General Medical Council

Alcohol (Licensing, Public health and Criminal Justice) (Scotland) Bill

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

We are independent of government and the medical profession and accountable to Parliament. Our powers are given to us by Parliament through the Medical Act 1983.

Our standards define what makes a good doctor by setting out the professional values, knowledge, skills and behaviours required of all doctors working in the UK. We consult with a wide range of people, including patients, doctors, employers and educators to develop our standards and guidance.

The core professional standards expected of all doctors are set out in Good medical practice which covers fundamental aspects of a doctor's role, including working in partnership with patients and treating them with respect. We provide detailed guidance on ethical principles that most doctors will use every day, such as consent and confidentiality, and specific guidance on a range of areas such as raising concerns about patient safety, doctors' child protection responsibilities, and providing care for people who are dying. We also develop case scenarios and tools that help doctors apply the principles in their practice.

Our professional standards are all consistent with and reflect the laws of the four countries of the United Kingdom.

Serious or persistent failure to follow our guidance will put a doctor's registration at risk.

Our response to this consultation refers solely to Section 31 – Offences involving alcohol: notification of offender's GP. There are a number of issues you may wish to consider when scrutinising the Bill.

Section 31(3) is in regard to when to when a court is aware that an offender is registered as a patient with a GP practice whereby the clerk of court must
notify the GP practice in writing of a number of: the offenders name and date of birth; the conviction date; the offence; that the conditions of Section 31 (2) are satisfied, and; the sentence imposed, or other disposal or order made, in respect of the offence.

We would ask that the Committee considers our existing expectations on the GP once they have received personal information on an offender from a court. These can be found in Annex 1.

The committee may also find it helpful to consider the following questions with regard to the disclosure of personal details between a court and a GP.

1 Would a court get a defendant’s consent to disclose the personal details listed in subsection 31(3)?

2 How would a court ensure a defendant is aware what will or may happen as a result of the personal information being disclosed to a GP, e.g. being added to their medical records (which would help to ensure fully informed consent is provided)?

3 What would happen if a defendant refuses to provide consent?

4 How would a court ensure the defendant does not feel pressurised to provide the details?

5 How would a defendant’s refusal to provide consent impact on sentencing (and any perceptions that the defendant may have on this)?

We would like to raise a final point on how it may be construed if a GP was notified, took no action and a further offence was committed by the offender. We understand that this issue is covered in the Bill’s policy memorandum which states there is no obligation for the GP to take specific action as a result of the notification, or on the offender to co-operate with any action proposed by the GP. However, once the GP is notified he would have a professional obligation (as outlined above) to act in accordance with our guidance. Any serious or persistent failures to follow our guidance could put a doctor’s registration at risk under our Fitness to Practise procedures.

General Medical Council
Annex 1: GMC Guidance

*Good medical practice* sets out what we expect of doctors in relation to record keeping. In particular:

- Paragraph 19 says that documents that doctors make (including clinical records) to formally record their work must be clear, accurate and legible. Doctors should make records at the same time as the events they are recording or as soon as possible afterwards.

- Paragraph 21 states that clinical records should include: relevant clinical findings; the decisions made and actions agreed, and who is making the decisions and agreeing the actions; the information given to patients; any drugs prescribed or other investigation or treatment; who is making the record and when.

In addition, *Good medical practice* outlines guidance for doctors on providing a good standard of practice and clinical care. This includes a doctor making the care of their patient their first concern and in particular:

- Paragraph 15 states that doctors must provide a good standard of practice and care. If they assess, diagnose or treat patients, they must:
  - adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values, and where necessary, examine the patient
  - promptly provide or arrange suitable advice, investigations or treatment where necessary
  - refer a patient to another practitioner when this serves the patient's needs.

- Paragraph 16 states that in providing clinical care, doctors must:
  - Prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient’s health and are satisfied that the drugs or treatment serve the patient’s needs
  - Provide effective treatments based on the best available evidence
  - Take all possible steps to alleviate pain and distress whether or not a cure may be possible
  - Consult with colleagues where appropriate
  - Respect the patient’s right to seek a second opinion
• Check that the care or treatment they provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications

• Wherever possible, avoid providing medical care to themselves or anyone with whom they may have a close relationship.