you witness any of the behaviours described in paragraphs 56 or 57 you should act, taking account of the specific circumstances

It is also important to educate people and leaders about the subtler aspects of discrimination.

Generally, there has been a change in our society away from overt to more covert forms of discrimination and this is a sign of progress.

However, these more subtle forms of discrimination are harder to identify, assess and eradicate.

Michael West, Jeremy Dawson, Mandip Kaur

Leadership and management

You must **tackle discrimination** where it arises **and encourage your colleagues** to do the same.


You must treat your colleagues fairly and with respect.

You must not bully or harass them or unfairly discriminate against them.

You should **challenge the behaviour** of colleagues who do not meet this standard.



Professional online communication

A graphic illustrating a WhatsApp message exchange. On the left, a vertical strip shows a construction site with red and white safety tape. The main area is a light blue background with a large, faint WhatsApp speech bubble icon. At the top left, the text 'WHATSAPP EXCHANGES' is written in bold, dark blue capital letters. To the right, 'Source: UK Covid-19 Inquiry' is written in a smaller, grey font. Below this, the name 'Dominic Cummings' and the date and time '19 March 2020 - 17:59' are displayed. A yellow speech bubble contains the text: 'what did i say -- it's only a matter of time before his babbling exposes fact he doesn't know what to say'. Below the text are two circular profile pictures: the one on the left shows Dominic Cummings, and the one on the right shows Lee Cain. Both circles have a small WhatsApp icon at the bottom. At the bottom of the graphic, the text 'Dominic Cummings to Lee Cain' is written in a grey font.

WHATSAPP EXCHANGES

Source: UK Covid-19 Inquiry

Dominic Cummings
19 March 2020 - 17:59

what did i say -- it's only a matter of time
before his babbling exposes fact
he doesn't know what to say

Dominic Cummings to Lee Cain

What is differential attainment (DA)?

- Differential attainment (DA) is what we call the gap between attainment levels of different groups of doctors. It occurs across many professions.
- It exists in both undergraduate and postgraduate contexts, across exam pass rates, recruitment and Annual Review of Competence Progression outcomes and can be an indicator that training and medical education may not be fair.
- Differentials that exist because of ability are expected and appropriate.
- Differentials connected solely to age, gender or ethnicity of a particular group are unfair. Our standards require training pathways to be fair for everyone.

Fair training pathways for all?

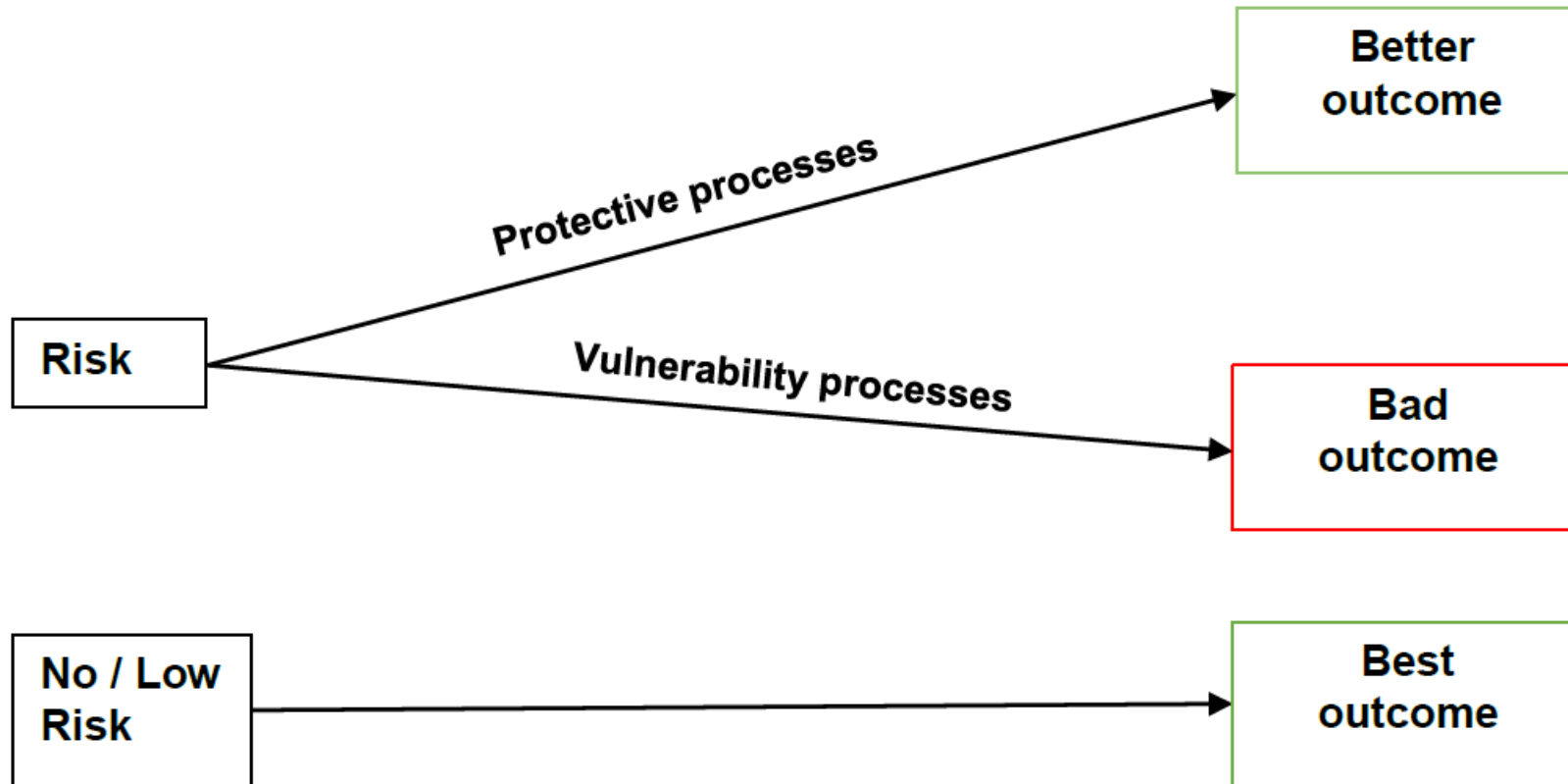


Figure 1. A model of resilience, based on Rutter (34)

Risks and vulnerability for IMGs, BME UK graduates and women

- Poorer relationships with seniors
- Problems fitting in
- Fewer learning opportunities
- Lower confidence
- Increased risk of mental health problems
- Anxiety about discrimination
- Fear of being labelled as problematic
- Stigma around seeking or accepting additional help
- Visa issues
- Work life balance

Fair to refer

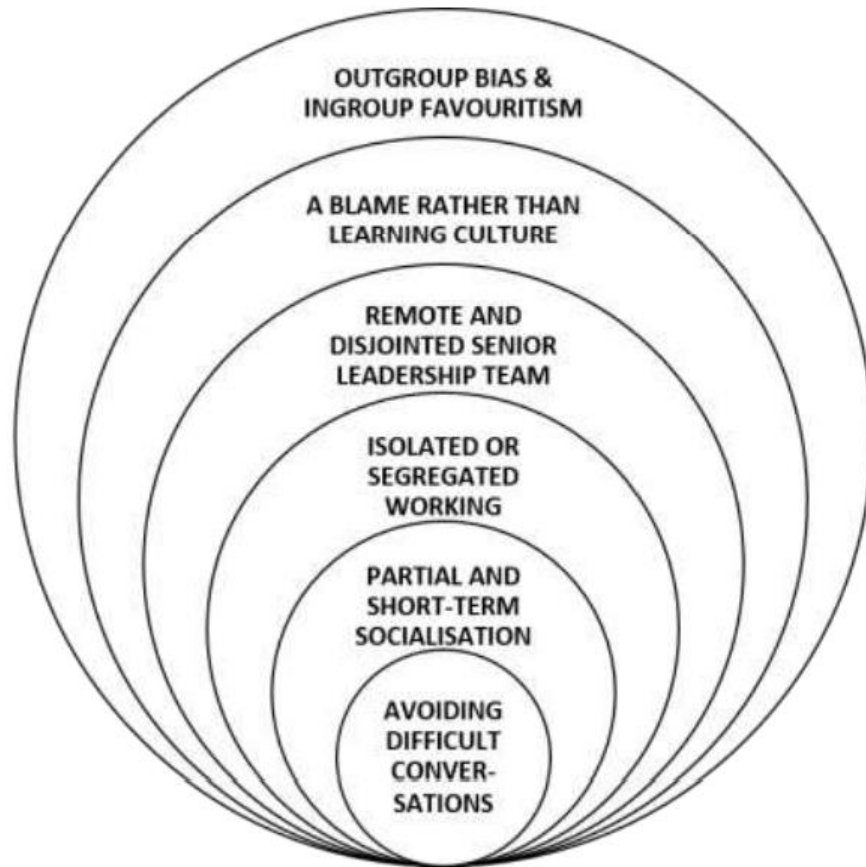


Figure 1: Risk factors

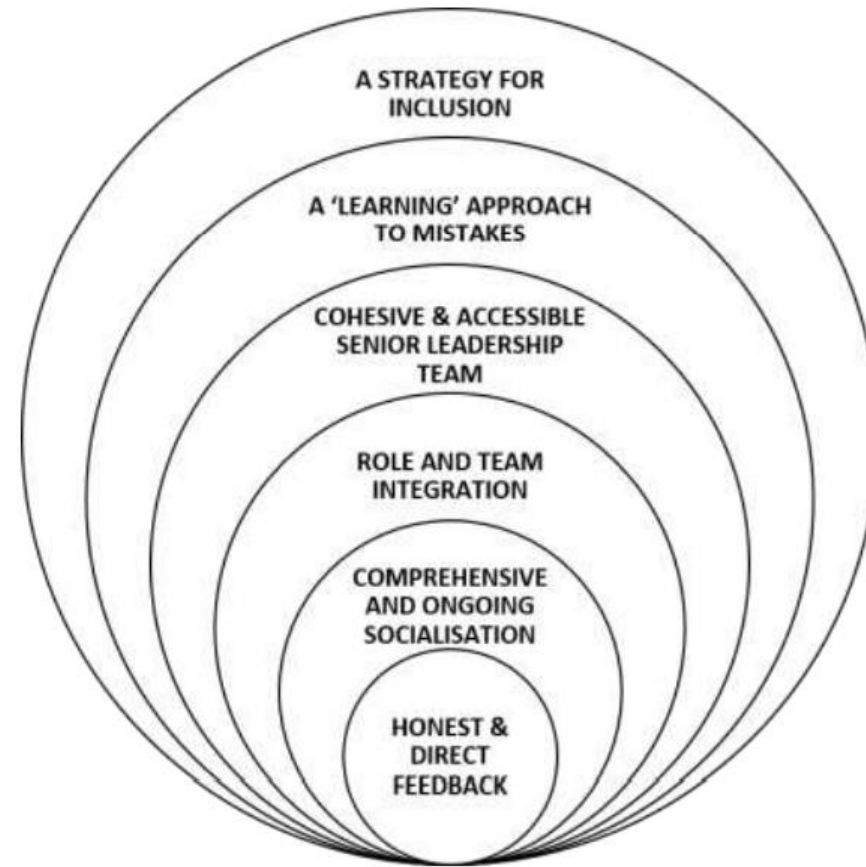


Figure 2: Protective/Neutralising factors

A real experience - Black IMG male ST1-3 GP

'Anaesthetics is not for everybody.... '

Considered leaving anaesthetics but instead tried another hospital ...

Observed there as being competent but not confident ...

With colleague encouragement, finished anaesthesia fellowship.'

What protective processes could, or do you already, apply as educators for doctors at risk of experiencing discrimination(s)?

GMC EDI TARGETS

To address the disproportionate pattern of fitness to practise complaints we receive from employers, in relation to a doctor's ethnicity and place of qualification.

We want to eliminate this by 2026

To address discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training.

We want to eliminate this by 2031

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Championing fair, inclusive leadership



GMP 2024: Key updates

Theme: Championing fair inclusive leadership

Para 52 You must help to create a culture that is respectful, fair, supportive, and compassionate by role modelling behaviours consistent with these values.

Para 54: You should be aware of the risk of bias, and consider how your own life experience, culture and beliefs influence your interactions with others, and may impact on your decisions and actions.

Para 55: You must show respect for, and sensitivity towards, others' life experience, cultures and beliefs.

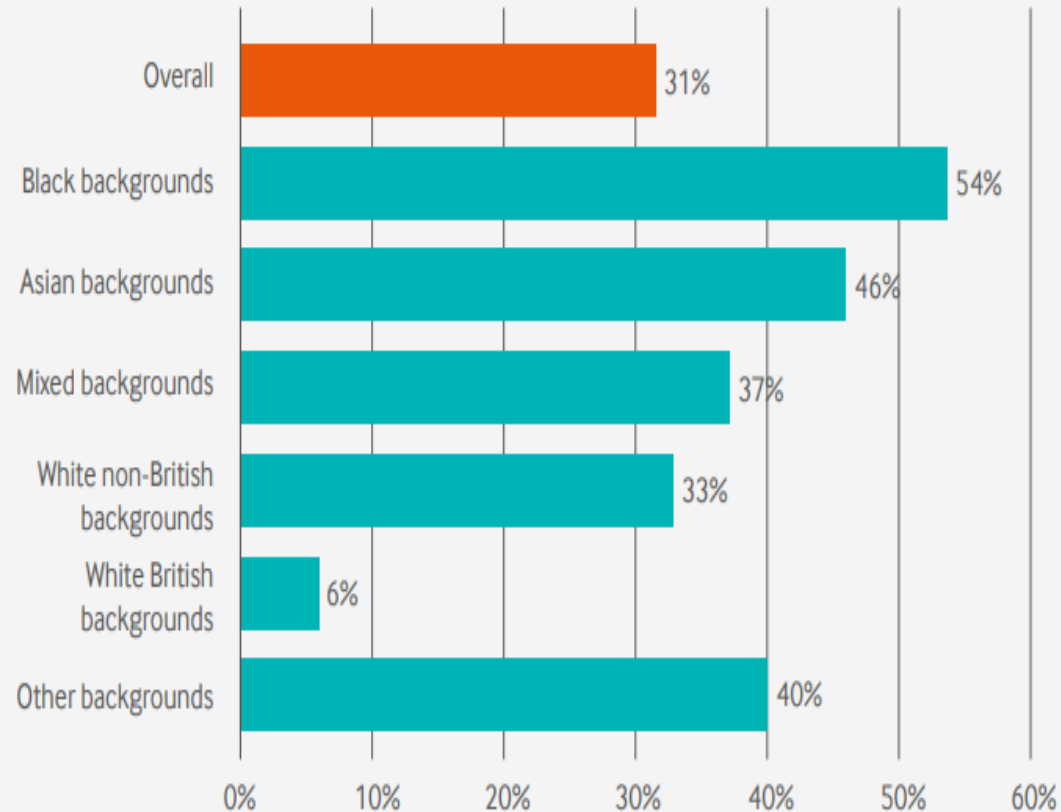
Para 59. If you have a formal leadership or management role and you witness – or are made aware of – any of the behaviours described in paragraphs 56 or 57, you must act. You must:

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

Para 76 If you have a formal leadership or management role, you must take active steps to create an environment in which people can talk about errors and concerns safely. This includes making sure that any concerns raised with you are dealt with promptly and adequately, in line with your workplace policy and our more detailed guidance on [Raising and acting on concerns about patient safety](#).

The presence of doubt

Having your clinical ability or professionalism doubted (n=857)



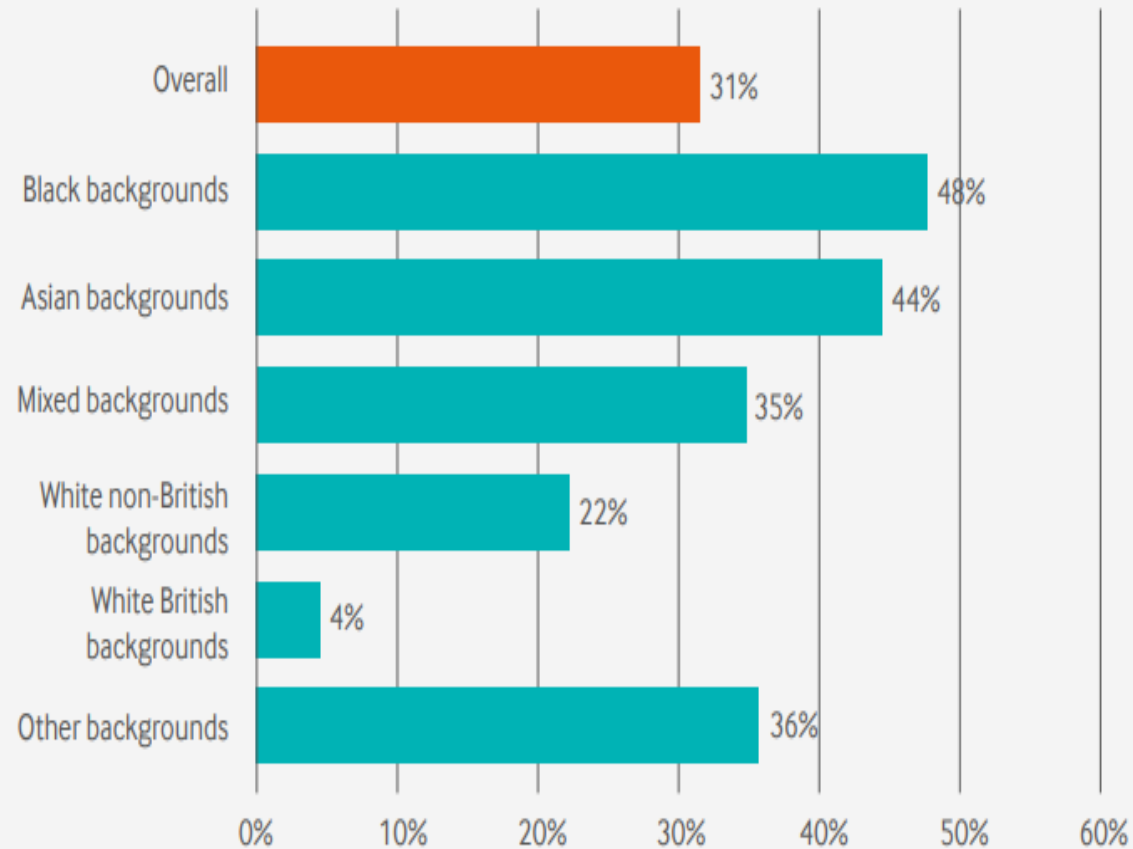
“I stayed over my scheduled time to help with a patient, and this was commented on as not having boundaries whilst the same act by a Caucasian colleague a few weeks later was lauded by the same person as ‘conscientious’.” **(Consultant, Pakistani, Scotland)**

“A consultant implying that my med school education is faulty because it was not in the UK by repeating in a loud voice for others to hear that ‘this is NOT how we learned it here’ and that I should get back to UK medical student books to learn it.” **(Junior doctor, Other Black background, England)**

Source: BMA Racism in Medicine

Unfair scrutinisation

Having your work overly/unfairly scrutinised (n=857)



“It is always subtle, like you have to explain the reasons of your decision, whereas your colleagues just say and it is done. You have to give explanation all the time.” **(Junior doctor, Pakistani, England)**

“We are treated more harshly and there’s definitely a double standard. My behaviour is scrutinised twice as much – it’s as if people are waiting for me to make a mistake to leap upon it. Also I feel there is an automatic lack of trust and an expectation of incompetence. My plans will be questioned, whereas a white male, doing the exact same actions, will sail through with no resistance.” **(GP Trainee, Black Caribbean, England)**

Source: BMA Racism in Medicine

Fitness to Practice

A departure from GMP does **not** automatically mean a referral to the GMC FTP process.

If a concern is raised with the GMC, we will assess the current and ongoing risk to public protection.

We fully consider the individual circumstances of each case:

- Seriousness
- Context
- Response

The reality v perception (FtP in Scotland - 2022)

465 complaints raised



46 met the threshold for investigation



10 were referred to tribunals



3 erasures and **7** suspensions resulted from tribunal decisions



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Types of cases most likely to be referred to MPTS

Sexual assault or indecency

Violence

Improper sexual or emotional relationship
with a patient or someone close to them

Dishonesty / probity issues

Knowingly practising without a licence

Useful links

- [Key changes to GMP](#)
- [GMC Revalidation Web Pages](#) have all recently been updated
- The Medical Protection Podcast – 3 episodes about the new GMP (from wherever you get your podcasts)

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Questions



Contact us

GMC Confidential

helpline: 0161 923 6399

GMC Contact Centre:

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www.gmc-uk.org



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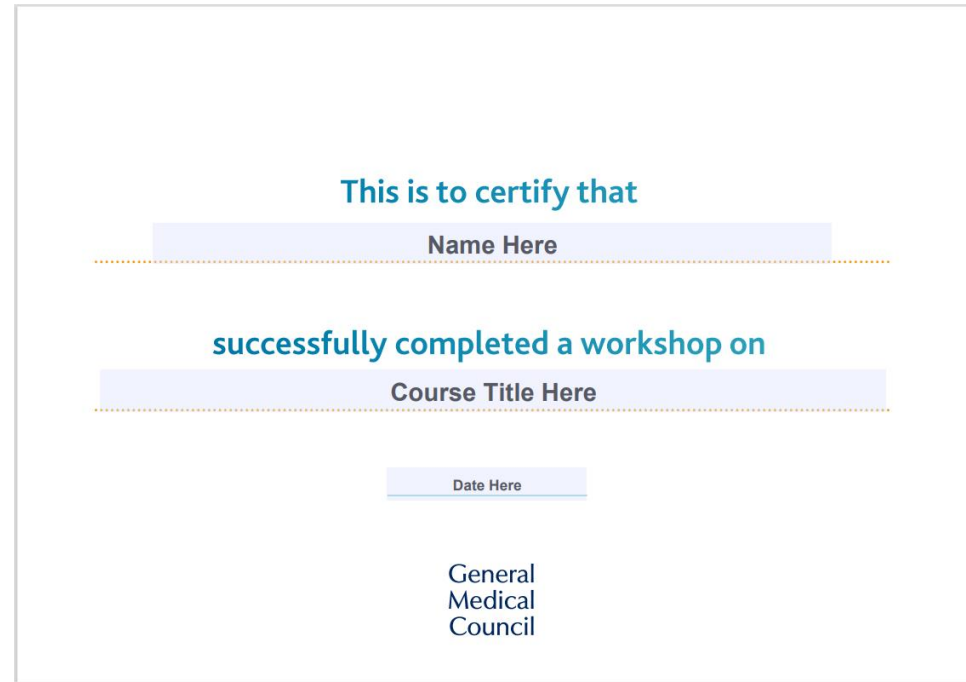
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Evaluation and session certificate

<https://www.smartsurvey.co.uk/s/N1IWPU/>



Session delivered by: Kirsten Baird