

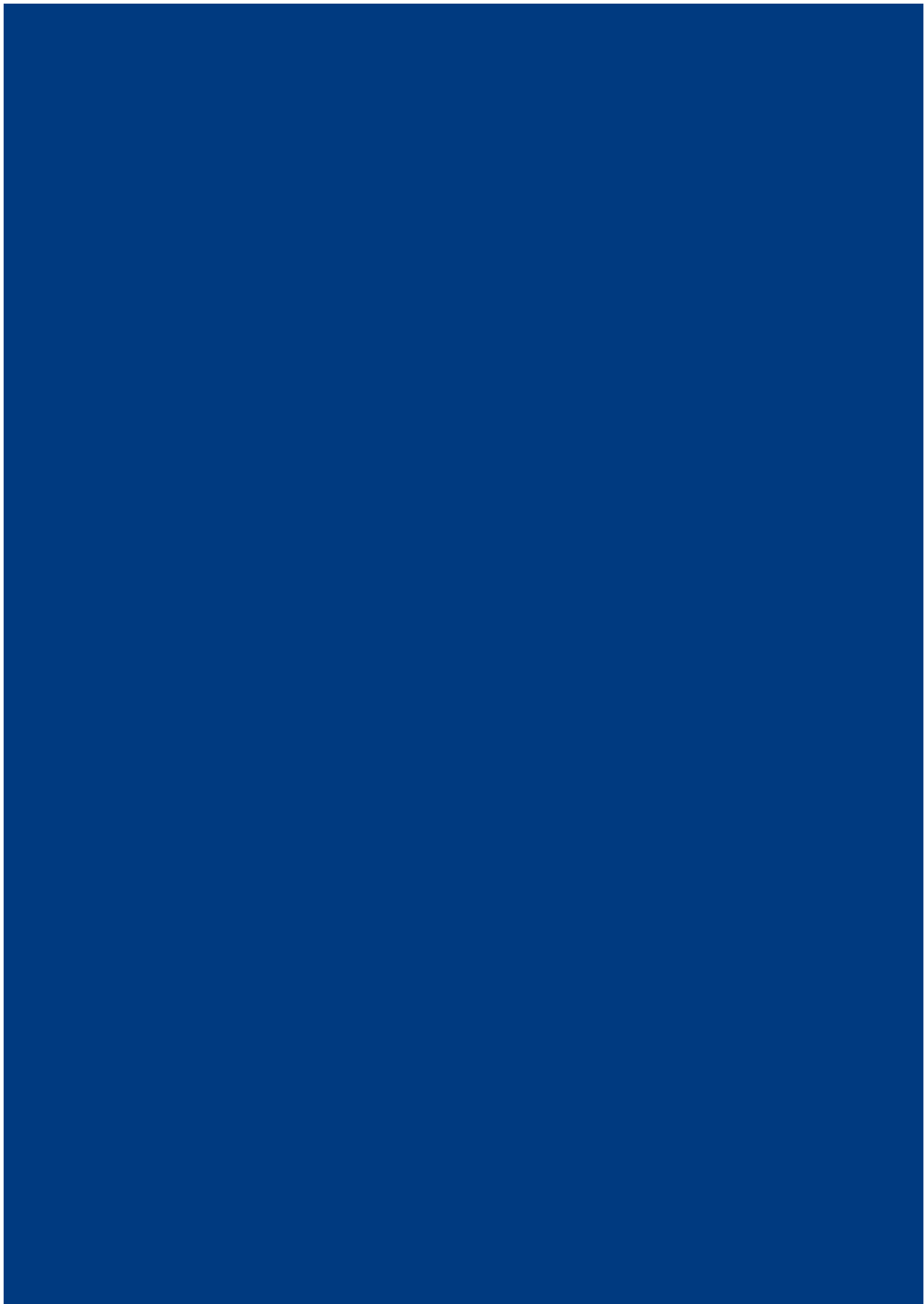
Good Medical Practice

A draft for consultation

**Background and
consultation questions**

General
Medical
Council

Regulating doctors
Ensuring good medical practice



Please return your responses by Friday 10 February 2012 to:

Good Medical Practice Consultation
Standards and Ethics Team
General Medical Council
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350 Euston Road
London NW1 3JN

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Other formats

This information can be made available in alternative formats or languages.
To request an alternative format, please call us on 0161 923 6602 or email us at [**publications@gmc-uk.org**](mailto:publications@gmc-uk.org).

Freedom of information

The information you provide in your response may be subject to disclosure under the Freedom of Information Act 2000, which allows public access to information held by the GMC. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to, for example, information provided in confidence and information to which the Data Protection Act 1998 applies. You may request confidentiality by ticking the box below. We will take this into account if a request for your response is made under the Freedom of Information Act 2000.

Please tick if you want us to treat your response as confidential

About this consultation

The General Medical Council (GMC) is holding this consultation to seek your views on revised guidance for doctors called *Good Medical Practice* – a draft for consultation.

The guidance sets out what is expected of all doctors registered with the GMC. All doctors are required to be familiar with and follow *Good Medical Practice*. Patients can use the guidance to find out what they can expect from their doctors.

The current edition of *Good Medical Practice* was published in November 2006. We are reviewing it to make sure it is up to date. As part of the review, we are holding this consultation to gather people's views on the guidance and the issues it deals with.

The consultation is open to anyone who wishes to comment on the issues in the revised guidance. This is your chance to have your say.

The consultation runs from **31 October 2011** to **10 February 2012**. We will use the responses to produce the final version of *Good Medical Practice* which we will publish in October 2012.

GMC guidance

The GMC advises doctors on the standards expected of them by the profession, their patients, and the general public.

Good Medical Practice (2006) is our current core guidance for doctors. We review it every five years to make sure it is up to date and reflects what doctors and patients, think are the important principles and values of good care.

Good Medical Practice (2006) is supported by a range of guidance covering specific issues in more detail, including consent and confidentiality. You can read all our guidance on our website at www.gmc-uk.org/guidance.

This questionnaire

We have developed three separate questionnaires. You only need to answer one, so please choose the one which best suits you.

- This questionnaire contains 46 questions. It is open to anyone, but aimed at representatives of organisations and you will need to be familiar with the draft guidance to find it useful.
- We have also produced a shorter questionnaire with 19 questions. It is aimed at doctors and other healthcare professionals responding as individuals. It contains a selection of questions in this document and you may need to read the draft guidance to find it useful.
- The third questionnaire contains just 13 questions. It is mainly aimed at individual patients and members of the public. You do not need to have read the draft guidance or have any existing knowledge of the issues involved.

How to take part

- Do it online using the GMC's consultation website:
<https://gmc.e-consultation.net/econsult>.
- Download a pdf from our website (www.gmc-uk.org/gmp2012) and post it to us (address on page 1) or email it to us at gmp2012@gmc-uk.org.
- Contact us using the details on page 1 if you would like us to send you a printed copy. Send your completed response to the address on page 1.

After you've taken part

When the consultation closes on 10 February, we will review all the feedback we have received and use this to finalise the draft guidance.

We will publish a document summarising the feedback we received and how we used it in October 2012.

We will publish the new, final draft of *Good Medical Practice* in 2012.

Questions about the draft guidance

There are 46 questions in this questionnaire which ask about the changes to the text but also general issues such as the structure, style and focus of the draft guidance.

The questions are based on the draft guidance, so we recommend that you read *Good Medical Practice – a draft for consultation* before answering the questions. You can read it on our website at www.gmc-uk.org/gmp2012 or get hold of a printed copy by contacting us.

We do not ask questions about every paragraph of the draft guidance. But, at the end of the questions about each section, there is the option to give any further comments on it.

When answering the questions, please bear in mind that our guidance applies across the UK to all doctors on the register, whether or not they hold a licence to practise and regardless of specialty, grade and whether they work for the NHS or in private practice.

Thank you

Thank you for taking the time to complete this questionnaire – we are grateful for your response.

Equality and diversity

As you answer the questions, please think about whether the principles in the draft guidance could affect members of particular communities or groups. We welcome any comments on this. When commenting on these issues, please also mention anything you can think of that might reduce or prevent any such affects or adverse impact.

We have undertaken a draft equality analysis. This gives an overview of how we have thought about and tried to address any adverse impacts or effects the guidance could have on particular groups or communities. You can read our draft equality analysis on the consultation website at <https://gmc.e-consultation.net/econsult>.

We will keep updating the equality analysis in light of findings from this consultation and our programme of ongoing engagement with individuals and groups from protected characteristics*.

Introduction

This draft of *Good Medical Practice* ('draft for consultation') has been informed by evidence gathered as part of our early consultation exercise and ongoing engagement via our 'GMP 2012' website, on which we ran a series of polls asking about specific paragraphs of *Good Medical Practice* (2006).

You can read a summary of responses to the initial consultation exercise at www.gmc-uk.org/gmp2012 (see 'Earlier in the review') as well as the results of our monthly polls. Throughout this document we have indicated where we ran a poll or where results of the initial consultation exercise have informed decisions about the text of *Good Medical Practice*.

* The Equality Act 2010 specifies nine groups of individuals who have 'protected characteristics' which are covered by this legislation: age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, ethnicity, religion or belief, and sexual orientation.

General questions

The structure of *Good Medical Practice*

The current edition of *Good Medical Practice* ('GMP 2006') is structured under 'the seven headings':

- Good clinical care
- Maintaining good medical practice
- Teaching and training, appraising and assessing
- Relationships with patients
- Working with colleagues
- Probity
- Health.

In the initial consultation, we asked whether we should reorganise *Good Medical Practice* under the four 'domains' of medical practice used in the *Good Medical Practice Framework for appraisal and revalidation*.^{*} This was to find out whether there was a desire to align *Good Medical Practice* more closely with appraisal and revalidation but also to test the suggestion that the seven headings focus too much on doctors in clinical practice.

62% of over 2,000 respondents supported reorganising the guidance under the four domains:

- Knowledge skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining trust.

^{*} The *Good Medical Practice Framework for appraisal and revalidation*
(http://www.gmc-uk.org/GMP_framework_for_appraisal_and_revalidation.pdf_41326960.pdf)

1 Do you agree that *Good Medical Practice* should be restructured under the four domains rather than the seven headings?

Yes No Not sure

Comments

These headings reflect other GMC publications and general approach, it seems reasonable to align GMP to this. However changes such as this (re-organising essentially the same or similar phrases from past documentation) should be discouraged in order to lighten the burden on those who refer to sections of the documents from other works: these cross references will need to be redone.

Style of *Good Medical Practice*

In the initial consultation, we asked what the two most important issues were for the GMC in revising *Good Medical Practice*. Two themes emerged: the guidance should be patient-centred, and that it should be clear and concise.

In response to this feedback, we have written the consultation draft in a less discursive and explanatory style than GMP 2006. This means we have removed a number of statements used to explain the importance or context of elements of the guidance, such as:

Research involving people directly or indirectly is vital in improving care and reducing uncertainty for patients now and in the future, and improving the health of the population as a whole.

and

Patients will be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice.

We have also removed some of the advice that expands on the core, high level principles (for example some of the detail about delegation and referral), in order to keep the text of *Good Medical Practice* more concise and relevant to all (or most) doctors.

To ensure that we do not lose this advice, we will develop new supplementary guidance which expands on the high level principles in *Good Medical Practice*,

in a similar way to the current supplementary guidance statements (see www.gmc-uk.org/guidance/ethical_guidance.asp). We will consult on the new and existing supplementary guidance in spring 2012. The additional guidance will be referenced in the printed booklet of *Good Medical Practice* and linked to directly from the online version.

2 Do you think that the new style is more appropriate to *Good Medical Practice* than the explanatory style it replaces?

Yes No Not sure

Comments

There was some merit in the explanatory style. What is certain is that the two column layout with indispersed headings is confusing. It is less easy to skim read.

3 Do you think there is anything else that could be moved from the consultation draft of *Good Medical Practice* into additional guidance?

Yes No Not sure

Comments

The update appears to be complete.

4 Do you have any additional comments on the style and structure of the draft guidance?

Yes No Not sure

Comments

As above.

Questions on the consultation draft

We have asked questions about each domain and sub section of the draft for consultation. For each section we have highlighted where we have changed the guidance significantly from GMP 2006 and there is an opportunity to comment on the text even if there have been no changes.

The duties of a doctor

The 'duties of a doctor' is a statement which summarises the key principles in the guidance. It appears on the inside cover of all our printed guidance booklets and as a standalone document on our website. We have reorganised the duties to reflect the new structure of the guidance itself.

5 Do you have any comments about the duties of a doctor statement?

Yes No

Comments

Introduction (paragraphs 1–5)

GMP 2006 has a number of introductory statements which explain the purpose and scope of the guidance. In line with the new, more concise style, we have consolidated these into a revised introduction (paragraphs 1–5).

6 Do you have any comments on the revised introduction?

Yes No

Comments

The new style appears appropriate.

Domain 1: Knowledge skills and performance

This domain brings together most of the principles and duties under the 'Good clinical care' heading of GMP 2006 and some principles from 'Maintaining good medical practice'.

Maintain your professional performance (paragraphs 6–9)

The guidance imposes a duty on all doctors to keep up to date with, and adhere to, the law and other regulation relevant to their work. This is the same principle as that in GMP 2006 but we could expand it to include a reference to legislation that all doctors are required to be familiar with and follow, such as the Human Rights Act 1998, or the Equality Act 2010. (Those working in Northern Ireland also need to see The Gaps between GB and NI Equality Law [January 2011] which sets out the differences between the legislative framework and protections in Northern Ireland.)

7 Do you think that we should refer to key pieces of legislation at paragraph 8?

Yes No Not sure

Comments

No, while it is essential to refer to the law it is not appropriate to name Acts - this could have the effect of missing our new legislation (since GMP was published) or being overly inclusive in order not to miss any. You could refer to a link to a GMC webpage that you could keep updated.

8 Do you have any other comments about the guidance in this section?

Yes No Not sure

Comments

Apply knowledge and experience to practice (paragraphs 10–15)

Paragraph 10 contains a new, explicit duty for doctors to be competent in providing care and performing other professional roles such as in management, research and teaching. This is not only a reminder that doctors need to be competent in all of their roles but also that the guidance applies to all doctors and not just those in clinical practice.

Our online poll (August 2011) asked if doctors should be able to treat family members. A slight majority (53%) voted for involving other healthcare professionals, indicating that views on this topic were finely balanced. The revised guidance at paragraph 14(f) brings together the two principles about doctors treating themselves, and those close to them and now says:

In providing care you must... wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.

9 Do you agree that this guidance is right in principle?

Yes No Not sure

Comments

The conflict of interest of treating self or family members is clear. The principle must be upheld.

10 Do you have any other comments about the guidance in this section?

Yes No

Comments

Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible

Paragraph 17 is a new duty which makes explicit that doctors need to keep records containing personal data about patients, colleagues or others securely, and in accordance with any data protection requirements.

11 Do you agree this is a helpful addition to the guidance?

Yes No Not sure

Comments

Yes, although it is complicated by the emphasis on research outputs including primary data being made publicly available and held in an accessible form for 10 years after the last access (see D. Willets announcement January 2012). Research data on human subjects (funded by the public purse) will need to be made available in an appropriate format.

12 Do you have any other comments about the guidance in this section?

Yes

No

Comments

Domain 2: Safety and quality

This brings together the principles and duties from the current guidance about safety and quality. This includes guidance on maintaining and improving safety, raising concerns about patient safety, appraisal and assessment, research, vulnerable adults, and children and young people.

Contribute to and comply with systems to protect patients

We have added guidance at paragraphs 20(a–c) outlining doctors’ responsibility for ensuring consistency and continuity of patient care. The guidance does not impose a direct duty on doctors to assume responsibility for every patient themselves, rather to make sure that someone (a ‘named person’) is personally accountable for each patient’s care. This should prevent patients from ‘falling through the gaps’.

13 Do you agree that it is reasonable to ask this of all doctors?

Yes No Not sure

Comments

14 Is it clear what we mean by saying the care doctors provide must be 'compatible' with all other aspects the patient's care?

Yes No Not sure

Comments

Paragraph 20(e) is a new duty which states that doctors must take

'prompt action when problems with basic care for patients who are unable to drink, feed or clean themselves'.

15 Do you agree that all doctors have a duty to act when they see a failure in the provision of basic care?

Yes No Not sure

Comments

This is essential but it is not clear what 'prompt action' means.

Paragraph 20(i) says that doctors must help resolve uncertainties about the effects of treatments 'by supporting research, for example through your own involvement, or encouraging patients to participate'.

16 Do you think it is reasonable to expect all doctors to support research in this way?

Yes No Not sure

Comments

There is the potential for a conflict of interest of being seen to 'coerce' patients into participating against their best interests. The original wording is more appropriate, to be confirmed by line managers as part of job plans.

7.1 If you are involved in designing, organising or carrying out research, you must:

(a) put the protection of the participants' interests first

(b) act with honesty and integrity

(c) follow the appropriate national research governance guidelines and the guidance in Research: The role and responsibilities of doctors.

You could equally argue that doctors must ensure the education of the next generation by supporting teaching, for example through your own involvement or encouraging patients to participate.

17 Do you have any other comments about the guidance in this section?

Yes No

Comments

Respond to risks to safety

While the principles remain the same, we have brought together the guidance on raising concerns (see paragraphs 21 and 22). This is to make it clearer that doctors have a duty to raise concerns whether it is a colleague or inadequate premises, equipment or other resources, policies or systems that may be putting patients at risk.

18 Do you agree that the guidance on responding to risks to safety is clear?

Yes No Not sure

Comments

In June 2011, around 1,200 people responded to our online poll asking whether a doctor should stop at the scene of an accident or continue on to an appointment with a vulnerable young patient. The vast majority (83%) thought it was right to stop and see whether it was possible to help. This reflects our view that doctors must offer assistance in emergency situations, but taking account of their own safety, competence and availability of other options for care (see paragraph 23).

19 Do you agree that this is a reasonable expectation on all doctors?

Yes No Not sure

Comments

This is well presented in the guidance.

20 Do you have any other comments about the guidance in this section?

Yes No

Comments

Protect patients and colleagues from any risk posed by your health

This section includes the advice from the 'Health' section of GMP 2006.

21 Do you have any comments about the guidance in this section?

Yes No

Comments

Domain 3: Communication, partnership and teamwork

This domain combines principles and duties from the 'Relationship with patients' and 'Working with colleagues' sections of GMP 2006 as well as some of the principles and duties from 'Good clinical care' section.

Communicate effectively

This section includes a single paragraph (paragraph 38) about sharing information with colleagues:

You must share all relevant information clearly and promptly with colleagues involved in your patients' care, including when making a referral. You should seek the patient's consent, where necessary.

This replaces the more detailed advice in GMP 2006 (paragraphs 50–53) which explains what information should be shared with a patient’s general practitioner and what to do when a patient has not been referred by a general practitioner. The more detailed advice in GMP 2006 will be included in additional guidance on Working with colleagues which we will consult on in spring 2012.

22 Do you agree that, without the additional guidance, it is clear what is required of doctors?

Yes No Not sure

Comments

23 Do you have any other comments about the guidance in this section?

Yes No

Comments

Work constructively with colleagues and delegate effectively

We have included a new duty at paragraph 40 to 'work collaboratively with colleagues to improve care, or maintain good care for patients, and ensure continuity of care wherever possible.'

24 Do you agree that this is a helpful addition to the guidance?

Yes No Not sure

Comments

This could even be made stronger.

We have included a new duty for doctors to seek out a mentor during the first years working as a doctor and when changing roles; and a corresponding duty to be willing to act as a mentor to less experienced colleagues (paragraphs 45–46).

25 Do you agree that it is important for doctors to seek out mentors at these times of transition?

Yes No Not sure

Comments

Yes but you may need to clarify this as separate to the clinical supervisor. Also having a mentor is not in itself, effective. There should be regular (if not frequent) a purpose, and meetings with the outcome of providing an additional pathway to self-reflection and care. Good mentoring is not as simple as having lunch from time to time.

26 Do you agree that it is reasonable for doctors to be willing to act as mentors to less experienced colleagues?

Yes No Not sure

Comments

Yes but if they are unwilling and don't wish to do it then it will fail. You might add, 'in principle'.

Paragraph 47 requires doctors 'to be aware of the impact of your conduct on other members of the team, and more widely' and is intended to remind doctors of importance of being a good role model.

27 Do you agree that this is a reasonable duty to expect of all doctors?

Yes No Not sure

Comments

As worded this is very woolly. The original wording was more effective.

28 Do you have any other comments about the guidance in this section?

Yes No

Comments

Establish and maintain partnerships with patients

We have not changed the principle behind the revised guidance on conscientious objection (see paragraph 52) but have shortened it and tried to make clearer what we expect of doctors in these circumstances.

29 Do you agree that the guidance on conscientious objections represents a fair balance between the patient's and doctor's rights?

Yes No Not sure

Comments

At paragraph 51 of this section, we advise doctors that they must support patients in caring for themselves to empower them to improve and maintain their health. This is essentially the same as GMP 2006. But we also now say that such support may include 'encouraging patients, including those with long term conditions, to stay in or return to employment or other purposeful activity'.

30 Do you agree this is a reasonable expectation of doctors?

Yes No Not sure

Comments

A culture of dependency has arisen in the UK whereby patients are easily 'signed off' by doctors or occupational health (not necessarily in their best interests).

31 Do you have any other comments about the guidance in this section?

Yes No

Comments

Domain 4: Maintaining trust

Show respect for patients

There are no new principles or duties in this section.

32 Do you have any comments about the guidance in this section?

Yes No

Comments

Treat patients and colleagues fairly and without discrimination

We have added new advice at paragraph 61 which requires doctors to 'consider and respond to the needs of patients with disabilities' and to 'make reasonable adjustments to your practice to enable them to receive care to meet their needs'.

33 Do you agree that the new guidance makes clear the obligations of doctors towards people with disabilities?

Yes No Not sure

Comments

34 Do you have any other comments about the guidance in this section?

Yes

No

Comments

Act with honesty and integrity

This final section of 'maintaining trust' has four sub headings:

- honesty
- communicating information
- openness with legal or disciplinary proceedings and
- honesty in financial dealings.

It includes many of the principles and duties that are in the 'Probity' section of GMP 2006.

Honesty

In September 2011, 1,167 people responded to our online poll asking how far the GMC should go in regulating doctors' behaviour outside medicine. The vast majority (94%) thought the GMC should not take action against doctors for their conduct outside medical practice. We think that if a doctors' conduct undermines trust in the profession. It should, in some cases, lead to action on their right to practise medicine. (This approach is also taken by other health regulators in the UK). We therefore think it is important to make this clear in *Good Medical Practice* (see paragraphs 67–8 of the consultation draft).

35 Do you agree that the guidance achieves a fair balance in terms of the GMC's role and remit?

Yes No Not sure

Comments

This is a difficult area. Doctors should be entitled to live as others do, with the same choices. If a doctor wishes to work part time as a pole dancer that should be their choice. If they commit a capital offence then that is another matter. Your equality guidance talks about a doctors right to operate as trans people the same as others.

The difficult part here is the judgement about "should, in some cases". This is highly subjective and open to the prejudices of whoever is bringing the case against the doctor. GMC guidance should limit scope to where fitness to practice offences or legal offences occur.

36 Do you have any other comments about the guidance in this section?

Yes No

Comments

Communicating information

Paragraph 71 extends the advice in GMP 2006 (paragraphs 60–62) on 'providing and publishing information about your services.' It covers all situations when doctors are 'communicating publicly' and specifically mentions 'advertising your services and appearing or writing in the media' and social networking sites. The guidance at paragraph 71(c) states that doctors 'should remember...that communications intended for friends or family [on social networking sites] may become more widely available'.

37 Do you agree that we should give advice to doctors that covers all situations where they are communicating publicly, even if it is not directly connected to their medical practice?

Yes No Not sure

Comments

Adjusting the wording to offer advice instead of an instruction. 'Should remember' is about as light as you could get but it is not possible for the GMC to mandate here without potentially gagging doctors.

Openness

In July 2011, 661 people responded to our online poll asking whether there were any situations where it was acceptable for doctors to delay in sharing information about a patient's condition, for example if it might cause unwarranted stress to the patient. 64% of respondents suggested that regardless of the situation, doctors must be honest with their patients.

We have added a new duty at paragraph 73 which requires doctors to be honest and trustworthy in all communications with patients and colleagues.

38 Is this a useful addition to the guidance?

Yes No Not sure

Comments

The notion of delay runs counter to some of the principles put forward above, and complicates decisions about what to communicate to patients and when.

39 Do you have any other comments about the guidance in this section?

Yes No Not sure

Comments

Honesty in financial dealings

We have condensed the advice at paragraphs 72 and 73 of GMP 2006, which separately covered the need to be honest in financial and commercial dealings with patients and with others. Paragraph 79 of the consultation draft sets out this general duty without the detail of the previous draft. We will include this in supplementary guidance that we will develop in 2012.

40 Do you agree that it is reasonable to include less detail in the core guidance?

Yes No Not sure

Comments

41 Do you think it would be helpful to have examples in this section? If yes, please suggest examples that would be helpful in illustrating the principle.

Yes No Not sure

Comments

42 Do you have any other comments about the guidance in this section?

Yes No

Comments

The focus and scope of *Good Medical Practice* – a draft for consultation

Now that you have answered questions on each of the sections of the revised guidance, we would appreciate your views on its focus and scope.

43 Is there enough focus in the guidance on the following (please tick all that apply)?

- Patient centred care Patient safety Issues relevant to doctors in training
- Human rights Respect for patients' dignity

44 Do you have any other comments on the focus and scope of *Good Medical Practice* – a draft for consultation?

- Yes No

Comments

Noting points above.

The consultation process

To help us continue to improve the way we consult, please answer the following questions about your experience of taking part in this consultation.

45 Did you find the consultation documents (the questionnaire and any associated instructions if completing it online) clear?

Yes No Not sure

Comments

46 Were you able to easily access all the relevant documentation you needed to respond?

Yes No Not sure

Comments

There was a lot of repetition in the background documents and the link to the DRAFT guidance was obscured by links to, for example, the consultation questions and the annexes (repetition of the background docs, not identical there were some wording changes, presumably for editorial reasons). These PDF forms are terrible, they easily "forget" information and revert back to the original, empty document. If you have more than one response for the same consultation (say, a response that someone else has sent you to comment on) then they revert to whichever is older. You can't print and pdf version from Acrobat (but can from Preview) but when you do the fonts are corrupted. We are all busy please use something much simpler, such as an interactive online webform that you can share with others prior to signing off the final version. See also comments about formatting above.

**Thank you for taking the time to send us your comments.
We are grateful for your input.**

About you

Finally, we would appreciate you providing the following information about yourself to help us analyse the consultation responses.

Your details

Megan Quentin-Baxter Name
Academic Associate, HEA Job title (if responding as an organisation)
Higher Education Academy Organisation (if responding on behalf of an organisation)
Innovation Way, York. Address (optional)
megan@medev.ac.uk Email
01912225888 Contact tel (optional)

Would you like to be contacted about GMC consultations in the future?

Yes

No

If you would like to know about upcoming GMC consultations, please let us know which areas of the GMC's work you are interested in:

Education

Standards and ethics

Fitness to practise

Registration

Licensing and revalidation

Data protection

The information you supply will be stored and processed by the GMC in accordance with the Data Protection Act 1998 and will be used to analyse the consultation responses, check the analysis is fair and accurate, and help us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the consultation to third parties for quality assurance or approved research projects on request.

Responding as an individual

Are you are responding as an individual?

- Yes No

If yes, please complete the following questions. If not, please complete the 'responding on behalf of an organisation' section below.

Which of the following categories best describes you?

- Doctor Medical educator (teaching, delivering or administrating)
 Medical student Member of the public
 Other healthcare professional Other (please give details)
-

What is your country of residence?

- England Northern Ireland Scotland
 Wales Other (European Economic Area) Other (rest of the world)

If other, please specify _____

Information about you

To help ensure that our consultations are reflecting the view of the diverse community, please fill in the information below. Although we will use this information in our analysis of the consultation response, it will not be linked to your response.

What is your age?

- Under 25 25–34 35–44 45–54 55–64 65+

Are you: Female Male

Would you describe yourself as having a disability? Yes No

What is your ethnic origin? (Please tick one)

Asian or Asian British

- Bangladeshi Indian Pakistani
- Any other Asian background, please specify _____

Black or Black British

- Black or Black British African Caribbean
- Any other Black background, please specify _____

Chinese or other ethnic group

- Chinese
- Any other background, please specify _____

Mixed

- White and Asian White and Black African White and Black Caribbean
- Any other mixed background, please specify _____

White

- British Irish
- Any other white background, please specify _____

Responding on behalf of an organisation

Are you are responding on behalf of an organisation?

- Yes No

If yes, please complete the following questions. If not, please complete the 'responding as an individual' section above.

Which of the following categories best describes your organisation?

- Body representing doctors Body representing patients or public
 Government department Independent healthcare provider
 Medical School (undergraduate) Postgraduate medical institution
 NHS/HSC organisation Regulatory body
 Other (please give details)

Body representing education / HE in the UK

In which country is your organisation based?

- UK wide England Scotland
 Northern Ireland Wales Other (European Economic Area)
 Other (rest of the world)

Please tell anyone you think might be interested in responding to the consultation.

You can access a copy of the draft guidance and questionnaire on our consultation website at <https://gmc.e-consultation.net/econsult/>.

Email: gmc@gmc-uk.org

Website: www.gmc-uk.org

Telephone: **0161 923 6602**

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This information can be made available in alternative formats or languages. To request an alternative format, please call us on **0161 923 6602** or email us at publications@gmc-uk.org.

Published October 2011

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Code: GMC/GMP2012-LQ/1011

**General
Medical
Council**

Regulating doctors
Ensuring good medical practice