Prepared for practice — ethics and the GMC

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The primary responsibility for...standards at an acute hospital trust ...must lie with its Board, and the Trust’s professional staff.

The system is designed for directors to lead and manage the provision of services...and for professional staff, informed by their ethical standards and commitment, to serve and protect their patients.
GMC standards of ethical practice

- Good Practice in Prescribing
- Acting as an Expert Witness
- Good practice in Research & Consent to research
- Reporting Convictions
- Personal Beliefs in Medical Practice
Good Medical Practice (core standards)

- The UK professional ‘code’...
  - Good doctors make the care of their patients their first concern; they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity.
Ethical standards and professional regulation

- Our guidance is for individual doctors, but it also:
  - Tells patients, the public, service providers what to expect of a good doctor
  - Informs medical curricula & outcomes; CPD principles
  - Informs the PLAB test taken by non-EEA doctors
  - Provides a ‘benchmark’ to consider doctors’ fitness to practise when complaints are made to the GMC
  - Underpins local appraisal systems and Revalidation, thru the *Good Medical Practice Framework*. 
Doctors’ awareness of GMC guidance

The current evidence base:

- Ipsos Mori survey (997 Drs) – July 2010
- Community Research focus groups (22 Drs) - June 2011
Survey and focus groups findings (i)

- All participants were aware of *GMP* – and broadly familiar with the content; no detailed knowledge

- Awareness of other core guidance - much lower; many ‘know about’ Consent and Confidentiality

- Awareness lower again for GMC learning materials; although younger doctors had used some of our materials while in training.
Survey and focus group findings (ii)

- When asked, most doctors said they had not used GMC guidance. But...then reported...
- Triggers for using guidance:
  - Doctors’ own education and training; delivering education and training to others.
  - Preparing for appraisals; job interviews; ethics committee discussion; local disciplinary cases.
  - Developing or updating local policies/guidance.
  - Checking if they had made (were about to make) the ‘right’ decision – consent; confidentiality.
Non UK qualified doctors and Good Medical Practice:
The experience of working within a different professional framework
2009
Changes in the make up of the profession

Number of doctors from countries with over 1,000 doctors on the register in 2011

Doctors joining the register in 2011*

* Countries with over 1,000 doctors on the register
“...all that I remember was there was the GMC booklet of Good Medical Practice which was quite helpful I think.” D 4 Africa

“They sent a kind of a booklet to be honest it was a kind of a code and to be honest with you I haven’t read it thoroughly.” D 23 Europe

“I mean a booklet is different from real situations, I am doing clinical practice consulting in my hospital in geriatric medicine and even if you work here a few years some of the issues are not black and white, or clear cut.” FocusGroup1
Ethical dilemmas in practice

Key areas of difference between UK norms and their own norms and experience:

- Refusal of treatment
- Disclosure of information
- Consent to treatment

The most challenging dilemmas - the same as those identified by UK qualified doctors:

- Withdrawing or withholding life sustaining treatment
- Uncertainties about advance refusals of treatment
- Dealing with colleagues’ poor practice
Consent to treatment – what they said

“The whole approach of explaining every aspect of treatment and giving the patient the option to actually make her own decisions, it was something totally new to me because I was used to a system where - okay this is your condition, this is your treatment, that’s it.”

D11 (Europe)

“In our country sometimes, you know, we don’t have to leave everything to the patient, we don’t have to get consent for each and every thing.”

D10 (South Asia)
Confidentiality – what they said

“Clinically whatever I have seen in (country of qualification), I have never come across situations like this. You really have to think twice about telling a person, I mean the close family, even about a patient’s diagnosis” D7 South Asia

“Back home there is an entirely different situation in my country - if the patient is diagnosed with ovarian cancer we will never go and tell the patient that you have ovarian cancer, we would tell the relative, here the practice is entirely different, you would tell the patient.” FocusGroup2
Raising concerns – what they said

“I was upset as he was the consultant and I had no-one else to report him to. It was not the first time he has asked me to do something so unethical.”  D23 Europe

“Personally, I ethically disagreed with the decision to deny this patient a PEG, I felt that this woman seemed to have a life worth living ... I tried to argue that we needed to nominate an IMCA to determine the patients’ best interests. However, I was overruled by my SHO, reg and consultant.”  Quest101 UK
Conclusions of the Warwick study

- Non UK qualified doctors experience a number of challenges in their transition to practising within the UK ethical/legal framework.
- Non UK and UK qualifiers share many similarities - in terms of the ethical dilemmas they experience in practice.
- A key difference for non-UK qualified doctors = the weight given to individual autonomy in the UK.
The system is designed for directors to lead and manage the provision of services...and for professional staff, informed by their ethical standards and commitment, to serve and protect their patients.

If...all professional staff complied at all times with the ethics of their professions, there would have been no need for the plethora of organisations with commissioning and performance management responsibilities.
Strengthening ethical understanding & practice

- **Good Medical Practice in Action**
- Written case studies
- Interactive flowcharts - Raising concerns; end of life decision making
- Podcasts – gun/knife crime
- Toolkit – learning disabilities
- Short guides – child protection
GMC Raising concerns decision making tool

Faced with a concern about patient safety, are you yourself in a position to put the matter right?

View case studies below and select an option to continue

Yes

No

View Guidance

View Case Studies
Case Study 1
Case Study 2

Back button
Click on the question you would like to go back to
Strengthening ethical understanding and practice - across a doctor’s career

The medical career path

Specialist route

4–6 years  
2 years  
5–8 years  
Newly appointed Consultant post  
Consultant for 10 years  
Consultant for 20 years  
Consultant for 30 years  
Consultant for 40 years

Time since PMQ (years)

7–10  
17–20  
27–30  
37–40  
47–50

GP route

4–6 years  
2 years  
3–4 years  
Newly qualified GP  
GP for 10 years  
GP for 20 years  
GP for 30 years  
GP for 40 years

Time since PMQ (years)

5–6  
15–16  
25–26  
35–36  
45–46

Providing service

Associate specialist, staff grade doctor or specialty doctor

* The current NHS retirement age is 65 years old.
Strengthening ethical practice – the doctor

RAND Europe report on ‘Barriers and incentives’ 2012

- Guidance that is ‘authoritative’ and relevant - the potential benefit to a doctor’s patients is clear.
- Good practice that is ‘easy’ to do so - implementation tools, clinical network, peer support, education/training
- Role models - behaviours and attitudes of people that doctors regularly work with.
- Education/training that helps doctors un-pick their beliefs and values; inculcates reflective practice and team work
- Organisations where systems, service design and culture supports reflective practice and quality improvement.
Strengthening ethical practice – the organisation

RAND Europe report on ‘Barriers and incentives’ 2012

- Organisational performance incentives focused on financial or clinical performance rather than the patient experience
- Lack of clarity over the membership of a multi-disciplinary team & confusion over individual responsibilities and accountabilities
- Workload pressures encouraging an acceptance of ‘short cuts’ that adversely impact standards of care
- Organisational culture discouraging individuals from raising concerns about standards of patient care.
From 2013 – impact of Revalidation

- The *Good Medical Practice Framework*:
  - Knowledge, Skills and Performance
  - Safety and Quality
  - Communication, Partnership and Teamwork
  - Maintaining Trust