



Responding to Good medical practice Consultation 2022

CONSENSUS WORKSHOP REPORT ON THE UK GENERAL MEDICAL COUNCIL'S PUBLIC
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BAPIO INSTITUTE FOR HEALTH RESEARCH

British Association of Physicians of Indian Origin

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Role of BAPIO

The British Association of Physicians of Indian Origin (BAPIO) was established over twenty five years ago predominantly for the purposes of representing the interests of migrant doctors who had faced hardship in the NHS. Since then it has evolved to an organisation that promotes teaching, research, policy making, charitable work and collaboration with NHS bodies, regulators, medical royal colleges, nursing fraternities, politicians and international organisations on a variety of health related issues.

In recent years, BAPIO has taken an active stance in ensuring that medicine as a whole is freed from discriminatory practices, and in this context, we have worked closely with the General Medical Council (GMC) to root out the bias that exists within the regulatory system. Central to how doctors are regulated is the framework that has the purpose of ensuring that we operate at the best possible levels, that we put patients at the heart of what we do, and that we are accountable. The Good medical practice (GMP) guidance (2013) has served a purpose, but it has had its critics and rightly, it is now in the review stages.

BAPIO is an important stakeholder in the consultation so that we can ensure that the renewed guidance is fit for purpose for professionals, especially those that are of a Black, Asian and Minority Ethnic origin, but also for the patients for whom we strive to provide the best standards of care. As doctors, we have been trained to a high standard, and but for a minority, we all strive to provide the best possible and safe care to patients, we treat colleagues with respect and dignity, and even where we are in a highly specialised field, we continue to seek improvements through evidence based teaching and research. Our professionalism has often meant that we put our craft and profession above our own needs.

BAPIO is determined therefore to ensure that changes to GMP reflect the complex needs and values of a diverse workforce, without comprising the high quality care that we deliver to our patients and a firm commitment to work with the regulator and all stakeholders to implement this aspiration.



Summary

Between 2020-21, BAPIO through its arm's length **Institute for Health Research (BIHR)** and partners in the **Alliance for Equality for Healthcare Professions**, undertook a comprehensive, thematic synthesis of differential attainment as affecting the lifecycle of a health professional from entry to exit in the profession. This was followed by a series of consensus building workshops involving the triumvirate of grassroots professionals, their representative organisations, stakeholder agencies and academics. The consensus recommendations were published in 2021, as the [Bridging the Gap 2021 report](#).

One of the six domains in this report consisted of recommendations relating to professionalism and fitness to practise for the regulator and employing organisations. The report also provided a deep understanding of the onboarding, acculturation and differential treatment of international medical graduates, who make up approximately 40% of doctors and 1 in 5 of the UK healthcare workforce. The report acknowledged the overwhelming inherent existence of ubiquitous institutional bias and incivility, its impact on the health and wellbeing of the workforce, hindrance of workforce development from the failure to recognise diversity and ultimate impact on patients that are at the centre of everything that healthcare professionals stand for.

The GMP guidance from the GMC UK aspires to describe and embody the letter and spirit of the values and behaviours that define the professionalism expected from doctors in the UK. The medical professionals (doctors and Physician associates) are required to provide evidence against domains of GMP during yearly appraisals and the five-year revalidation to continue to hold the licence to practise in the UK. The GMP thereby serves as a framework against which to determine if a regulated professional has deviated significantly from the expected high standards of professionalism. Therefore, GMP is routinely referenced by the public, employing organisations and by the GMC UK, when doctors are referred to the regulator for appropriate investigation and possible sanctions. Although the GMC UK is often at pains to point out that GMP is not a set of rules, however, as any practising doctor will be aware, especially those at the sharp end of the GMC's disciplining arm, the Medical Practitioners Tribunal Service, GMP is often the standard that determines whether or not a registered doctor has deviated away from what is expected of them.

However, there is growing evidence that the GMP, in its current format, fails to properly reflect diversity amongst the medical profession and patients nor demonstrate sensitivity to the interpretation of values or behaviours through the lens of culture or diversity intelligence. The GMP does not take into account the shared responsibility and collaborative



healthcare in multi-professional teams. The GMP does not sufficiently reflect that doctors are working in and for large organisations, where those in leadership and management positions must have accountability. The leaders are responsible for developing and creating functioning teams, provide the optimum working environment, with the tools to perform their intended roles (education and training) and be held accountable for delivering on the requirements of equality, diversity, inclusion and fairness for all patients and professionals, as reinforced by the NHS Constitution and the Equality Act 2010.

The resulting unfairness in how healthcare organisations treat regulated professionals, in particular doctors and the differential referral to the regulator is in part due to the format and content of the current GMP, which embodies a set of standards conceived and crafted more than a decade ago, and therefore appears to be significantly outdated in transforming the modern, diverse healthcare landscape.

In this workshop, doctors from across the profession worked with psychologists and academics in reviewing the GMC UK's redraft of the GMP. In doing so, they suggested amendments and inclusions necessary, so that the proposed GMP 2022, demonstrates progress to a culture of fairness, social justice, diversity and inclusion.

The recommended amendments and inclusions to the GMP from this workshop are presented under three broad themes: 1) working with colleagues, 2) working with patients and for those 3) doctors in leadership or management positions.

- The workshop participants reflected the perception that the GMP appeared to overtly support people in authority, and is open to be interpreted pejoratively and utilised for punitive action, to thereby provide grounds for deviating from the aspiration of a *'blameless culture of learning'* that is the hallmark of a modern organisation.
- That the proposed GMP did not reflect the diversity of the medical professionals nor their patients and therefore needed to be more explicit and unequivocal in every section in order to achieve dignity, respect and value to embed equality, diversity and inclusion in the profession and in healthcare.
- The workshop recommended that Responsible Officers and the regulator demonstrate robustly and transparently in their processes - fairness, diversity intelligence, accountability and an independent assessment of the impact of their referrals/decisions on the morale, wellbeing of the regulated professionals.

This paper summarises the extensive discussions and presents the amendments that will aid the architects of the new GMP to truly address the palpable shortcomings of the current GMP. The recommendations take into account modern societal transformation, the

healthcare space that doctors function within, reflects the considerable diversity of our communities and professionals. This paper offers an opportunity to capture the wide-ranging views from the profession and academics to help right the many wrongs that have plagued the relationship of the regulator with the medical profession.

The workshop acknowledged the efforts of the GMC UK and its outreach ambassador in actively seeking out contributions from voluntary professional organisations and their vast membership in helping shape the new GMP, which we hope will be fit for a modern, post-pandemic just society in the UK and serve as an exemplar for the standards expected from the profession, across the globe.

Wordmap from the Workshop



Keywords

leadership roles , doctors , feedback, formal , managers , people , competent , leaders , document , clinicians , structured , guidance , training , unbiased , accountable, patient ,conflict , organisation , alternatives , declare , teams , clinical , reasonable , trust , information , people , delegate , duty , diversity , inclusivity , equality, diversity and inclusion , junior doctors , standard , challenging , colleagues, debate

Goals

1. To discuss the validity and impact of the provisions in the proposed GMP document, especially with regards to
 - a. Fairness, equality and social justice,
 - b. Ensuring inclusion and diversity intelligence,
 - c. Ensuring accountability for doctors in leadership roles and organisations.
2. To ensure that the recommendations from the Bridging the Gap 2021 report are considered for incorporation in the proposed GMP 2022- particularly on working environment, transparency, fairness, accountability for organisations and their leaders.

Domains

The current version of GMP considers four domains to be at the heart of medical professionalism:

Domain 1 - Knowledge skills and performance

Domain 2 - Safety and quality

Domain 3 - Communication partnership and teamwork

Domain 4 - Maintaining trust

The proposal is to retain four categories but alters the context of each of them, and makes them as much applicable to registered medical practitioners as it does physician associates and anaesthesia associates:



The four domains considered in the workshop were;

Theme 1 - Tackling discrimination, and promoting fairness and inclusion

Theme 2 - Working in partnership with patients

Theme 3 - Working effectively with colleagues

Theme 4 - Leadership

The objective of this workshop was to debate and dissect the proposals rather than critique or compare them with the existing guidance.

Themes

Tackling discrimination and promoting fairness and inclusion (GMP theme 1)

1.1 Acting without bias

GMP should ensure that fairness and equality are explicitly described. Acting without bias should cover the nine protected characteristics, not just culture or ethnicity and include other recognised biases such as against international medical graduates/ healthcare staff.

1.2 Recognise and respect diversity in communication

Item 3, p5 - You must communicate clearly, effectively and courteously with colleagues.

Whilst we recognise cultural backgrounds may change communication, we also recognise that there are many different groups this applies to for example, neurodiverse individuals who may communicate using different language or cues. Therefore, the GMP should be explicit in ensuring that one must communicate clearly, effectively and courteously with colleagues, while recognising, respecting and adjusting for their diversity and communication styles, not just culture (e.g. neurodivergent individuals who have particular ways of using language or cues).

Documenting communication in a transparent and effective manner is an important duty, ensuring continuity and coordination between individuals or teams.

GMP should replace the word 'courteously' in matters for inter-professional communication with 'a respectful, diversely intelligent and sensitive manner, which would be accessible and understandable to all.'

1.3 Avoiding microaggressions

Item 5, p5 - You must be aware of how your attitudes and behaviours may influence or affect others. You should contribute to a positive teaching, training and working environment by role modelling supportive, inclusive and compassionate behaviour.

One must be aware of one's own attitudes, beliefs, behaviours and influence on others.

When using language, one must ensure that the appropriate adjustment or recognition is made of gender pronouns, spelling and pronunciation of names and awareness of cultural variation in communicating with colleagues of different gender or age-groups. The same sensitivities apply to avoiding microaggressions related to gestures and body language.

1.4 Duty to develop and contribute to teams

Item 5, p5 - You must be aware of how your attitudes and behaviours may influence or affect others. You should contribute to a positive teaching, training and working environment by role modelling supportive, inclusive and compassionate behaviour.

GMP must make explicit the requirement to assess, develop and maintain effective team working and for actively contributing to discussions and decisions relating to patients, teaching, colleagues and workplace matters.

Duty to listen to contributions from team-members should be included.

1.5 Equality, Diversity & Inclusion (EDI)

An overarching introductory statement on EDI as a title is not enough to encourage this duty. The GMP must ensure that there is a clear definition, alongside what the duty of someone being truly equal, diverse and inclusive entails.

The GMP should ensure that every duty or definition must have EDI embedded within it.

The GMP should use ‘diversity intelligence’ in every aspect of the document, a term which encompasses all aspects of diversity and is more inclusive than cultural intelligence.

For doctors in positions of leadership and with management roles, the GMP must ensure that they have a duty to demonstrate humility, active listening, being open to suggestions and the ability to be able to have informal, proportionate, meaningful and supportive discussions with apparently “difficult” colleagues, within their teams and organisations. These conversations should be able to guide those who need mentoring in various aspects of their practice irrespective of their diversity of backgrounds and must not be limited to friends or cronies.

1.6 Managing disagreements professionally

Item 15b - taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems, and carrying out further training where necessary

Professional differences of opinion, disagreements on clinical or management decisions should not be considered as ineffective team working.

1.7 Psychological safety for innovations and alternative thinking

Challenging the status quo or thinking outside the box (innovations or disruptive voices) are important for progress and service improvement- hence they should be considered healthy for teams and organisations.

1.8 Safe environment and protection for the whistle-blower

The GMP must ensure that there is robust and explicit protection for the whistle-blower and people voicing concerns; that disagreements with decisions are not able to be construed as a tool to take punitive action against those raising concerns.

The GMP must ensure the duty of providing adequate support to the person raising concern including those about a clinical manager/ medical director or members of the leadership team.

1.9 Accounting for the inconsistencies in interpreting language and diversity

In communication between professionals, e.g. during and in handover, and with patients, one the practitioner needs to be cognizant of their diversity (gender, ethnic, religious, cultural, physical or neuro-diversity), and their language or pronunciation/ accents that may be open to misinterpretation for those that do not have English as their first language or their diversity (gender, ethnic, religious, cultural, physical or neuro-diversity). This can be solved where practical simply by using a technique of 'checking understanding' where practical to ensure nothing is lost to translation.

1.10 Incivility

GMP must make it explicit that any form of bullying, harassment, abuse, discrimination or harassment of colleagues or patients must not be tolerated, nor should registrants condone such behaviour in others. This applies as much to face to face interactions as it does to any online or social media behaviour.

1.11 Cultural awareness and competence

It would be desirable for GMP to make a statement on the value of doctors, PAs and AAs seeking courses or education on cultural competencies particularly if they are serving a diverse and ethnic population, or if they have considerable numbers of staff from a diverse origin.

Working in partnership with patients (GMP theme 2)

The essence of the standards within this section are to support an environment in which care is inclusive, empowers patients to be active participants in making decisions about their health, and does so whilst upholding the highest regard to fairness, transparency and inclusion. This ethos was kept in mind and applied as a lens to ensure that the values and behavioural attributes are cognisant of the full range of disadvantages that impact care environments for patients, e.g. identifying with minoritised communities of multiple types ethnicity, sexual etc.

2.1 Providing information in diverse formats

Item 26, p9 - You must consider and respond to the needs of patients with disabilities. You should make reasonable adjustments to your practice so they can receive care to meet their needs.

Item 29, p9 - You must take all reasonable steps to meet patients' language and communication needs.

The GMP should make explicit for clinicians to *'take appropriate and reasonable actions'* to provide information to patients in formats which take into account diversity in needs, so that they can access, and understand information his understanding should be reasonably checked at all appropriate decision points in care.

The GMP should remove the word *'clear'* in reference to communication and replace it with *'in a format that is accessible, understandable and accurate.'*

2.2 Shared responsibility and accountability for care

Item 31-33, p9 - You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.

In current clinical practice, clinical decision-making and delivery of care are provided in multi-professional teams and involve professionals across disciplines in the organisation. Hence the GMP should reflect this team-delivery of care model. The duty of care or responsibility should reside in shared teams with team leaders including those in commissioning and management roles being accountable.

2.3 Conflict of interest declaration while working in teams/ institutions

Item 33f, p10 - any potential or actual conflicts of interest that may influence the treatment and care options you share with patients.

The GMP must be explicit in delegating the responsibility for declaring conflict of interest on to the organisations and a requirement of relevant organisational policy and not on the individual clinician to patient relationship.

The GMP must be explicit in recognising that where care is delivered in teams, that the duty to declare conflict of interest (such as limited availability of staff or resources) to individual patients (such as limited availability of staff or resources) is delegated to the team leads and organisation and not to individual clinicians / practitioners.

2.4 Recognising diversity and inclusion

Add to Item 23 & 24, p8 - provide good clinical care

The GMP must add to kindness, courtesy and respect, the explicit duty to recognise and convey sensitive information to patients from diverse backgrounds.

2.5 Conflict of interest and availability of alternative (non-NHS/ private) therapy

Item 37, p11 In providing clinical care you must:

- a propose, provide or 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*
- b propose, provide or prescribe effective treatments based on the best available evidence*

GMP must be explicit in delegating responsibility to regulated professionals in providing information on best practice or evidence based guidance as well as non-NHS alternatives where there is a robust evidence base whether in the UK or elsewhere.

GMP should remove the reference to '*potential*' conflict of interest and keep the statement as a '*conflict of interest*'. This is then provided to every employer, reviewed and recorded annually.

GMP should be accompanied by robust guidance on actual conflicts of interest - i.e. owning shares of a public limited company will not be considered as an actual conflict of interest.



GMC UK should consider including information transparency including payments made to clinicians, a list of financial and non-pecuniary interests, particular clinical interests and recognised and accredited specialisms.

2.5a **Organisational conflict of interest declarations**

In addition, the GMP must ensure transparency and annual declarations by organisations (through their leaders/ clinical managers), of any payments, donations (i.e. for research, capital or services) including benefits received from the pharmaceutical and medical device industries (as per the Association of British Pharmaceutical Industries (ABPI) code), and charities that may pose a potential conflict of interest.

2.6 **Accounting or awareness of the overall burden of medication/ treatment**

Item 37g, p11 - consider the overall burden of the patient's drugs and treatments and whether the benefits outweigh any risks of harm

GMP should specify that the duty of taking into account the overall (financial/ infrastructure/ resource) burden of healthcare provision for each individual should be reworded to say overall burden within their '*clinical remit*' because individual consultants or individual practitioners may not have a clinical remit or over the other drugs which are within their responsibility.

2.7 **Information related to prescribed medication or supervised prescribing**

Item 37, p11 - In providing clinical care you must:

- a propose, provide or 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*
- b propose, provide or prescribe effective treatments based on the best available evidence*
- c take all possible steps to alleviate pain and distress whether or not a cure may be possible*
- d seek advice from a supervising clinician, or consult colleagues, where appropriate*
- e respect the patient's right to seek a second opinion*

f check that the care or treatment you propose, provide or prescribe for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications

In describing the duty to duly inform patients of the information relating to risks and benefits of prescribed medication (or procedures) that are within their responsibility, the GMP should take into account that this is not possible in situations such as primary care repeat prescriptions, and in areas of high turnover or urgency, such as emergency departments, ambulatory or urgent care settings.

Similarly, where regulated professionals are supervising or prescribing for advanced nurse practitioners or physician associates, this is often done on the basis of clinical history and assessment carried out by other professionals.

Item 33b, p9 - clear, accurate and up-to-date information, based on the best available evidence, about the potential benefits and risks of harm of available options, including the option to take no action

Item 37b, p11 - GMP should be amended to include 'reasonable benefits and risks' from 'potential benefits' to be based on evidence.

GMP (*item 37*) to be amended from 'best evidence' to 'up to date evidence and professional judgement, taking into account patient's needs and preferences'.

2.8 Allowing for additional/ appropriate time for communication

Item 34, p10 - The exchange of information between medical professionals and patients is central to good decision making. You must give patients the information they want or need in a way they can understand. You should check their understanding of the information they have been given, and make sure they have the time and support to make informed decisions if they are able to (in line with our guidance Decision making and consent).

Patients have the right to be involved in decisions about their treatment and care and that this should be clear documentation of the communication and exchange of information.

GMP should explicitly incorporate the requirement for regulated healthcare professionals to be given adequate time and tools to meet and inform patients and carers (*also Items 29, 27*). Professionals must ensure that patients have time, tools for interpreting decisions without jargon, attention given to their communication needs and support for making informed decisions as needed.



2.9 Duty for kindness to be redefined as being sensitive to needs

Item 22, p8 - *You must treat patients with kindness, courtesy and respect.*

The proposed change to GMP, should be amended to say '*being sensitive to patients' needs'* or rephrased to say you must treat patients with '*dignity, respect and inclusivity.*'

Working effectively with colleagues (GMP theme 3)

3.1 Safety for Professionals (Item 19- Responding to safety risks, p7-8)

Safety, physical, psychological and cultural does not appear to be reflected throughout GMP, unlike patient safety - however it is a core element in the creation of a safe working environment.

3.2 Proportionality

19b. Where the risk concerns inadequate premises, equipment or other resources, policies or systems you should, if possible, put the matter right. You must raise your concern in line with our guidance and your workplace policy. You should also make a record of the steps you have taken.

GMP fails to recognise that justice is based on statutory interpretation processes and when asked to deliver on a duty, one should do what is proportionate to the role and influence. It is therefore crucial to consider influence and power in the processes of escalating or raising concerns and ultimately where responsibility for action rests. One should not be in trouble for not having **delivered** (*put the matter right*) on that duty.

(Item 20. Responding to safety risks, p8) - If you have a management role or responsibility you must encourage and support your colleagues to raise concerns and ensure that concerns are responded to appropriately in line with our Raising concerns guidance.

We agree that in dealing with concerns it is important in considering where the accountability for action rests, with doctors in leadership or management roles.

3.3 A Positive Workplace Environment

Item 5. 6 & 7 - Contribute to a positive environment, p5 - 5 You must be aware of how your attitudes and behaviours may influence or affect others. You should contribute to a positive teaching, training and working environment by role modelling supportive, inclusive and compassionate behaviour.

It is essential that GMP recognises that good patient care is dependent on a just and supportive workplace culture. These attributes should be considered within the context of the right level of staffing and the appropriate competency or skills within the team required to deliver excellent care. The responsibility for facilitation and accountability for ensuring a positive workplace environment must rest with those in management or leadership roles.

3.4 Team working, Inclusivity and role modelling

Item 6 You must not abuse, discriminate against, bully, exploit, or harass anyone, or condone such behaviour by others. This applies to all interactions, including on social media and networking sites.

Item 7 - You should take action, or support others to take action, if you witness or are made aware of bullying, harassment, or unfair discrimination.

In developing and maintaining effective team working and interpersonal relationships with colleagues, GMP should explicitly include the duty of ensuring the attribute of inclusivity.

GMP should make explicit the duty to role model supportive, inclusive and compassionate behaviour.

The term 'condone' is defined as to 'accept (behaviour that is considered morally wrong or offensive). In relation to this duty (must not condone), the GMP must make explicit that the extent that condone may be interpreted. And if one were not to accept this behaviour how should this duty be demonstrated?

Item 10, p6 - If you identify problems arising from poor communication or unclear responsibilities within or between teams, you must act promptly to deal with them.

In matters where there is a disagreement or differing opinions between clinicians or teams, GMP should clearly articulate that respecting and valuing colleagues is not just about their skills and roles but also about recognising their diverse backgrounds and experience that influence decisions.

GMP must ensure the psychological safety of individuals and the responsibility for those in leadership/ management roles to provide robust systems to recognise diversity of opinion as a constructive strength, good communication, that a range of opinions is encouraged, and a framework or processes to reach consensus is established.

and respected.

3.5 Value and Respect

(Item 1-4, p5) 1- You must treat colleagues fairly and with respect. Colleagues include anyone you work with, whether or not they are a medical professional.

2 - You must develop and maintain effective team working and interpersonal relationships. This includes recognising and showing respect for the roles and skills of the people you work with and listening to their contributions.



This duty should explicitly include value and respect for colleagues, beyond just tokenistic gestures and incorporate their holistic personal identity and diversity. To help develop and maintain effective deep working and interpersonal relationships, there should be integration of diversity and cultural background of individuals, not just their skills and role. Listening alone is not enough. GMP should be explicit about listening and accommodating individual contributions with fairness.

Duty of 'must develop and maintain effective team working' should be for those in leadership and managerial roles, while for all doctors this should include participation in effectively working with and supporting teams.

3.6 Appropriate delegation

Item 11, p6 - Delegate safely and appropriately

When you delegate tasks or duties, you must be satisfied that the person you are delegating to has the appropriate qualifications, skills and experience to carry them out, and that they will be appropriately supervised and supported if necessary.

When delegating duties, professionals must ensure that the individuals have the right skills and competencies to undertake the duties and are effectively supported to do so.

3.7 Handing over care & Delegation

Items 8- 9, p6 - You must contribute to continuity and coordination of patient care. This is particularly important when patient care is shared between teams, or when patients are transferred between care providers. You must:

share all relevant information with colleagues involved in patient care (within and outside teams), including when you go off duty, when you delegate care, or refer patients to other health or social care providers

check (where practical) that a named clinician or team has taken over responsibility when your role in a patient's care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons.

You must not assume that someone else will pass on the information needed for patient care.

The reality of clinical life involves multiple clinicians working shifts, and where care is coordinated and delivered via multiple professionals and multiple agencies. In such scenarios, responsibility for clinical decisions, monitoring and review as well as follow up,



depends on reliable and timely communication involving written, electronic and auditable systems of effective handover.

GMP must make explicit the responsibility of ensuring that when handing over care or clinical responsibility that the professional receiving the role/ responsibility has the competency to do so and has the necessary organisational support to deliver care safely and effectively (see also 1.7)

GMP must make explicit that delegation of duties is done equitably and fairly amongst team members.

GMP must ensure that in matters of handing over care or clinical responsibility between members in a team, within organisations and for multi-agency arrangements that there is shared responsibility. That ultimate responsibility of developing reliable systems rests with the organisation and its leaders.

3.8 Taking up appointments and working contractual periods

Item-18, p7 Patient safety may be affected if there is not enough cover. So you must take up any post or shift you have accepted, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements or your personal circumstances prevent this.

GMP must also be explicit in the duty that when appointing colleagues to roles, the doctors in leadership and management positions must ensure that adequate notice is given in an agreed and timely manner for contracts to be issued, rotas and duty rosters provided and adequate time is allowed for doctors to safely take up their positions.

GMP must also ensure that doctors in leadership and management roles are accountable for providing adequate, timely and robust induction to all new starters, ensuring they have the skills, competencies and tools (i.e IT training, Smart cards, Log in to electronic records) required to perform their duties safely and effectively. Doctors must not be asked to perform duties or work without adequate induction and before completing their required essential, statutory and mandatory training. This is particularly essential for those joining the health service for the first time (i.e. Foundation doctors), those that have trained abroad or are returning from periods of absence / non-clinical roles (i.e. research, out-of-program periods, prolonged leave)

Leadership (GMP theme 4)

When dealing with leadership and management, the new GMP must clarify where the guidance relates to all doctors and where it specifically pertains to doctors in leadership or management roles.

All doctors in leadership roles must be held to the same standards that doctors in general will be subjected to – and that their actions should be based on integrity, fairness, and that they will be held accountable?

4.1 Leaders responsibility for supporting raising concerns

GMP (Items 20 A B C D).

4.1a If you are in a leadership or management role, you must encourage and support your colleagues to raise concerns and ensure that concerns are taken seriously and responded to appropriately in line with prevalent and applicable raising concerns guidance. Besides patient safety and care concerns can and should include those related to colleagues, behaviours, discrimination and any impact on wellbeing of patients, colleagues and professionals themselves.

4.1b You must consider the safety and wellbeing of those raising concerns and ensure that they are protected, and remain free from repercussions or counter allegations.

4.1c You must support and ensure a fair, proportionate and transparent investigation for the concerns raised. GMP must accord responsibility to leaders to acknowledge, respond and reflect on the concerns.

4.1d You must ensure monitoring of an organisation's data on diversity and publish yearly data on concerns raised and outcomes including diversity data. This monitoring should include assessment of the impact on those raising concerns.

4.2 Attributes for those in leadership roles

GMP Item 48, p13 - You must be competent in all aspects of your work, including, where applicable, formal leadership roles, management, research, and teaching.

The guidance statement should change from *'You must be competent, and honest'* to *'you must be competent, honest, inclusive, unbiased, and demonstrate integrity in all aspects of your work, including where applicable in formal leadership roles management, research and teaching'*.

4.3 Equality, Diversity & Inclusion Training

GMP Item 14, p6 - You must keep records that contain personal information about patients, colleagues or others securely and in line with any data protection law requirements.

As in the *GMP Item 14, p6*, the duty should include the requirement to undertake mandatory EDI training and demonstrate the EDI impact of such training in all record-keeping and documentation.

4.4 Leadership training and competencies

GMP Item 48, p13 - If you are in leadership positions, you must be competent in all aspects of leadership and management commensurate with your role or position in the organisation/ team. This includes all applicable formal leadership roles and management, research, training and teaching. You must undergo mandatory EDI training before undertaking such roles.

4.5 Reflection and Accountability

GMP Item 56, p13 - You must reflect regularly on your standards of practice and the care you provide. You should consider how your attitudes, values, beliefs, perceptions, and personal biases (which may be unconscious) may influence your interactions with others, which could in turn affect outcomes for patients and colleagues.

GMP should be explicit by requiring all in leadership roles to - 'to seek feedback and use this constructively to improve one's practice and performance'.

A major discussion has been ongoing amongst grassroots professionals over the roles of medical managers, particularly medical directors (MDs), and also the responsible officers (ROs), where they are distinct from the MDs. Too often there has been little action taken against vexatious or spurious complaints to the GMC, such as in the recent Manjula Arora case, where the MD was found to have acted errantly. Where an investigated doctor has not found to have a case to be answered or where the complaints have been quashed on review, then following the conclusion of the MPTS trial, the GMC UK must trigger an internal review of the reporting medical manager if they are registered with the GMC UK, and mount an investigation or report them to the employing organisation for an investigation.

We propose that the GMC UK recommends that MDs will only be ROs by exception (such as in a small organisation), and that similarly ROs are held accountable and subjected to performance reviews.



4.6 Seeking feedback and responding constructively as leaders/ managers

Item 57, p13 - You must seek feedback and respond constructively to it, using it to improve your practice and performance.

GMP (Item 57) must make it explicit for all professionals to seek feedback in a structured format from a wide range of colleagues and respond constructively to the comments received. Although it is applicable to all professionals as part of 360 feedback it should apply to those in leadership roles, where it is made essential to seek formal, structured feedback from the full range of diverse colleagues in the organisation- specifically related to their role as leaders and managers.

4.7 Responding to organisational outcomes as leaders/ clinical managers

Develop and Support Others - GMP items 59-61, p13

GMP for those in leadership roles/ management positions must include measures of performance that demonstrate willingness to address organisational performance data such as on Workforce Race Equality Standards in England, staff surveys as well as clinical outcomes.

4.8 Actively advancing equality, diversity & inclusion

GMP where applicable to leaders and clinical managers must include outcomes on equality, diversity and inclusion in areas within their influence such as implementing fair and transparent recruitment policies, improving access to patients from minority backgrounds and with diverse needs, ensuring the work and clinical environment is free from bullying and harassment or prejudice and discrimination in their various forms.

Conclusions

The workshop participants welcomed the significant investment of the GMC UKs outreach team in proactively engaging with the public and diversity of the profession to seek their views. The redrafted GMP 2022, demonstrated a huge forward movement in recognising the transformation of society at large that patients come from, the healthcare landscape which requires professionals to work in multi professional teams, for and within large organisations. Where communication is paramount, where kindness and respect are vital currency. For doctors in leadership and management roles, the GMP 2022 opened the dialogue for reflection and responsibility.

However, much more needs to be done. The key areas for amendment are;

- Embedding fairness, equality and social justice for patients and professionals
- Empowering medical professionals with the knowledge, behaviour and skills not only of cultural but of diversity intelligence
- Commitment to kindness and respect for colleagues and patients
- Supporting a culture of psychological safety for raising concerns
- To move from punitive intent to a culture of learning, fit for modern healthcare
- Strengthening reflection, meaningful feedback and accountability for doctors in leadership roles

By incorporating the recommended amendments and additional content as laid out in this document, we believe the GMP 2022 proposal will be fit for the current and future healthcare landscape, provide a robust framework for safe, collaborative professional relationships within multi-professional teams, for supportive learning organisations and provide excellent care for our patients in partnership.

Bibliography

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