

BIDA'S RESPONSE TO THE CONSULTATION DOCUMENT ON GOOD MEDICAL PRACTICE (GMC).

We welcome the opportunity to submit the following observations.

We do consider this document to be of great importance. Any doctor who practices in UK is obliged not only to know the document inside out, but, to follow it in letter and spirit. If you happen to be one of those unfortunate ones, who, comes in front of " Fitness To Practice ", the list of charges would be framed on the basis of this document only. It is vital that not only BIDA sends the response but every doctor who looks at it should consider sending their individual response. The more responses that go, the better it would be.

We welcome the footnotes provided on the document to act as signposts for the doctors to inform them that there is other supplementary guidance in existence on those issues. We also feel that dividing this document into four domains i.e. (1) Knowledge, Skills and Performance; (2) Safety and Quality; (3) Communication, Partnership and Teamwork; (4) Maintaining Trust against the existing document which was divided into 7 Domains i.e. Good Clinical Care, Maintaining Good Medical Practice, Teaching and Training, Relationship with Patients, Working with Colleagues, Probity and Health would make the process of appraisal & revalidation easier to perform and easier to follow. Finally we welcome the distinction between the words "Must" and "Should" which is defined in Paragraph 4. While we welcome this as a matter of general principal, we do see the difficulties it may create for the doctors when lawyers try to dissect the meanings and use it in the way, they would like to use.

Although, we have welcomed the above, we also want you to know that this new Document imposes various new responsibilities and obligations on doctors, which hitherto were not there and in some cases would be extremely difficult and onerous to follow.

Now some specific points:

Para 14: makes it obligatory that you can only carry out repeat prescribing when you have adequate knowledge of the patient's health. This will create a difficulty for Locum GPs to perform this function and may get them into the difficulty with this Paragraph.

Para 17: Data protection requirements are already established in law. Then what is the need for this to be brought into this booklet?

Para 19: Imposes an obligation on you to remedy the deficiencies identified in the audits etc. I don't have a problem with it in general but I can visualise many cases when the systems either in hospital or general Practice were not there and the resources were not provided. By this paragraph, it will be your responsibility.

Para 20: Most of these are new responsibilities and obligations. Para 20a includes the word " compatible" which could be misused by lawyers. Para 20d makes it obligatory for all the staff including locums to be supervised. How are the Single Handed GPs going to do this when they are away. Para 20i is asking for you to encourage the patients to participate in research and Para 20j asks you to protect the interests of patients and volunteers. I have no idea, how is one going to be able to achieve this.

Para 25: asks you to offer assistance to vulnerable adults and children to protect their rights. This is mainly a legal issue and has nothing to do with their healthcare.

Para 35: asks you to make arrangements to meet patient's language needs. Your responsibility should only be to inform your employers or PCT. You can't possibly have the arrangements and pay for them to meet every patient's language needs.

Paras 45 & 46: ask for you always to be able to seek mentors and to act as mentors. Not everyone would make a good mentor and therefore it should not be a mandatory obligation.

Para 51: We do have a major problem with this paragraph. This paragraph asks that you must support patients to return to employment. How can you do it, I fail to understand. Our obligation should be to advise and that is all.

Para 59: asks you never to refuse to treat a patient even if it is at the risk to your own health. One should never approach a patient with a shotgun.

These are a few specific points that we consider necessary to be responded to in the document. However, the important thing is that everyone must respond to this document. There would be no point in crying "foul" later if you do not engage with the process at this stage.