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# *Good medical practice*: a public consultation on our core guidance and professional standards

## Survey for patients and patient organisations

### Consultation summary

We want to hear your feedback on an updated version of *Good medical practice*. This sets out the standards of patient care and the professional behaviour expected from every doctor working in the UK.

*Good medical practice* isfundamental to how all doctors care for their patients, every day. They follow it throughout their careers – from the first day they join our register, until the last day they practice.

### Taking part

Please take part in this survey if you are:

* a patient or member of the public
* a carer or relative of a patient
* a member of a patient network, patient group or patient organisation.

The survey is open until 20 July 2022. There are 15 questions. It should take around 5 to 15 minutes to complete if you reply without comments. If you want to add your comments, it may take longer.

### Background

*Good medical practice* is followed by all doctors registered to work in the UK, no matter what area of medicine they work in. And, in the future, it will also apply to two further types of medical professionals - physician associates and anaesthesia associates. These two roles are specially trained to support doctors and work under a doctor’s supervision. In the guidance, we’ve used the term medical professionals to collectively describe doctors, physician associates and anaesthesia associates.

We want to make sure the guidance continues to reflect what patients need from medical professionals and what medical professionals need from each other to provide the best possible care. To do this, we’ve gathered research, data and feedback on what makes healthcare settings safe and supportive places for patients.

You can read more about how we’ve updated the guidance [on our website pages about the](http://www.gmc-uk.org/ethical-guidance/good-medical-practice-review) *[Good medical practice](http://www.gmc-uk.org/ethical-guidance/good-medical-practice-review)* [consultation.](http://www.gmc-uk.org/ethical-guidance/good-medical-practice-review)[[1]](#footnote-2)

### Purpose

We’re running this survey to help us understand what you need from medical professionals to get the best possible care. Your feedback will be used to develop the updated guidance further, before we publish it in 2023.

It’s important we hear from patients, as well as people who work in healthcare, as *Good medical practice* has to be a shared agreement on what safe and compassionate patient care involves. We want the guidance to help make sure all patients are treated with dignity, respect and are involved in decisions about their care.

This survey covers five themes:

* Communication and partnership working (open dialogue, language, reasonable adjustments) (questions 1 to 3).
* Joined up care (questions 4 to 5).
* Tackling discrimination and promoting fairness and inclusion (how to respond when patients and colleagues discriminate against others) (questions 6 and 7).
* Maintaining trust (communicating in public and private and conflicts of interest) (questions 8 to 10).
* Personal beliefs (conscientious objections to procedures) (question 11).

We also ask about how our guidance is put into practice (question 12).

For each question, we explain more about why we’re proposing to make a particular change and then ask for your feedback on it.

You can answer as many questions as you want.

## Section one – Communication and partnership working

Our updated guidance says that medical professionals must treat patients with kindness, courtesy and respect. This is because patients need to feel comfortable being honest with medical professionals to make sure their health needs are met. We think kindness matters, as patients often have contact with medical professionals at times when they are dealing with difficult issues and may be vulnerable, anxious, upset, or in pain.

We’ve used the word ‘must’, as we feel this highlights how important it is that medical professionals do this.

1. **How far do you agree or disagree that medical professionals must treat patients with kindness, courtesy and respect?**

Strongly agree Agree Disagree Strongly disagree Don’t know

Please explain why you have selected your answer:

Click or tap here to enter text.

1. **How would you expect a medical professional to act kindly when they’re supporting patients?**

Click or tap here to enter text.

### Language, communication and reasonable adjustments

It’s vital that healthcare is accessible to everyone. To support this, our updated guidance says that medical professionals must:

* take all reasonable steps to meet patients’ language and communication needs
* have open conversations with patients to find out what matters to patients
* check patients’ understanding of the information they’ve been given
* consider and respond to the needs of patients with disabilities.

Medical professionals should also make reasonable adjustments to their practice so patients with disabilities receive care to meet their needs. This includes making best use of innovations in technology.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Don’t know** |
| 1. Our guidance on language and communication meets the needs of patients. |  |  |  |  |  |
| 1. Our guidance on reasonable adjustments meets the needs of patients. |  |  |  |  |  |

Please explain why you have selected your answer:

Click or tap here to enter text.

## Section two – Joined up care

### Working together

The way medical professionals communicate with each other and colleagues makes a huge difference to patient safety and satisfaction.

Our updated guidance is clear on how we expect medical professionals to work together to provide care. But we know this doesn’t always happen effectively and in the way patients might reasonably expect. In the updated guidance we:

* emphasise the importance of joined up care, particularly for patients with complex health conditions
* say that medical professionals must not assume that someone else will pass on the information needed for patient care
* say that medical professionals must act promptly to deal with any problems arising from poor communication or unclear responsibilities within or between teams.

1. **How far do you agree or disagree that our updated guidance meets your expectations of how medical professionals work together to provide care?**

Strongly agree Agree Disagree Strongly disagree Don’t know

Please explain why you have selected your answer:

Click or tap here to enter text.

### Access to care

Medical professionals have a duty to make the care of patients their first concern. But to provide the best possible care, it’s also important that they look after their own health and wellbeing. Unfortunately, there are occasions where a patient has a health condition that presents a risk to a medical professional’s own wellbeing or the health and safety of other patients or staff. For example, diseases that can spread from one person to another unless safeguards are in place, such as hepatitis or tuberculosis.

In these circumstances, we say medical professionals must not unreasonably deny a patient access to treatment or care that meets their needs. They should take all available steps to minimise the risk before providing treatment or making suitable alternative arrangements.

We think this approach should also apply when dealing with other risks to a medical professional’s own wellbeing, such as:

* a patient threatening them
* a patient behaving in a discriminatory manner, such as refusing to be treated by a particular person because of their ethnicity.

We would like your views on whether extending the guidance in this way is reasonable and fair.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Don’t know** |
| 1. Our guidance on how medical professionals should respond to the risks posed by patients behaving in a discriminatory manner is reasonable and fair. |  |  |  |  |  |
| 1. Our guidance on how medical professionals should respond to the risks posed by patients threatening them is reasonable and fair. |  |  |  |  |  |

Please explain why you have selected your answer:

Click or tap here to enter text.

## Section three – Tackling discrimination and promoting fairness and inclusion

Our updated guidance emphasises the responsibilities of medical professionals, and the organisations they work in, to tackle discrimination and bias. And it highlights the importance of positively promoting equality, diversity and inclusion for the benefit of patients and colleagues.

### Discrimination and bias

Our guidance already reminds medical professionals not to unfairly discriminate against patients by allowing personal views to affect relationships or treatments. We’ve added a new duty which says that medical professionals should consider how their personal beliefs, views and biases (which may be unconscious) may affect patients. For example, how these could potentially contribute to health inequalities or barriers to accessing some treatments.

1. **How far do you agree or disagree that medical professionals should consider how their personal beliefs, views and biases may affect their interactions with patients?**

Strongly agree Agree Disagree Strongly disagree Don’t know

Please explain why you have selected your answer:

Click or tap here to enter text.

### Patients’ economic circumstances

Recent events, such as the COVID-19 pandemic, have highlighted how poverty and a patient’s socio-economic situation can directly impact on health outcomes. We’re trying to encourage medical professionals to think about how a patient’s socio-economic circumstances can impact their health. So we’ve added this to the range of factors medical professionals should take into account, in addition to symptoms, when assessing a patient. Other factors include psychological, spiritual, social and cultural factors.

1. **How far do you agree or disagree that we need to add economic circumstances and what we mean by this is clear?**

Strongly agree Agree Disagree Strongly disagree Don’t know

Please explain why you have selected your answer, for example, any advantages or disadvantages:

Click or tap here to enter text.

## Section four – Maintaining trust

We expect medical professionals to behave in a way that means patients and the public can trust them and have confidence in them. We’ve had feedback that we aren’t clear enough about what we expect of medical professionals when they’re communicating in public and privately. This includes on social media. So we’re proposing to update our guidance to address this.

### Communicating in public

Our updated guidance says that when communicating publicly, medical professionals must:

* be honest and trustworthy
* make clear the limits of their knowledge
* make reasonable checks to make sure any information they give is not misleading
* declare any conflicts of interest
* maintain patient confidentiality.

This applies to all forms of written, spoken and digital communication.

We feel this is needed because we’re concerned about behaviour such as:

* making false claims about the effectiveness of a medical treatment which can’t be supported by evidence
* spreading fake news about the ingredients used in a particular medicine.

1. **How far do you agree or disagree that this guidance on communicating in public is needed to uphold patients’ trust in medical professionals?**

Strongly agree Agree Disagree Strongly disagree Don’t know

Please explain why you have selected your answer:

Click or tap here to enter text.

### All forms of communication

Our updated guidance says medical professionals must not abuse, discriminate against, bully, exploit, or harass anyone, or condone such behaviour by others. This applies to all forms of communication, including on social media and networking sites, so it might include:

* making discriminatory remarks about patients in a private chat forum (such as Google Hangouts)
* making comments that bully or harass colleagues on a Facebook page which is visible to everyone
* making a speech on live television which exploits vulnerable people.

1. **How far do you agree or disagree with the following statements?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Don’t know** |
| 1. Medical professionals making abusive comments in public affects patients’ trust in the profession. |  |  |  |  |  |
| 1. Medical professionals making abusive comments in private affects patients’ trust in the profession. |  |  |  |  |  |

Please explain why you have selected your answer:

Click or tap here to enter text.

### Conflicts of interest

Recent public inquiries and reviews have highlighted the importance of medical professionals being open with patients about personal or professional interests that may influence their practice.

These are referred to as conflicts of interest, and they may come up in a range of situations. Conflicts of interest are not just about financial interests. For example, they may include:

* involvement in research into how effective a medicine is in treating a particular condition
* friendship or a relationship with someone who invented a medicine.

Our updated guidance says medical professionals must be open about any potential or actual conflicts of interest that may influence the treatment and care options they share with patients.

1. **How far do you agree or disagree that our updated guidance on conflicts of interest gives you confidence in medical professionals?**

Strongly Agree Agree Disagree Strongly disagree Don’t know

Please explain why you have selected your answer:

Click or tap here to enter text.

## Section five – Personal beliefs

Medical professionals should be able to practise medicine in line with their personal beliefs, while respecting and valuing a patient’s own beliefs. They shouldn’t impose their personal beliefs on patients or prevent patients from accessing appropriate medical treatment or services.

There may be circumstances where medical professionals have personal beliefs which means they object to providing a particular type of care or treatment. For example, abortion or withdrawing treatment from a patient at the end of their life. This is known as a ‘conscientious objection’. In these circumstances, we think they should be able to refer the patient to someone else.

This can be upsetting for everyone involved. So we’re proposing to change our guidance to help medical professionals use their discretion when deciding whether to tell the patient the reason they are unable to provide care themselves.

For example, being told about someone’s conscientious objection could cause unnecessary additional trauma where:

* parents are already distressed about making the difficult decision to withdraw care from their terminally ill child
* a woman is very upset and seeking an abortion because she feels unable to have a child.

However, if the patient asks any questions, we would still expect medical professionals to answer honestly and openly. This may include disclosing their conscientious objection.

1. **How far do you agree with our updated guidance on medical professionals expressing their personal beliefs and conscientious objections?**

Strongly agree Agree Disagree Strongly disagree Don’t know

Please explain why you have selected your answer:

Click or tap here to enter text.

## Section six – How our guidance is put into practice

We are interested in your views on how we can support patients to understand what they can reasonably expect from the medical professionals treating them. We’ll use this feedback to consider the most effective ways we can communicate this information with patients.

1. **How can we better support patients in knowing what to expect from medical professionals?**

**Any comments?**

Click or tap here to enter text.

# The consultation process  We value any feedback you have on how we can improve the way we run consultations. Please answer these questions based on your experiences of filling in this survey.

1. **How easy or difficult did you find it to respond to this questionnaire?**

Very easy Quite easy Quite difficult Very difficult

Please explain why you have selected your answer:

Click or tap here to enter text.

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

GMC website

Patient newsletter or webinar

Social media

Newspaper/radio

Word of mouth

Search engine

Other (please say what) Click or tap here to enter text.

1. **If you heard about this consultation through a patient newsletter or webinar please tell us which one**:

[Drop down box with lists of organisations where we actively promoted]

Choose an item.

Other please specify] Click or tap here to enter text.

# Your personal information

We will process your data in line with the *General Data Protection Regulation*. [Our privacy and cookies policies](http://www.gmc-uk.org/privacy_policy.asp)[[2]](#footnote-3) explain how your data will be used, how cookies will be set and how to control or delete them.

At the end of the consultation process, we will publish reports explaining our findings and conclusions. We won’t include any personally identifiable information in these reports, but may include illustrative quotes from consultation responses. We may also provide responses to third parties for quality assurance or to approved research projects, which are anonymised before disclosure where possible.

## Freedom of information

Your response to this consultation may be subject to disclosure under the *Freedom of Information Act 2000*, which allows public access to information we hold. This doesn’t necessarily mean your response will be made available to the public, as there are exemptions relating to information given in confidence and information to which the *General Data Protection Regulation* applies.

Would you like your response to be treated as confidential?

Yes  No

If yes, please also tell us why:

|  |
| --- |
| Click or tap here to enter text. |

# About you

|  |
| --- |
| First name:  Click or tap here to enter text. |
| Last name:  Click or tap here to enter text. |
| Job title (if responding on behalf of an organisation):  Click or tap here to enter text. |
| Organisation name (if responding on behalf of an organisation):  Click or tap here to enter text. |
| Email address:  Click or tap here to enter text. |

1. **Would you like to receive updates about GMC consultations you’ve participated in?**

|  |  |
| --- | --- |
| Yes | No |

1. **Are you responding as an individual or on behalf of an organisation?**

Individual (please continue to ‘Responding as an individual’)

Organisation (please go to ‘Responding on behalf of an organisation’)

## Responding as an individual

1. **Which of these categories best describes you? Please only select one.**

|  |  |
| --- | --- |
| Patient |  |
| Patient relative |  |
| Patient advocate |  |
| Member of the public |  |
| Carer |  |
| Other (please say what): | |

|  |
| --- |
| Click or tap here to enter text. |

**Demographic questions**

|  |
| --- |
| In this section we ask for information about your background. We use this information to help make sure we are consulting as widely as possible. Specifically, we use this information when we analyse responses to make sure we understand the impact of our proposals on [diverse groups](https://www.gmc-uk.org/about/how-we-work/equality-and-diversity).[[3]](#footnote-4) Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process. |

1. **What is your age?**

|  |  |  |
| --- | --- | --- |
| Under 18 | 18 - 19 | 20 - 24 |
| 25 - 29 | 30 - 44 | 45 - 59 |
| 60 – 64 | 65 – 69 | 70 – 74 |
| 75 – 84 | 85 – 89 | 90+ |
| Prefer not to say. |  |  |

1. **What is your sex?**

|  |  |  |
| --- | --- | --- |
| Female | Male | Prefer not to say |

1. **Is the gender you identify with the same as your sex registered at birth?**

|  |  |
| --- | --- |
| Yes | No |
| Prefer not to say |  |

**21a If you selected ‘no’ to the last question, how would you prefer to self‑describe your gender?**

|  |
| --- |
| Click or tap here to enter text. |

1. **Do you have a disability?**

|  |
| --- |
| The *Equality Act 2010* defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person’s ability to carry out normal day to day activities. |

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to say |

1. **What is your ethnic group? (Please tick one)**

**White**

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish traveller

Roma

Any other white background, please say what:

|  |
| --- |
| Click or tap here to enter text. |

**Mixed or multiple ethnic groups**

White and black Caribbean

White and black African

White and Asian

Any other mixed or multiple ethnic background, please say what:

|  |
| --- |
| Click or tap here to enter text. |

**Asian or Asian British**

Indian Pakistani Bangladeshi Chinese

Any other Asian background, please say what:

|  |
| --- |
| Click or tap here to enter text. |

**Black, African, Caribbean or black British**

Caribbean African

Any other black, African or Caribbean background, please say what:

|  |
| --- |
| Click or tap here to enter text. |

**Other ethnic group**

Arab

Any other ethnic group, please say what:

|  |
| --- |
| Click or tap here to enter text. |

Prefer not to say

1. **What is your religion?**

|  |  |
| --- | --- |
| No religion | Buddhist |
| Christian – Baptist | Christian – Brethren |
| Christian – Catholic | Christian – Church of England |
| Christian – Church of Ireland | Christian – Church of Scotland |
| Christian – Free Presbyterian | Christian – Methodist |
| Christian – Other | Christian – Presbyterian |
| Christian – Protestant | Christian – Pentecostal |
| Hindu | Jewish |
| Muslim | Sikh |
| Other (please say what): | Prefer not to say |

|  |
| --- |
| Click or tap here to enter text. |

1. **Which of these options best describes your sexual orientation?**

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual | Heterosexual or straight | Gay man | Gay woman/lesbian |

Other (please say what):

|  |
| --- |
| Click or tap here to enter text. |

Prefer not to say

1. **What is your country of residence?**

|  |  |  |
| --- | --- | --- |
| England | Northern Ireland | Scotland |
| Wales | Other (European Economic Area) | Other (rest of the world). |

If you selected ‘other, EEA’ or ‘other, rest of the world’, please say where:

|  |
| --- |
| Click or tap here to enter text. |

## Responding on behalf of an organisation

1. **Which of these categories best describes your organisation? Please select only one.**

|  |  |
| --- | --- |
| Patient organisation |  |
| Public body |  |
| NHS / Health and social care organisation |  |

Other (please say what):

|  |
| --- |
| Click or tap here to enter text. |

1. **In which country does your organisation operate? Please select only one.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| England | Northern Ireland | Scotland | Wales | UK wide |

Other (European Economic Area) (please say where)

|  |
| --- |
| Click or tap here to enter text. |

Other (rest of the world) (please say where)

|  |
| --- |
| Click or tap here to enter text. |

Thank you for responding to our consultation.

1. www.gmc-uk.org/ethical-guidance/good-medical-practice-review [↑](#footnote-ref-2)
2. www.gmc-uk.org/privacy\_policy.asp [↑](#footnote-ref-3)
3. www.gmc-uk.org/about/how-we-work/equality-and-diversity [↑](#footnote-ref-4)