GMC response: The culture of the NHS and the way this impacts on patients

Part 1: Staff Governance

Thank you for the opportunity to comment on your call for evidence relating to the culture of the NHS and the way this impacts on patients and in particular the Staff Governance Standard. Whilst our role and statutory purpose does not place us in the best position to assess how adequately the NHS implements the requirements of the Staff Governance Standard, we do have a number of comments which we think will be helpful to the work of the committee.

To put this reply in context I will briefly outline the role of the General Medical Council (GMC). We are 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 makes 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 expect doctors to be familiar with and follow our ethical guidance and are willing and able to justify any departure from it.

Our office in Scotland was set up in 2003. Our team here ensures that we have effective engagement with interest groups, and that our work reflects Scottish priorities.

The Quality Strategy

We note the aim of the current strategy is "To deliver the highest quality healthcare services to people in Scotland, and, through this, to ensure that NHS Scotland is recognised through its measurable improvement as amongst the best in the world." We further note that NHS Scotland focuses on the pursuit of three Quality Ambitions for healthcare in Scotland: Person-centred, Safe, and Effective.
The GMC’s Strategy (2014-17) aims to support this “we believe that every patient should receive a high standard of care. Our role is to help achieve this, working closely with other organisations and building confidence and trust between patients and doctors” and we look forward to ensuring that our next strategy is also developed in discussion with our partners in Scotland.

Person-centred

The current Staff Governance Standard requires all staff to “adhere to the standards set by their regulatory body”. The GMC publishes advice to doctors on the standards expected of them. For example

- All doctors must be familiar with and follow Good medical practice and the explanatory guidance. We also provide learning materials which show how the guidance might apply in practice. Good Medical Practice is our core guidance for doctors and establishes the importance of person centred care, outlined within ‘The duties of a doctor registered with the General Medical Council.’ This establishes that doctors must work in partnership with patients, and: listen to, and respond to, their concerns and preferences; give patients the information they want or need in a way they can understand; respect patients’ right to reach decisions with their doctor in a way they can understand, and; support patients in caring for themselves to improve and maintain their health.

- Another example is our explanatory guidance on consent. It expands on Good medical practice and, in paragraph 2, says that in whatever context in which medical decisions are made, doctors must work in partnership with their patients to ensure good care. In so doing, they must:

  a  Listen to patients and respect their views about their health

  b  Discuss with patients what their diagnosis, prognosis, treatment and care involve

  c  Share with patients the information they want or need in order to make decisions

  d  Maximise patients’ opportunities, and their ability, to make decisions for themselves

  e  Respect patients’ decisions.

We are currently working with Scottish Government to support them to realise their Realistic Medicine vision. We review all of our guidance on an ongoing basis, and we are currently beginning this process with our
consent guidance and working with the CMO and her team to ensure the review links to the realisation of Realistic Medicine. We are engaging with the Chief Medical Officer and her team as part of this.

Training and Development

Page 6 of the standard makes reference to the importance of promoting professionalism and page 8 to the requirement of boards to demonstrate that staff are appropriately trained. Some ways in which we aim to support this are:

- Through our dedicated Service which delivers ‘Promoting Professionalism’ sessions to groups of medical students, doctors and patient representatives in Scotland. We have welcomed the opportunity to work with Scotland’s medical schools and students and with health boards and their doctors to help put the above principles and our standards into practice whilst ensuring local relevance.

- We particularly support the attention paid in the current Standard to ensuring all NHS boards demonstrate that staff are “appropriately trained and developed” and are “treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.” One of our key roles is to set the standards and outcomes for medical education and training and to quality assure against those standards. These include the clinical and attitudinal competencies that we expect students to achieve before they graduate, and trainees to achieve before they are placed on the specialist register, and the environments in which they are learning and developing. We are currently planning for a National Review of Scotland’s medical schools and training environments, with visits planned in Autumn 2017. We will triangulate information from the Review with data from other sources such as our annual National Training Survey (NTS) of trainees and trainers to identify where improvement is needed, and to highlight good practice.

Safe

The Francis Report recommended that every single person serving patients contribute to a safer, committed and compassionate and caring service. A requirement for the creation of a shared culture in which the patient is the priority in everything is done, the report says, is a system which recognises and applies the values of transparency, honesty and candour.

- All healthcare professionals now have a duty of candour – a professional responsibility to be honest with patients when things go wrong. Our guidance ‘Openness and honesty when things go wrong: the professional duty of candour’ developed in collaboration with the Nursing and Midwifery
Council, sets out what is expected of every nurse, midwife and doctor practising in the UK when something goes wrong. We have been supportive of the Scottish Government’s plans to introduce an organisational duty of candour in Scotland, and hope it will help further establish an open and honest culture within the Scottish health and social care sector. We are helping doctors to understand their own professional duty, as well as the forthcoming organisational duty, during promoting professionalism sessions.

- We welcome the commitment in the standard on page 8 for staff to, ‘adhere to the standards set by their regulatory bodies’. We are supportive of a number of the standards set out on pages 10 to 12 of the Staff Governance Standard in relation to treating other staff, patients, carers and others with respect and to raising concerns. We highlight GMC guidance ‘Leadership and management for all doctors’ which sets out the wider management responsibilities of all doctors, including: employment; teaching and training; planning, using and managing resources; raising and acting on concerns, and; helping to develop and improve services.

- Our current work to better support doctors who are the subject of our fitness to practise procedures, and who are vulnerable or who have previously raised serious concerns, is based on the same values of respect for the wellbeing of staff, patients, and the public. In regard to the latter we are currently piloting a new form for employers to complete when they refer a doctor to our Fitness to practise processes which requires them to:

  a State whether the doctor has raised concerns about patient safety or systems and if so, how and when it was investigated locally.

  b Confirm when they made the doctor aware of their concerns about the doctor’s practice.

  c Answer a statement to confirm that the referral has been made in good faith and that the doctor’s Responsible Officer has taken reasonable steps to make sure that the referral is fair and accurate.

- We welcome the commitment on page 10 that staff ‘do not undertake any roles or undertake to deliver any aspect of care unless they are appropriately trained, or supervised, and able to perform them in a competent manner’. Paragraph 14 of our core guidance, *Good Medical Practice*, states that doctors must recognise and work within the limits of their competence.
Effective Medical Revalidation complements other existing systems, like the Staff Governance Standard, aimed at achieving high quality care. It is important that every doctor practising in the UK is competent and that their knowledge and skills are up to date.

- We work with employers to make sure every doctor has an annual appraisal. Every five years, we ask for formal confirmation that each doctor is following the standards set out in Good medical practice – this covers knowledge, skills and performance; safety and quality; communications, partnership and teamwork; and maintaining trust. This formal confirmation will be made by an organisation’s Responsible Officer, in Scotland this is typically a Medical Director. Revalidation gives doctors the opportunity to reflect on their practice, including feedback from colleagues and patients. Over time, revalidation should help to drive up the standards of care that doctors provide, by helping to identify problems earlier and by helping all doctors to reflect on their practice, understand what they do well and how they can improve.

- Our dedicated Employer Liaison Adviser for Scotland works to create closer working relationships between the GMC and Responsible Officers. Prior to and following the introduction of revalidation in 2012, we have been pleased to work constructively with partners in Scotland, including the Scottish Government, NHS Education for Scotland, Healthcare Improvement Scotland, and the Revalidation Advisory Board for Scotland and note the strong 92% appraisal rate for doctors.

- Sir Keith Pearson, independent chair of the Revalidation Advisory Board, carried out an independent review of the operation and impact of revalidation throughout 2016. Sir Keith’s overall conclusion was that revalidation has settled well and is progressing as expected. Sir Keith made a number of recommendations, which we have responded to by outlining five priority areas for action. These include reducing unnecessary burdens and bureaucracy for doctors and increasing oversight of, and support for, doctors in short-term locum positions.

- Whilst it would be difficult to assess what if any impact the Staff Governance Standard has played in the success of revalidation thus far, we recognise and welcome the aspects which we feel support it.

Sharing information
Generating and analysing a wide range of data is critical to our role in assessing and addressing patient safety issues. As part of our role as a regulator, we produce
rich, unique data on medical practice in the UK, along with data on doctors’ fitness to practise and medical education and training.

- Besides supporting our core functions, our analysis of this data is distilled into key reports and papers providing insights that we share with our stakeholders to inform policy and planning. Central to these insights is our annual *The state of medical education and practice in the UK report* (SoMEP), which gives an analysis of trends over time.

- As well as SoMEP reports, we also produce a series of papers throughout the year, including working and discussion papers providing snapshots of data and exploring policy areas such as an analysis of our data about doctors with a European primary medical qualification and insights about employers’ fitness to practise referrals.

- Furthermore, we are working to share data, including trends, on sites and specialties where training environments or Fitness to Practise of doctors has been under pressure. One factor in such a situation might be staff shortages or mis-allocation of staff.