



Good medical
practice

2024

Implementing *Good medical practice* 2024

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General
Medical
Council



#GoodMedicalPractice2024

Good medical
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2024



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



Protecting children and young people



Confidentiality



0-18



Decision making and consent



Leadership and management



Raising and acting on concerns

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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.



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The professional standards, revalidation and fitness to practise

The professional standards describe good practice, and not every departure from them will be considered serious.

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Good medical practice

What is new?

Exploring the key updates to the standards

The four domains

2013



2024



Knowledge,
skills and
development

Patients,
partnerships and
communication

Colleagues,
culture and
safety

Trust and
professionalism



Fairness



Remote consultations



Making sustainable decisions



Research



Treating patients with kindness, courtesy and respect



Partnership working



Meeting communication needs



Safeguarding

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



Acting with honesty and integrity



Maintaining professional boundaries



Communicating as a professional



Managing conflicts of interest

5 Key themes

- Creating respectful, fair and compassionate workplaces
- Promoting patient centred care
- Helping to tackle discrimination
- Championing fair and inclusive leadership
- Supporting continuity of care and safe delegation



Implementing the standards

A “deep dive” into some of the themes

Creating respectful, fair and compassionate workplaces



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.

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

Helping to tackle discrimination



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. You must follow our more detailed guidance on Maintaining personal and professional boundaries.

Para 58: If you witness any of the behaviours described in paragraphs 56 or 57 you should act, taking account of the specific circumstances. For example, you could check in and offer support to anyone targeted or affected by the behaviour, and/or let them know that you feel that the behaviour you witnessed is unacceptable

Sexism in medicine

- 91% of women doctors in the UK have experienced sexism at work
- 42% felt they could not report it
- 28% of men respondents said that they have/had more opportunities during training because of their gender
- 54% of all respondents thought that sexism acts as a barrier to career progression

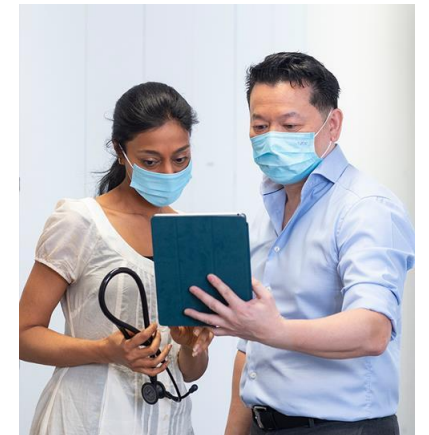
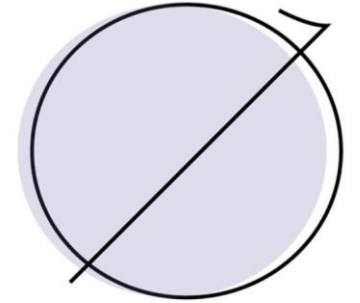


[Home](#) > [Advice and support](#) > [Equality and diversity guidance](#) >

Sexism in medicine report

Our report, based on a survey of nearly 2.5 thousand doctors, highlights an issue of sexism in the medical profession.

📍 Location: UK 👤 Audience: All doctors 📅 Updated: Monday 22 August 2022



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.

Dr Peter Hilton

Consultant anaesthetist/intensivist 1986-2020; Haverfordwest

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.

A call to action

“So, call it out. If it makes you feel uncomfortable, there's probably a good reason. Say something. Challenge the hierarchies. Sometimes they are necessary, in a very specific time and place, but not often, and never always. You are all leaders. Know your power”

“We need better, braver, more supportive leadership from our senior colleagues. It is all there in the [GMC good medical practice](#) principles: now we need to make it happen. ”

An open letter to the medical profession in Wales, Sept 2023

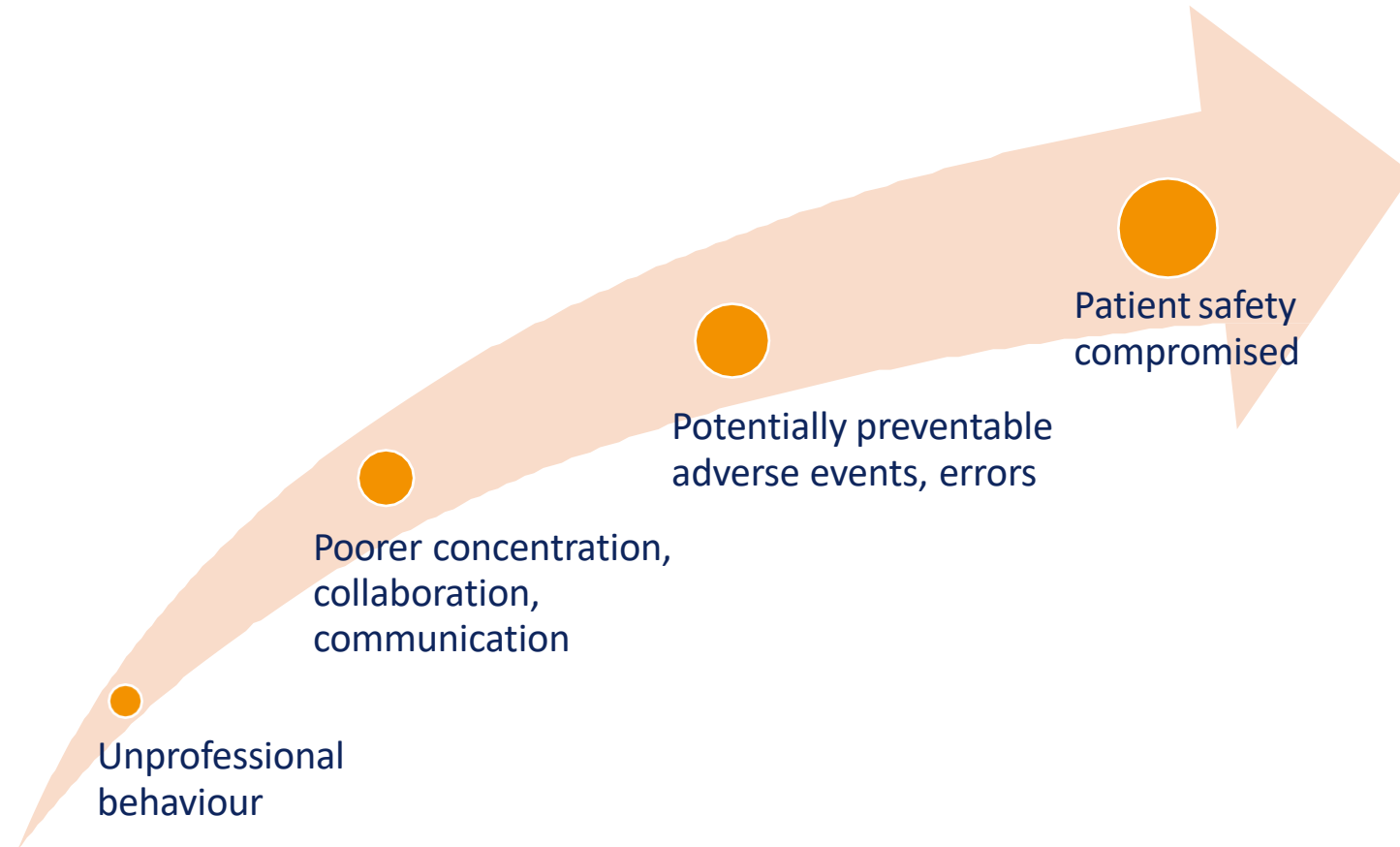
It is also important to educate people and leaders about the subtler aspects of discrimination.

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

Why does it matter?



Rosenstein and O'Daniel (2008)

Civility saves lives



I am the recipient

- 80% lose time worrying about rudeness
- 78% reduce their commitment to work
- 63% lose time avoiding the offender
- 48% reduce their time at work
- 38% reduce the quality of their work
- 25% take it out on customers/patients
- 12% leave

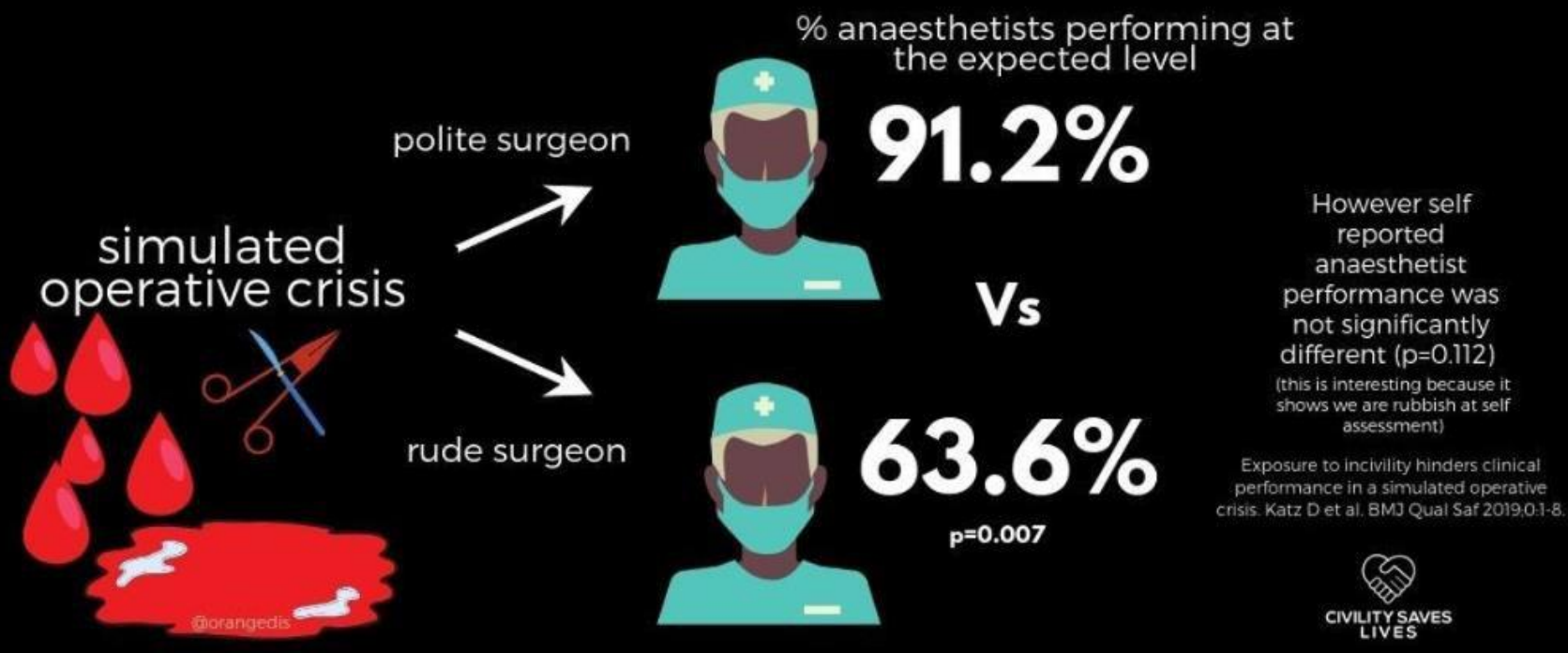
I am the staff on-looking

- 20% decrease in my performance
- 50% reduction in willingness to help others

I am the patient/relative

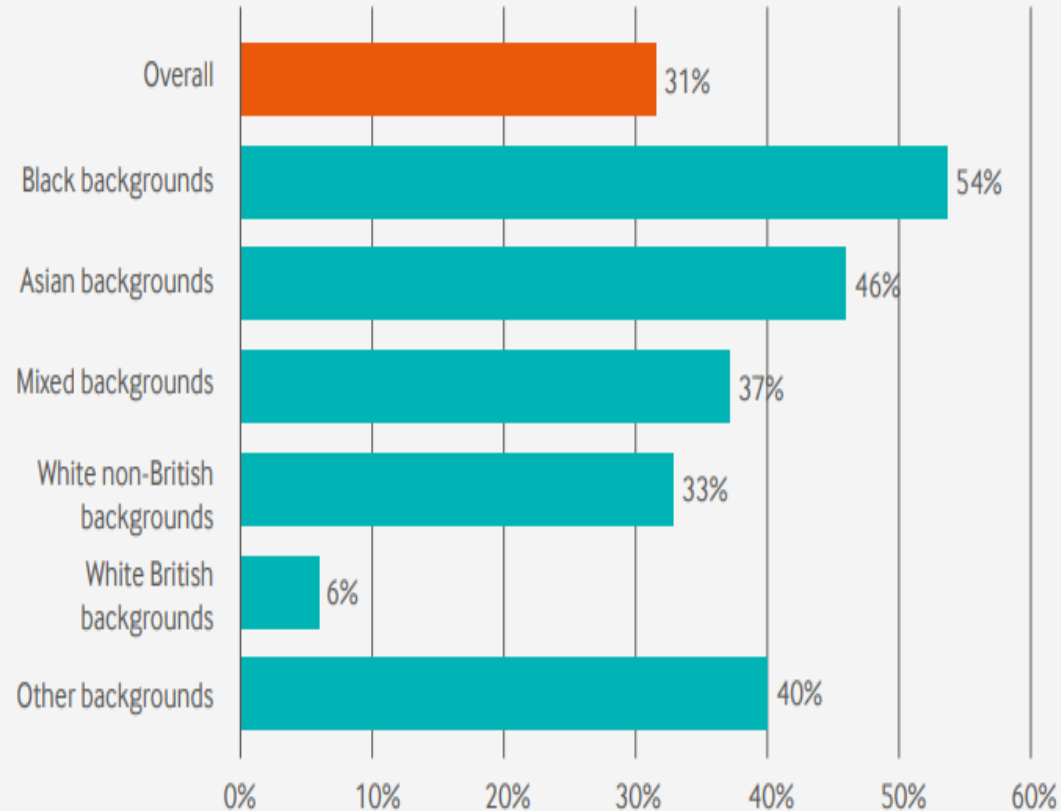
- 75% less enthusiasm for the organisation
- 66% feel anxious dealing with the staff

Rude surgeons impair anaesthetist performance



The presence of doubt

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



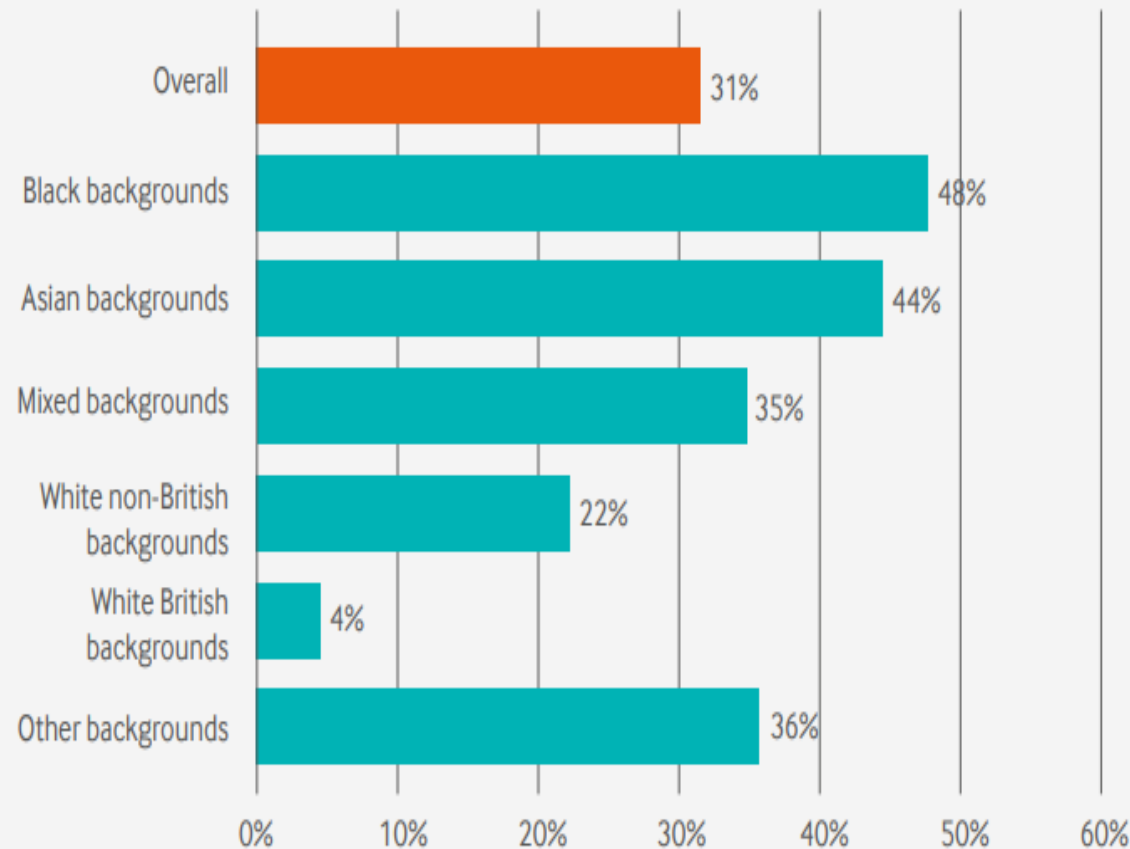
“I stayed over my scheduled time to help with a patient, and this was commented on as not having boundaries whilst the same act by a Caucasian colleague a few weeks later was lauded by the same person as ‘conscientious’.”
(Consultant, Pakistani, Scotland)

“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

The bystander duty

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Everyone
should
act...

For example you
could:

- offer support
- challenge the
behaviour
- consider reporting

Leaders
must
act....

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

Creating safe and open discussions – some ideas



REGULAR INFORMAL COFFEE
MORNINGS TO SHARE
CULTURES AND PERSONAL
EXPERIENCES



CURIOSITY FROM CLINICAL
LEADERS ABOUT RAMADAN SO
CAN UNDERSTAND AND
ACCOMMODATE STAFF
FASTING



OPEN DISCUSSION OF
ASSUMPTIONS EG
CONVERSATIONS ASKING IF
DIWALI & EID ARE SAME



MEMBERS OF STAFF WHO ARE
NOT PART OF AN ETHNIC
MINORITY BUT HAVE
CONVERSATIONS ABOUT IT
AND TREAT EXPERIENCES AS
VALID



WORK SOCIAL EVENTS – ALL
COLLEAGUES INVITED
REGARDLESS OF RACE OR
BACKGROUND

Caring for doctors Caring for patients

How to transform UK healthcare
environments to support doctors and
medical students to care for patients

Professor Michael West and Dame Denise Coia



ABC of doctors' core needs

AUTONOMY: some sort of control over their working lives.

B ??

COMPETENCE: where environments enable them to be effective and deliver high-quality care.

ABC of doctors' core needs

★ **Autonomy**

★ **BELONGING**: the need to be part of a connected
and supportive team - to feel valued, respected and supported.

★ **Competence**

Six steps needed

Autonomy/control

- Voice, influence and fairness
- Work conditions
- Work schedule and rotas

Belonging

- Team working
- Culture and leadership

Competence

- Workload

Fair to refer

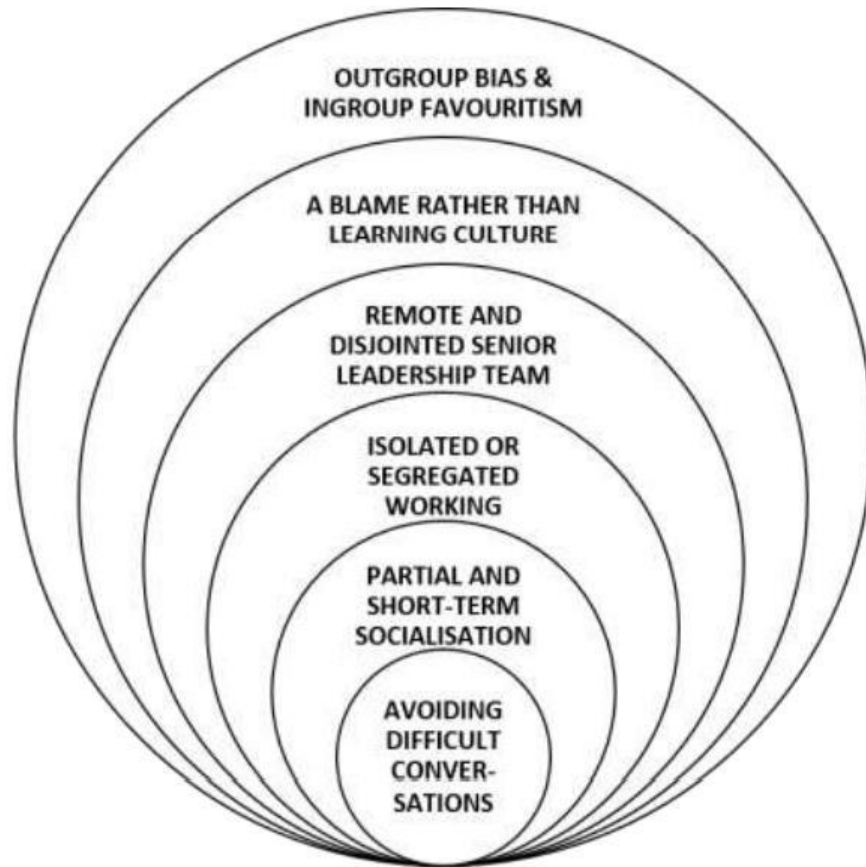


Figure 1: Risk factors

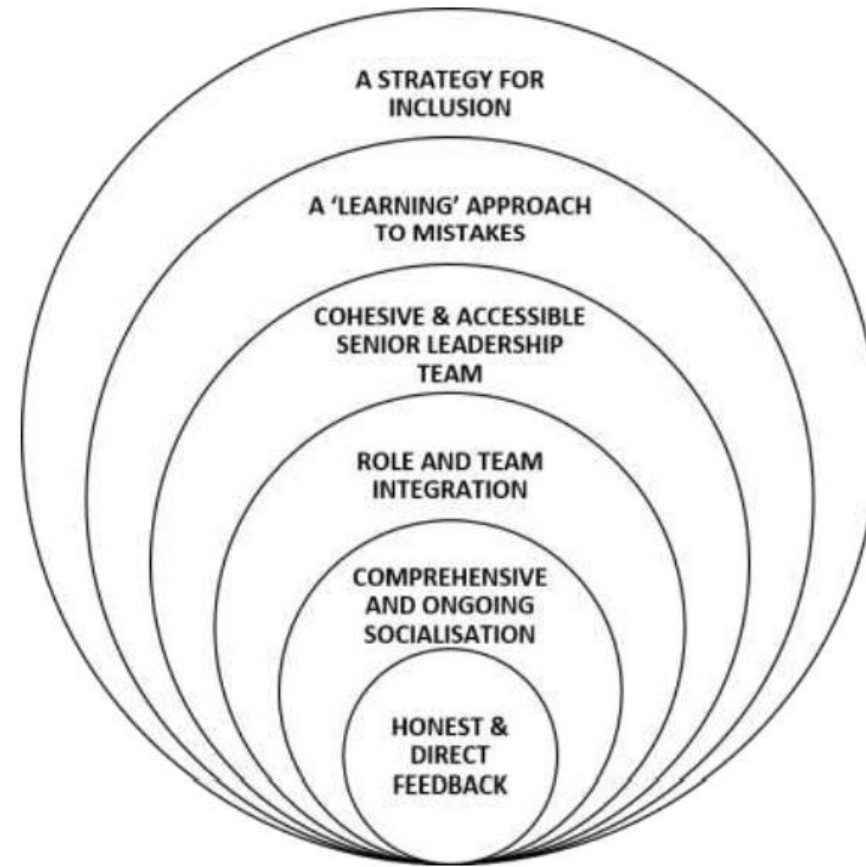


Figure 2: Protective/Neutralising factors

‘Shall we set up a WhatsApp Group? and call it *‘Are you ok?!!....’*’

- You are a woman consultant and female peers have observed a male consultant in your department frequently asks women doctors only ‘Are you OK?’ or if they require ‘help’.
- At the end of a shift, a SAS female doctor, says to you:
*‘I’m thinking about setting up a WhatsApp group called **‘Are you OK?’** for us (women) to vent when we get these unnecessary questions from Mr X.*
He checked with me today if I knew what the right antibiotic dosage was!
‘A Whatsapp group will help me cope if I know it’s how Mr X treats all women doctors, not just me.’



From day one I was criticised, and a college tutor came up to me one day and said
'Anaesthetics is not for everybody....

That comment stayed in my mind for about 6 months, and I was thinking of leaving anaesthetics but thought I'd try another hospital to see what that was like...

Within the first month of me working there the college tutor called me and said 'you seem to not be confident about anything and we've had someone assess you and they think your skills are good...just relax and pay attention to the work.

I stayed on and with their encouragement I finished my anaesthesia fellowship.'

Black IMG male ST1-3 GP

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](#).

Leadership and management

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Most doctors work in multidisciplinary teams. The work of these teams is primarily focused on the needs and safety of patients.

The formal leader of the team is **accountable** for the performance of the team, but the **responsibility** for identifying problems, solving them and taking the appropriate action is shared by the team as a whole.



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Of the many impediments to medical leadership
... one is simply that doctors have not been asked
to lead ... neither have they necessarily thought
of themselves as leaders

Richard Bohmer,

**Physician and Professor of Management Practice at
Harvard Business School**





WHAT DOES A GOOD
LEADER LOOK LIKE?

Leadership is a process of social influence, which maximizes the efforts of others, towards the achievement of a goal.

(Kruse, 2013)

Compassionate leadership

Compassionate leaders constantly strive to understand and meet the core needs of the people they work with.



Some practical tips



- Notice suffering at work (your own and others')
- Ask people about suffering, difficulties, challenges

- Be curious
- Withhold blame, focus on 'What's the learning here?'



- Be aware of continually changing conditions in yourself and others
- Develop empathic listening and tune in to feelings of concern

- Direct your efforts towards what is most helpful in alleviating others' suffering
- Create flexible time to enable others to cope with suffering



Dr Anderson

- Dr Anderson is an Educational Supervisor. She is approached by Dr Findlay, an F2 on the respiratory ward, on behalf of the foundation doctors.
- The doctors are concerned about staffing, workload, annual leave and study leave. The foundation doctors are expected to work late and to fill rota gaps, they are having difficulty securing annual leave and study leave, and there is a lack of training opportunities, so trainees aren't all progressing as expected.
- These issues have been raised previously but nothing has changed, and there are increasing concerns about staff wellbeing; one doctor has recently gone on sick leave so the staffing situation has deteriorated further.
- Dr Findlay also mentions that other staff members have made derogatory comments about the foundation doctors' work rate and abilities.

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What should Dr Anderson do?



Reflections

- What have I learned?
- Who will I discuss this with?
- How can I help to change things for the better where I work?

