

# Update from the GMC – November 2013

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Regional Liaison Adviser - Midlands

General  
Medical  
Council

Regulating doctors  
Ensuring good medical practice

# Snapshot of Today



- GMC Role
- Key Activities



- Guidance Scenarios
- Questions

## Aims of the Day

- Better idea of what the GMC does
- Wider awareness of support available
- More proactive engagement with GMC Guidance

# Year 1 – Perceptions Faced



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# Year 1 – Perceptions Faced



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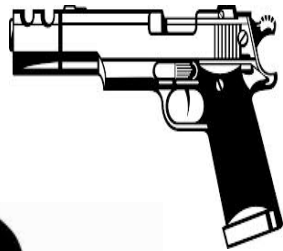
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# Year 1 – Perceptions Faced



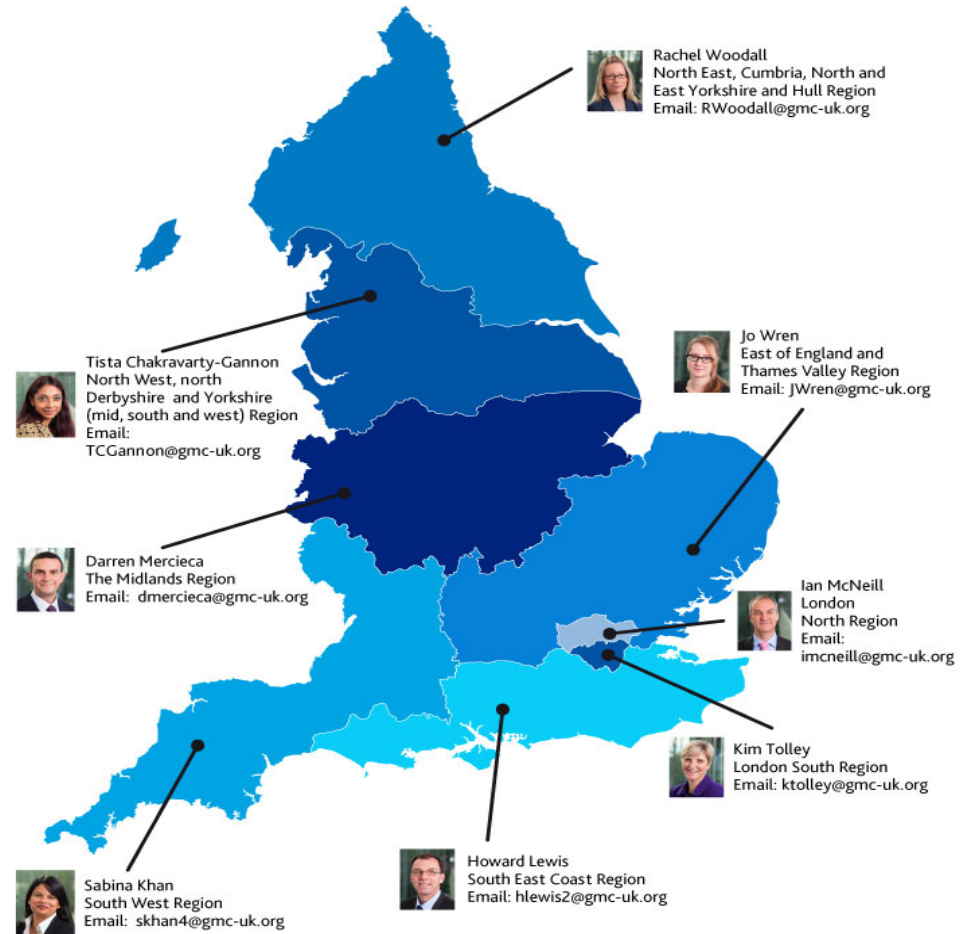
# GMC in a word?





# Regional Liaison Service

- Embedding Standards & Guidance
- Revalidation
- Local Engagement & Relationship Building



# GMC Purpose

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*‘to protect, promote and maintain the health and safety of the public’*

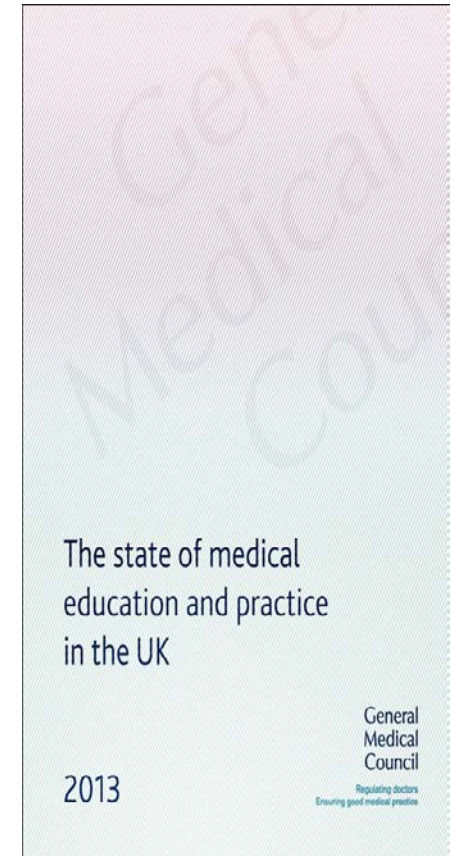
Medical Act 1983

## 4 Main Functions – Medical Act 1983

- keeping up-to-date registers of qualified doctors
- fostering good medical practice
- promoting high standards of medical education and training
- dealing firmly and fairly with doctors whose fitness to practise is in doubt.

# State of Medical Education and Practice 2013

- 252,553 doctors on the Medical Register
- 8,000 total increase over past 5 years
- 11,378 left Register / gave up licence
- 248 Doctors per 100,000 patients in East Midlands (Highest London 452, Average 301)
- Difficulties in attracting doctors to psychiatry, general practice and emergency medicine. Paediatrics up 35%



# Changing face of the register 2007-2012

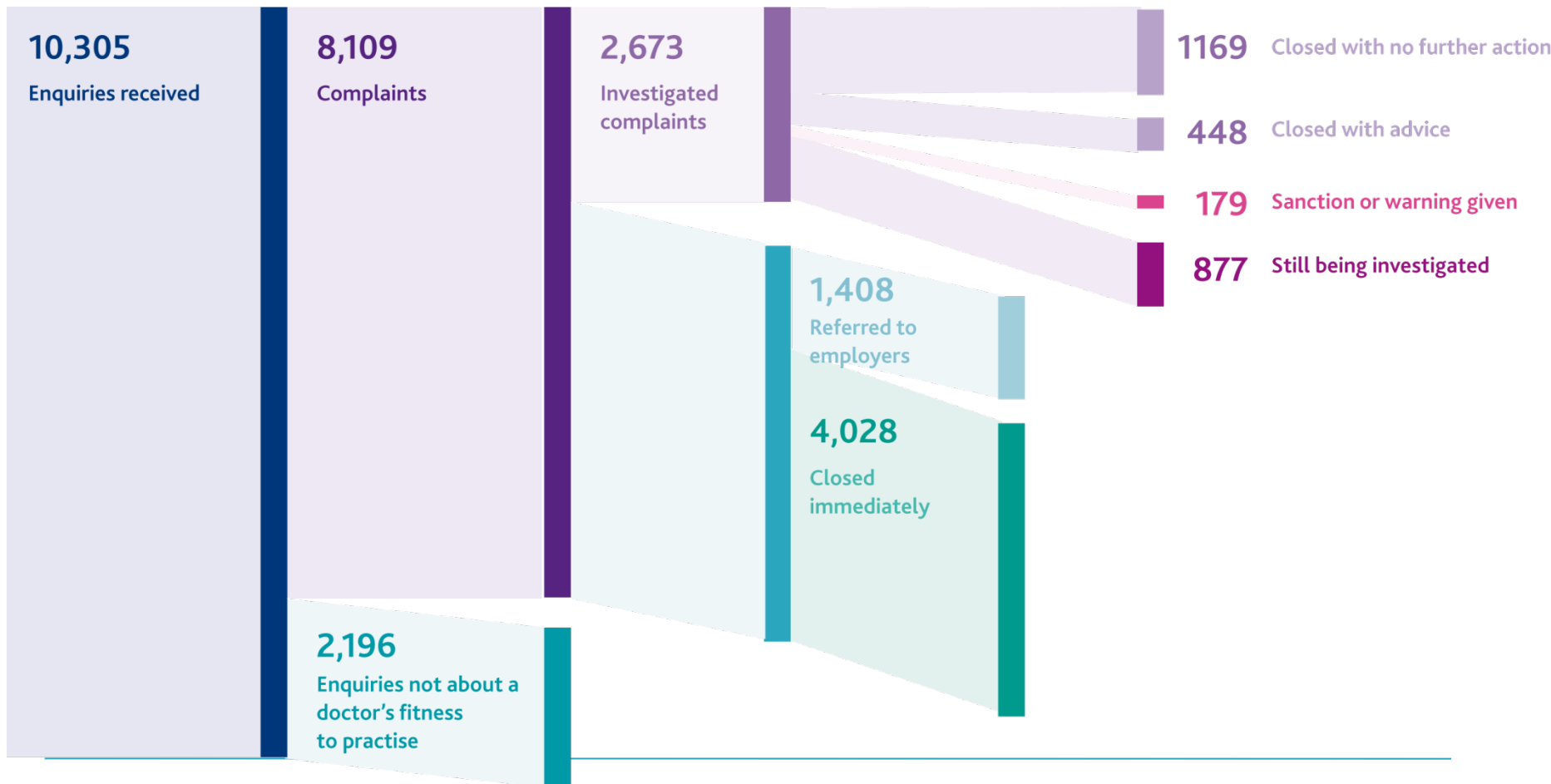
**GENDER**

Age group	2007 Number of doctors	% change	2012 Number of doctors
<b>&lt;30 years</b>			
Male	14,476	-1%	14,298
Female	18,819	+18%	22,286
<b>30-50 years</b>			
Male	79,089	+2%	80,520
Female	54,540	+24%	67,798
<b>&gt;50 years</b>			
Male	58,391	-17%	48,661
Female	19,225	-1%	18,990
<b>Total</b>	<b>244,540</b>		<b>252,553</b>

The gender balance is changing as more women enter the profession

- In 2012, 61% of doctors under 30 were female
- Over 6 years, there was a 24% increase in the number of female doctors aged 30-50
- Male doctors make up 72% of doctors aged over 50

# What do complaints look like? 2012 complaints



# Proportion of Investigated Complaints in 2012



## Revalidation isn't...

- A test or exam with a pass or fail;
- A new way to raise concerns about a doctor
- The only purpose of appraisal or training assessment





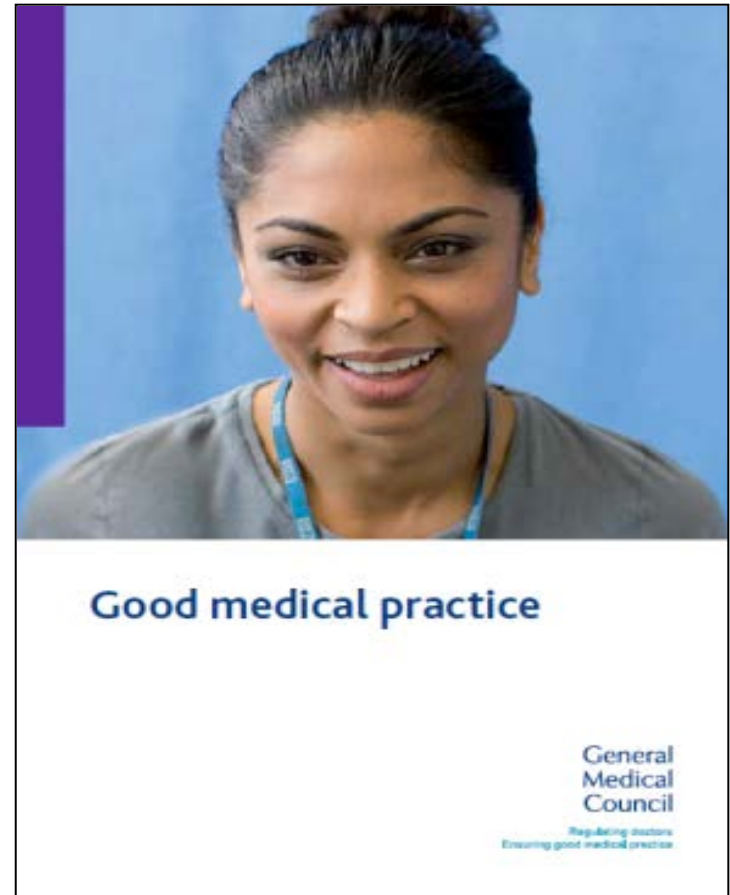
# Revalidation - Purpose

Revalidation is not about catching bad doctors, its about making good doctors better"

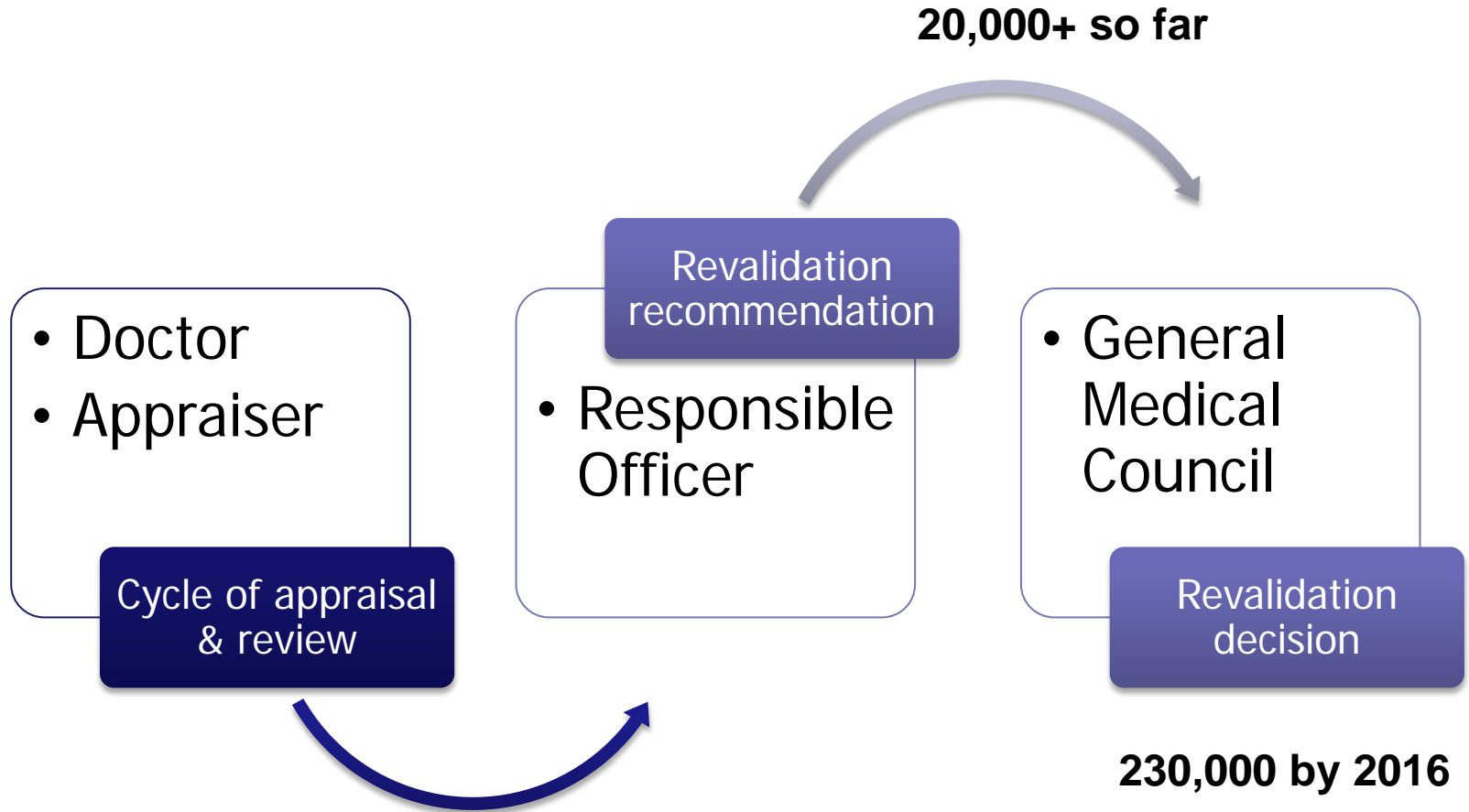
- Revalidation lead Royal College GPs

## Revalidation is....

- Part of a broader system that promotes safety and quality;
- Ensures medical practice is governed effectively;
- A positive affirmation of a doctor's professionalism – *'based on Good Medical Practice'*;
- A recommendation from a Responsible Officer to the GMC.



# Revalidation: summary process



# Revalidation - Information and Support

The screenshot shows a Windows Internet Explorer browser window displaying the GMC Revalidation website. The address bar shows the URL <http://www.gmc-uk.org/doctors/revalidation.asp>. The page header includes the GMC logo and the tagline "Regulating doctors, ensuring good medical practice". A search bar is located in the top right corner. Below the header is a navigation menu with links for "About us", "Education and training", "Registration and licensing", "Good medical practice", "Concerns about doctors", and "Publications". The "Registration and licensing" link is highlighted. On the left side, there is a sidebar menu with links for "Registration news", "The Medical Register", "Before you apply", "Applications", "PLAB", "Fees", "Information for doctors who are on the register", and "Licensing". The main content area features a large blue banner with the word "Revalidation" and an image of three people. Below the banner, there is text explaining that revalidation started on 3 December 2012 and that the majority of licensed doctors in the UK will be revalidated by March 2016. It also states that revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. To the right of the main content, there is a "Quick links to our guidance" section with three links: "GMP framework for appraisal and revalidation" (PDF, 120.16Kb), "Supporting information for appraisal and revalidation" (PDF, 138.32Kb), and "Summary revalidation guidance" (PDF, 95.94Kb). The browser's taskbar at the bottom shows various application icons and the system tray with the date 22/10/2013 and time 14:31.

[www.gmc-uk.org/revalidation](http://www.gmc-uk.org/revalidation) or 0161 9236277

## Also this year

- What to expect from your doctor: a patient's guide
- Standards Review
- Fairness Survey – 7,000 doctors
- New guidance to Medical Schools to support students with mental health conditions
- Wider Language Testing Powers
- Welcome to UK Practice Events Programme

# What makes a good doctor?

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# Like this then?

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No, but this isn't the whole picture either!

**ACCUSATIONS**

**Doctor Sharp rise in** who  
**'Brilliant'** of m... l up  
doctor... rs 'not  
lied to... 'actise'  
court... lying in report... ed  
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... g  
... mnea to die  
... by surgeon's lies'  
... g with the Care  
... ise boys  
... on lied at  
... b interview  
... uspended

**intimate** tor struck oil over 11 auu  
**Doctor took secret**  
**snaps of patients**  
Patient left in agony after local anaesthetic used instead of general at failing NHS trust  
**were**  
**needed**

**BUM**  
**SEX P**  
**DOCTO**  
**STRUC**  
**OFF**



# When it doesn't go right

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‘Perhaps my conscience may have made me raise concerns if I had been in a management role, but I took the path of least resistance...’

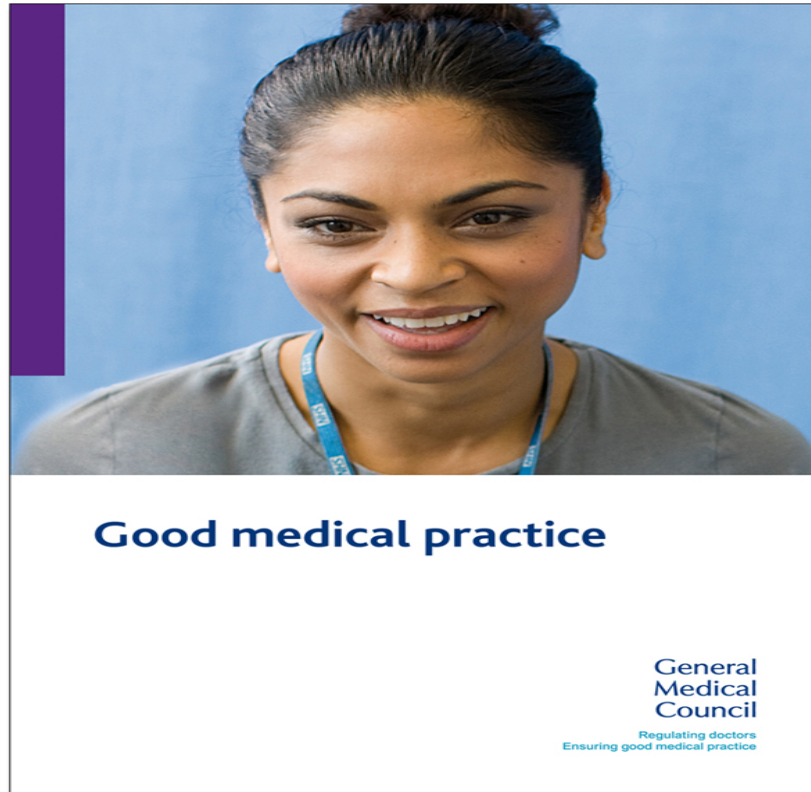
‘There were also veiled threats at the time, that I should not rock the boat at my stage in life because, for example, I needed discretionary points or to be put forward for clinical excellence awards.’

Evidence given to the Mid-Staffordshire NHS Foundation Trust Public Inquiry  
As cited by Robert Francis at his speech to the King's Fund on 27 February 2013

Time for a break...

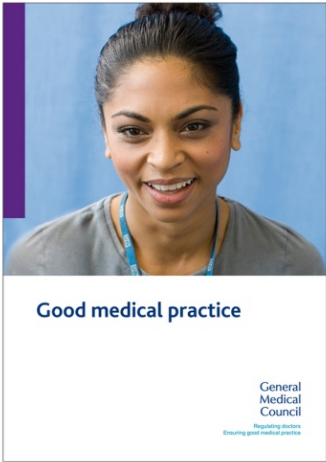


# A Familiar Face?



- Good Medical Practice Updated March 2013

# Setting the standard



### Acting as a witness in legal proceedings

**1** In Good medical practice<sup>1</sup> we say:

- 11. You must be familiar with guidelines and developments that affect your work.
- 12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.
- 14. You must recognise and work within the limits of your competence.

**a.** You must take reasonable steps to check the information.

**b.** You must not deliberately leave out relevant information.

**73.** You must cooperate with formal inquiries and complaints procedures and must offer

### Ending your professional relationship with a patient

**1** In Good medical practice<sup>1</sup> we say:

- 62. You should end a professional relationship with a patient only when the patient has made about you or your team, or because of the resource implications of the patient's care to the patient.

**a.** make a usual referral to you.

**4.** You should not end a professional relationship with a patient solely because of a complaint the patient has made about you or your team, or because of the resource implications of the patient's care to the patient.

**5.** If you

### Delegation and referral

**1** In Good medical practice<sup>1</sup> we say:

- 45. You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:
  - a. refer a patient to another practitioner when this serves the patient's need.
  - 44. You must contribute to the safe transfer of patients between healthcare providers and
  - 45. When you do not provide your patient's care yourself, for example when you are off duty, or you delegate the care of a patient

**a.** share all relevant information with colleagues involved in your patient's care within and outside the team, including when you hand over care as you go off duty, when you delegate care or refer patients to other health or social care providers.

**45.** When you do not provide your patient's care yourself, for example when you are off duty, or you delegate the care of a patient

### Financial and commercial arrangements and conflicts of interest

**1** In Good medical practice<sup>1</sup> we say:

- 77. You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations.
- 78. If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.
- 80. You must not ask for or accept - from

### Maintaining a professional boundary between you and your patient

**1** In Good medical practice<sup>1</sup> we say:

- 53. You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.
- 25c. If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from

**5.** If a patient tries to initiate a sexual or improper emotional relationship with you, you should state them politely and unambiguously and try to reestablish a professional boundary. If that has broken down and you feel it necessary to end the professional relationship you must follow the GMC's guidance on ending relationships.

### Sexual behaviour and your duty to report colleagues

**1** In Good medical practice<sup>1</sup> we say:

- 53. You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.
- 25c. If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from

**4.** If a patient reports a breach of sexual boundaries, or you have other reasons to believe that a colleague has, or may have, displayed sexual behaviour towards a patient, you must offer support to the patient. And you must promptly report your concerns to a person or organisation able to investigate the allegation. If you suspect a doctor has committed a sexual offence or other criminal activity you should

### Intimate examinations and chaperones

**1** In Good medical practice<sup>1</sup> we say:

- 47. You must treat patients as individuals and respect their dignity and privacy.
- 25c. If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from

**4.** In this guidance we highlight some of the issues involved in carrying out intimate examinations. This should not deter you from carrying out intimate examinations when necessary. You should follow this guidance and make detailed and accurate records at the time of the examination, or as soon as possible afterwards.

**5.** Before conducting an intimate examination you should:

### Personal beliefs and medical practice

Published 25 March 2013 | Comes into effect 22 April 2013

**1** In Good medical practice<sup>1</sup> we say:

- 15. You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:
  - a. adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors). This must not imply or express disapproval of the patient's lifestyle, choices or beliefs. If it is not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made for another suitably qualified colleague to take over your role.
  - 54. You must not express your personal beliefs (including political, religious and sexual beliefs) to patients in ways that would

### Reporting criminal and regulatory proceedings within and outside the UK

**1** In Good medical practice<sup>1</sup> we say:

- 75. You must inform the GMC without delay if, anywhere in the world,

**The duty to report criminal and regulatory proceedings does not change the circumstances in which the GMC will investigate a doctor's conduct, or the threshold for taking action on registration.**

### Good practice in prescribing and managing medicines and devices

Published 31 January 2013; comes into effect 25 February 2013

**1** In Good medical practice<sup>1</sup> (2013) we say:

- 12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.
- 14. You must recognise and work within the limits of your competence.
- 18. You must make good use of the resources available to you.
- 19. Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as

### Doctors' use of social media

**1** In Good medical practice<sup>1</sup> we say:

- 36. You must treat colleagues fairly and with respect.
- 45. You must make sure that your conduct justifies your position<sup>1</sup> trust in you and the public's trust in the profession.
- 49. When communicating publicly, including speaking or writing in the media, you must maintain patient confidentiality. You
- 70. When advertising your services, you must make sure the information you publish is factual and can be checked, and does not erode patient's vulnerability or lack of medical knowledge.
- 75. Many improper disclosures are unintentional. You should not share identifiable information about patients where you can be overheard, for example,

# Ethical guidance

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- Broad principles of good practice that apply to all registered doctors
- Ethically based and consistent with UK law
- Represents common ground between the profession, public and service providers
- Scope for you to exercise judgement in applying the principles to individual cases
- Serious or persistent failure to follow the guidance will put registration at risk.

# JUST COMMON SENSE?

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- The Abortion Regulations 1991 5
- The Access to Health Records Act 1990 5
- The Access to Medical Reports Act 1988 7
- Blood Safety and Quality Legislation 8
- The Census (Confidentiality) Act 1991 10
- The Children Act 2004 10
- The Civil Contingencies Act 2004 11
- The Civil Evidence Act 1995 12
- Commission Directive 2003/63/EC (brought into UK law by inclusion in the Medicines for Human Use (Fees and Miscellaneous Amendments) Regulations 2003) 12
- The Computer Misuse Act 1990 13
- The Congenital Disabilities (Civil Liability) Act 1976 14
- The Consumer Protection Act (CPA) 1987 15
- The Control of Substances Hazardous to Health (COSHH) Regulations 2002 16
- The Copyright, Designs and Patents Act 1990 16
- The Crime and Disorder Act 1998 17
- The Criminal Appeal Act 1995 18
- The Data Protection Act (DPA) 1998 18
- The Data Protection (Processing of Sensitive Personal Data) Order 2000 25
- The Disclosure of Adoption Information (Post-Commencement Adoptions) Regs 2005 26
- The Electronic Commerce (EC Directive) Regulations 2002 26
- The Freedom of Information (FOI) Act 2000 29
- The Gender Recognition Act 2004 32
- The Gender Recognition (Disclosure of Information) (England, Wales and Northern Ireland) (No. 2) Order 2005 33
- The Health and Safety at Work etc Act 1974 33
- The Human Fertilisation and Embryology Act 1990, as amended by the Human Fertilisation and Embryology (Disclosure of Information) Act 1992 34
- The Human Rights Act 1998 35
- The Limitation Act 1980 38
- The Medicines for Human Use (Clinical Trials) Amendment Regulations 2006 39
- The National Health Service Act 2006 39
- The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000 40
- The Police and Criminal Evidence (PACE) Act 1984 41
- The Privacy and Electronic Communications (EC Directive) Regulations 2003 42
- The Public Health (Control of Diseases) Act 1984 and the Public Health (Infectious Diseases) Regulations 1988 42
- The Public Interest Disclosure Act 1998 43
- The Public Records Act 1958 45
- The Radioactive Substances Act 1993 45
- The Regulation of Investigatory Powers Act 2000 46
- The Re-use of Public Sector Information Regulations 2005 47
- The Road Traffic Acts 49
- The Sexual Offences (Amendment) Act 1976, sub-section 4(1), as amended by the Criminal Justice Act 1988 49
- The Electronic Communications Act 2000 27
- The Environmental Information Regulations (EIR) 2004 28

## Should versus Must

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- You \_\_\_\_\_ treat patients fairly and with respect whatever their life choices and beliefs
- You \_\_\_\_\_not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them
- You \_\_\_\_\_be willing to take on a mentoring role for more junior doctors and other healthcare professionals
- You \_\_\_\_\_not use publicly accessible social media to discuss individual patients or their care with those patients or anyone else.



# Welcome to UK Practice

The screenshot shows a Windows Internet Explorer browser window displaying the GMC Welcome UK tool website. The browser's address bar shows the URL: <http://www.gmc-uk.org/doctors/welcomeuklogin/Default.aspx?ReturnUrl=%2Fdoctors%2Fwelcomeuklogin>. The website header features the GMC logo and the text "Regulating doctors, ensuring good medical practice". The main content area is titled "Promoting professionalism: Welcome to UK practice" and includes a navigation menu with links for "FAQ", "Glossary", "Your comments", and "A A A | A". A central image of a man in a grey sweater is shown. To the right, a blue box contains the heading "Welcome to UK practice" and "Why should I use this tool?", followed by a bulleted list of benefits. Below the image, there are two sections: "Get Started" with a video link and "Login" with instructions for first-time visitors. The browser's taskbar at the bottom shows various application icons and the system tray with the date 01/11/2013 and time 07:34.

General Medical Council

Regulating doctors, ensuring good medical practice

FAQ | Glossary | Your comments | A A A | A

Promoting professionalism:  
Welcome to UK practice

Welcome to UK practice

Why should I use this tool?

- Being a successful doctor in the UK is about more than clinical competence. You also need to know and apply the principles and values set out in our core guidance *Good Medical Practice*.
- You will gain insight into your level of knowledge and understanding of how the standards apply to your daily practice.
- You can use your results as part of your learning and development.

**Get Started**

Before you get started, please watch this short video to see how the self-assessment tool works.

**Login**

If you are visiting this site for the first time, please enter your nationality and country of PMQ in the boxes below to

Done Trusted sites | Protected Mode: Off 100% 07:34 01/11/2013



# Good Medical Practice in Action

The screenshot shows a web browser window displaying the GMC 'Good Medical Practice in Action' website. The page features a navigation bar with 'Home', 'Get started', and 'Feedback' buttons. The main content area is titled 'Good medical practice in action' and includes a section for 'GMC guidance brought to life' with a 'VIEW SCENARIOS' button. A 'Why participate?' section lists benefits such as finding out about GMC guidance, seeing how it applies in practice, using it as evidence for appraisal, testing knowledge of medical ethics, and being a great teaching tool. Below this, there are sections for 'GMC guidance' and 'Browse by topic' with various sub-topics like 'Assessing best interests', 'Making decisions', 'Confidentiality', 'Assessing capacity', 'Children & young people', 'Consent', 'Management', 'Sharing information', 'Good communication', 'Expressions of consent', and 'Consent'. The 'Characters' section introduces four individuals: Brian Wood (48, fraught relationship), Jason (30, mental health problems), Katy (20, student experimenting with drugs), and Mrs Melville (69, considering cosmetic surgery).

- Variety of scenarios to work through and check your thoughts against GMP

# Exercise



A screenshot of a web browser displaying the General Medical Council (GMC) website. The browser title is "GMC - gmc.org.uk - Windows Internet Explorer provided by General Medical Council". The address bar shows "http://www.gmc.org.uk/gppractor/". The page header includes the GMC logo and the tagline "Regulating doctors, ensuring good medical practice". The main content area features a "Good medical practice in action" section with a video player showing a doctor and a "VIEW SCENARIO" button. To the right is a "Why participate?" section with a list of benefits. Below this is the "GMC guidance" section, which includes a list of topics and a "Browse by topic" section. At the bottom is a "Characters" section with four character cards: Brian Wood, Jason, Katy, and Mrs Melville, each with a brief description of their situation. The browser's taskbar at the bottom shows several open windows and the system clock at 15:36.

# Mrs Conti and Dr Oloko



# Sarah and Dr Williams



# Raising Concerns

- Duty on all doctors to raise concerns where they believe that patient safety, dignity or care is compromised by the practice of colleagues or the systems, policies and procedures in the places in which they work.
- Confidential Helpline: 0161 9236399



Raising and acting on concerns  
about patient safety

# Don't be just another bystander



**GMC Confidential Helpline – 0161 923 6399**

# What are the barriers to raising concerns?

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...but what are the consequences if you don't?

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# Who has seen bad practice?

## Raising and acting on concerns about patient safety

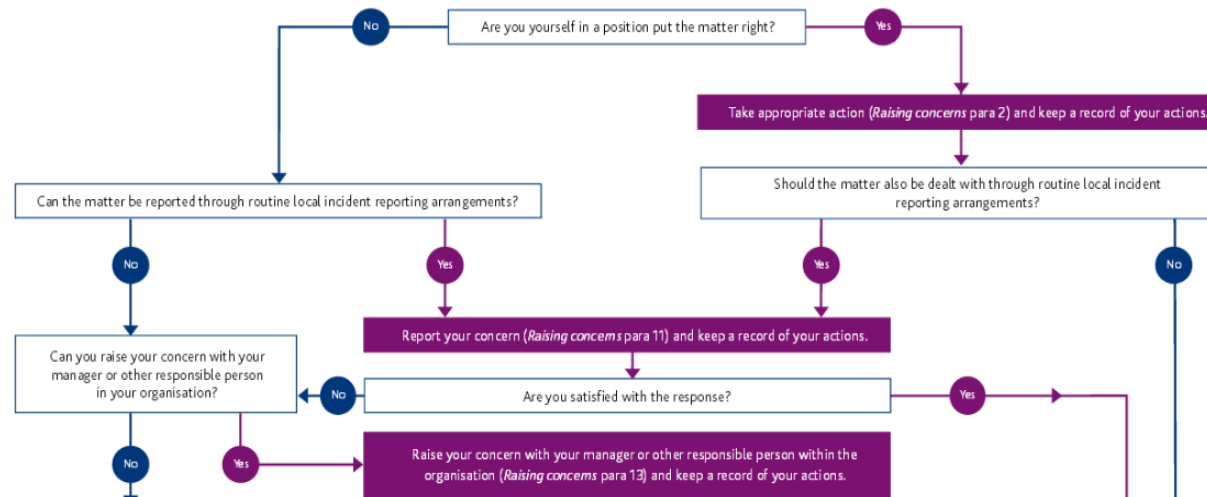
### Your duty to raise concerns

General Medical Council

Regulating doctors  
Ensuring good medical practice

All doctors have a duty to raise concerns where they believe that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the organisations in which they work (*Raising concerns paragraph 7*).

**Remember:** Keep a record of your concern and any steps that you have taken to deal with it (*Raising concerns paragraph 15*). At any stage, if you are unsure about raising a concern, you should seek advice and support from a colleague, or from an appropriate organisation (*Raising concerns paragraph 18*).





# Raising concerns toolkit...

The screenshot shows the top of a web page with a teal header containing the title "Raising and acting on concerns about patient safety" and the "General Medical Council" logo. Below the header is a purple "Home" button. The main content area features a photograph of a woman in a white lab coat looking at an X-ray. To the right of the photo is a teal speech bubble containing the text: "Faced with a concern about patient safety, are you yourself in a position to put the matter right?" Below this text is a smaller line: "View case studies below and select an option to continue". To the right of the speech bubble are two circular buttons labeled "Yes" and "No". Below the photo and speech bubble are two links: "View Guidance" and "View Case Studies". At the bottom of the page is a "Back button" section with the text "Click on the question you would like to go back to". Below this is a navigation bar with five items: "Identifying how to respond" (with a magnifying glass icon), "Key points" (with a folder icon), "Contact us" (with a speech bubble icon), "Other useful contacts" (with a person icon), and "Feedback form" (with a document icon).

**GMC Confidential Helpline – 0161 923 6399**

# The “shoulds” and “musts”

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11. You **XXXXX** follow the procedure where you work for reporting adverse incidents and near misses. This is because routinely identifying adverse incidents or near misses at an early stage, can allow issues to be tackled, problems to be put right and lessons to be learnt.

13. Wherever possible, you **XXXXX** first raise your concern with your manager or an appropriate officer of the organisation you have a contract with or which employs you – such as the consultant in charge of the team, the clinical or medical director or a practice partner. If your concern is about a partner, it may be appropriate to raise it outside the practice

# The “shoulds” and “musts” - GMP

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22. You XXXXX take part in systems of quality assurance and quality improvement to promote patient safety.

24. You XXXXX promote and encourage a culture that allows all staff to raise concerns openly and safely.

25. You XXXXX take prompt action if you think that patient safety, dignity or comfort is or maybe seriously compromised.

## Yes or no

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1. The law provides protection against victimisation or dismissal for individuals who raise concerns?
2. All doctors are responsible for encouraging and supporting a culture in which staff can raise concerns openly and safely?
3. You have to wait for proof and gather evidence before reporting?
4. Don't delay – report to GMC straightaway?
5. As you can call the GMC confidentially you don't need to write anything down...

# Exercise



**Raising and acting on concerns  
about patient safety**

General  
Medical  
Council  
Regulating doctors  
Ensuring good medical practice

## Doctors' use of social media

**1** In *Good medical practice*<sup>\*</sup> we say:

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- 69. When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You

- 70. When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.

**2** In *Confidentiality*<sup>†</sup> we say:

- 13. Many improper disclosures are unintentional. You should not share identifiable information about patients where you can be overheard, for example,

# Social Media

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theguardian

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[News](#) > [UK news](#) > [Police and crime commissioners](#)

## Youth crime commissioner Paris Brown stands down over Twitter row

Brown apologises for writing comments on social networking sites that she admits 'have offended many people'

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Vikram Dodd

guardian.co.uk, Tuesday 9 April 2013 16:18 BST

 [Jump to comments \(606\)](#)



Paris Brown announcing that she will stand down from her role as youth crime commissioner after a row over her Twitter messages. Photograph: Gareth Fuller/PA

Britain's first youth crime commissioner resigned from the £15,000-a-year post today, less than a week after her appointment was

Sorry... to my sponsors! Westwood apologises for foul-mouthed Twitter rant at trolls after US PGA collapse

Twitter libel: Sally Bercow says she has 'learned the hard way' as she settles with Tory peer Lord McAlpine over libellous tweet

# Using the GMC guidance in practice

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‘Hi there - Been on call this week & knackered! In theatre this afternoon butchering the public!.....see you at the fancy dress party on Friday – going as a naughty nurse!’

LinkedIn

facebook



YouTube

twitter



# Record Keeping

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- While in the emergency room, she was examined, X-rated and sent home.
  - The skin was moist and dry.
  - The lab test indicated abnormal liver function.
  - Patient has chest pain if she lies on her left side for over a year.
  - On the second day the knee was better and on the third day it had completely disappeared.
  - The patient has been depressed ever since she began seeing me in 1983.
-

# Darren Mercieca

## Regional Liaison Adviser



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General  
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Council

Regulating doctors  
Ensuring good medical practice