

GMP Review  
Standards and Ethics Team  
General Medical Council  
Regent's Place  
350 Euston Road, NW1 3JN

29 November 2005

Dear Sirs

Thank you for the opportunity to comment on 'Good Medical Practice'.

AvMA supports the overall thrust of the approach taken by the GMC in 'Good Medical Practice' and commends the approach taken on consulting upon it. We have commented on the specific consultation questions using your form. However, we do have some overriding concerns which is over clarity of the status of the document and different elements of it. We endorse the comments already made by one of our trustees, Sir Donald Irvine, in relation to amending page five of the document:

***"Duties and responsibilities of Doctors : suggested amendment to page 5.***

*All patients are entitled to a good doctor. This code describes the principles of good medical practice and standards of competence care and conduct expected of you in all aspects of your professional life.*

*To secure and maintain a GMC license to practice you must comply with the code. You are personally accountable for your professional practice. You must always be prepared to explain and justify your actions and decisions.*

*Failure to comply with the code will put your license at risk."*

Furthermore, we believe more work is needed in ensuring consistency in the language that is used and its implications. We agree it should be seen as a 'code'. 'Advice' or 'guidance' should generally speaking be left to the supplementary information which is linked to it. 'Guidance' is usually seen as not necessarily essential. Everything in the code should be essential for a 'good doctor'. Special care needs to be taken with the words 'should' and 'must' in the text. 'Should' should only be used if the issue is not necessarily within the power of a doctor. If it is within the power of a doctor, it 'should' be interpreted in the same way as 'must'. 'Must' should really mean 'must' and failure to comply with it be, of necessity, 'serious' and put registration at risk. We advise dropping the phraseology of 'serious or persistent' failure to follow Good Medical Practice being what puts registration at risk. This is too open to subjectivity and suggests to the doctor that

compliance is optional. Any breach of the code should by definition be seen as serious and as potentially putting registration at risk. So, for example, in a paragraph very close to AvMA's heart, paragraph 24; if a patient has suffered harm the doctor must (if they are able to) act immediately to put things right, but must explain fully and promptly to the patient.

With regard to specific paragraphs:

- 2(h) You should include safeguarding health and well-being of vulnerable adults also (the elderly, disabled, others susceptible to abuse).
- 2(i) You should include 'adverse' or 'patient safety incidents' here, rather than just adverse drug reactions.
- 10 We would like to see more in the document about 'knowledge and skills'. In particular, more emphasis should be placed on developing and maintaining knowledge and skills needed for good, safe practice in the doctor's chosen field.
- 24 Where it is not possible to explain to the patient who has been harmed (because of death or capacity) there should be a requirement to explain to a parent, next of kin or someone representing the patient's interests.
- 52 We believe the standards expected under 'probity' are too high. As well as being unrealistic and unfair to expect 'moral excellence' of doctors, this approach is also unhelpful in that it implies moral superiority of doctors. This is an outdated concept which the GMC should be doing its utmost to move away from.

Yours faithfully

**Peter Walsh**  
**Chief Executive**

