



Medical Council Public Consultation regarding the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

The consultation process will remain open for six weeks and will close on 4th August 2021. Please send this completed document before the 4th August to consultations@mcirl.ie

If you have any questions about this public consultation or require further information, please email consultations@mcirl.ie

Introduction

The Medical Council, through its Ethics Committee, is commencing a review of the [8th Edition of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners](#). ("the Guide"). This process will contribute to the publication of the 9th edition of the 'Guide'.

We are holding an open consultation process to obtain the views of medical practitioners, members of the public, individuals and organisations to assist in informing us as we undertake this review.

Why should I participate?

This public consultation process provides an opportunity for individuals and organisations to submit comments and suggestions for consideration by the Ethics Committee as it undertakes to review the current Guide.

How will the results be used?

We will use findings from this survey to inform the Ethics Committee in their review of the Guide and their further engagement with all relevant stakeholders as part of the process. Submissions content will be provided to the Committee. Themes emerging from the consultation will be included in a Consultation Report which will be published. Demographic data, where provided, will be processed for statistical purposes, with your consent.

Is my information confidential?

- As a Data Controller, the Medical Council is subject to the requirements of the [General Data Protection Regulation](#) (GDPR) and the [Data Protection Act 2018](#). All information given in this survey will be treated in strict confidence and only used for the purpose to which you agreed to it being collected; to inform the Ethics Committee in its review of the Guide. Analysis of the dataset is conducted in-house by the Medical Council staff and participation in this survey is entirely voluntary.
- The Medical Council intends to publish a Consultation Report following conclusion of the consultation processes. Organisations who make submissions will be listed in the Consultation Report as contributors to the process. We may seek verification from organisations to confirm their authorisation of submissions. Individuals who make submissions on their own behalf will not be named in the Report as contributors to the consultation process.
- At the end of the survey you will be asked whether you consent to being contacted, at a later stage in the review process, in relation to your submission. If you indicate that you consent to being so contacted, we will retain your contact details until the review process has concluded and the 9th Edition of the Guide has been published.
- Responses to this survey are held securely by the Medical Council for up to four years. After four years the data-set and detailed information will be securely deleted from our systems. The Consultation Report will remain on the Medical Council website, and as part of the Medical Council's report archive.
- You have several rights under data protection legislation, including but not limited to, the right to access the data you have provided; the right to rectification of your data; the right to be erased from the dataset; the right to restrict or object to the processing of the data you have provided. If you would like further information on your rights as a data subject, please contact our Data Protection Officer at dp@mcirl.ie. In addition you can contact the consultation team at consultations@mcirl.ie if you wish to exercise any of your rights as listed above and we would be happy to assist you.

Freedom of Information

The Medical Council is subject to the [Freedom of Information Act 2014](#) (FOI Act). The FOI Act is designed to allow public access to information held by public bodies which is not routinely available through other sources, and access to the documentation and results generated, including opinions, from this survey may be sought in accordance with the FOI Act. Subject to the FOI Act, exemptions to personal data and other information will be applied as appropriate and necessary.

Submissions

Please note that submissions received will not generally be responded to, but their receipt will be acknowledged at the end of the survey. Submissions will be collated with a view to informing the deliberations of the Ethics Committee.

Do you consent to participate?

Do you understand what this survey is for and agree to take part?

(Please pick ONE of the following options)

Yes, I understand what the consultation survey is for, how the data will be used, the confidentiality arrangements in place and I agree to take part.

No, I do not agree to take part in the consultation

Which category best describes you?

- Registered Medical Practitioner
- Other healthcare professional
- Patient or service user
- Caregiver
- Patient advocate
- Member of the public
- Government or public representative
- Doctor representative group member
- Employer
- Interest group member
- Regulator
- Indemnifier
- Legal advisor
- Other

Are you responding on your own behalf, or on behalf of an organisation?

- Individual
- Organisation (please detail below)

This submission is on behalf of the Christian Medical Fellowship, an association of around 5,000 doctors, medical students, nurses and midwives across the UK and Ireland.

Which of the following best describes your gender identity?

- Male
- Female
- Non-Binary
- Prefer not to say
- I prefer to self-describe, below:

Do you reference the Guide to Professional Conduct & Ethics as part of your work?

- Yes, I use the Guide as part of my work.
- No, my work does not involve me making reference to the Guide.

How often does the Guide currently meet the requirements you have in this work?

- Always sufficiently
- Mostly- In the main meets my requirements sufficiently
- Sometimes meets my requirements sufficiently
- Rarely meets my requirements sufficiently
- Never, the Guide is insufficient.

Why does this not meet your requirements? Please choose all that apply:

- Outdated legislation cited in the current Guide
- Unclear language in paragraphs of the Guide
- Changes in practice make aspects outdated
- Contradictions or inconsistencies within the Guide
- Specific practice or ethical issues not addressed in the Guide
- Guidance is not specific enough
- Other (please describe below).

Values

As part of the review of the Guide, we wish to hear from medical practitioners and others about whether they consider that the current Guide includes, and appropriately refers to, the professional values that a registered medical practitioner is expected to hold and to demonstrate. The current (8th) edition of the Guide refers to ‘values’ as follows;

Foreword:

“We have identified three ‘pillars of professionalism’. These are values, principles and behaviours we expect of all doctors from the moment they enter medical school right through until retirement, so that the highest possible standard of care is provided to patients.”

Chapter 2

Paragraph 3. The Three Pillars of Professionalism – Partnership, Practice and Performance

3.1 Good professional practice is based on a shared understanding between the profession and public of the principles and values that underpin good care. These principles and values, and how they should be applied in practice, are set out in this guide, using the three pillars of professionalism – Partnership, Practice and Performance – as a framework.

Paragraph 4. Partnership

4.1 Trust

4.2 Patient-centred care

4.3 Working together

4.4 Good communication

4.5 Advocacy.

Paragraph 5. Practice

This describes the behaviour and values that support good care. It relies on putting the interests and well-being of patients first. The main elements of good practice are:

5.1. Caring

5.2. Confidentiality

5.3. Promoting patient safety

5.4. Integrity

- 5.5. Self-care
- 5.6. Practice management
- 5.7. Use of resources
- 5.8. Conflicts of interest

Paragraph 6 – Performance

This describes the behaviours and processes that provide the foundation for good care. It requires:

- 6.1. Competence
- 6.2. Reflective practice
- 6.3. Acting as role models
- 6.4. Teaching and training medical students and doctors new to practice

These are the values and principles we expect all doctors to share. Doctors will also be influenced by their personal, ethical and moral values and experiences. These are also important to good practice, and doctors should reflect on how they underpin their relationships and decisions, making sure they do not result in non-compliance with the standards set out in this guide.

Do you consider that the current Guide deals appropriately and comprehensively with ‘professional values’?

- Yes
- No (please describe why below)
- Undecided (please describe below)

Chapter 1: Purpose of the Guide

This describes the purpose of the Guide, and sets out the principles of professional practice that all doctors registered with the Council are expected to follow. Professional misconduct and poor professional performance are also defined.

Does this chapter require amendment in your opinion?

(Individual paragraphs will be explored in the subsequent question.)

- Yes (please comment below)
- No (please describe why below)
- Undecided (please comment below)

Chapter 1: Purpose of the Guide

Do the following paragraphs of Chapter 1 require amendment in your opinion?

(Links to each paragraph are included below)

Paragraph	Yes	No	Comment
1. How to use this guide	<input type="checkbox"/>	<input type="checkbox"/>	
2. Professional misconduct and poor professional performance	<input type="checkbox"/>	<input type="checkbox"/>	

Chapter 2: Professionalism

This includes the Three Pillars of Professionalism: Partnership Practice and Performance.

Does this chapter require amendment in your opinion?

<input type="checkbox"/>	Yes (please provide comment below)
<input type="checkbox"/>	No (please provide comment below)
<input type="checkbox"/>	Undecided (please provide any additional comments below)

Chapter 2: Professionalism

Do the following paragraphs of Chapter 2 require amendment in your opinion?

	Yes	No	Comment
3. The Three Pillars of Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	
4. Partnership	<input type="checkbox"/>	<input type="checkbox"/>	
5. Practice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Performance	<input type="checkbox"/>	<input type="checkbox"/>	

Chapter 3: Partnership

This chapter includes issues of: Dignity of the patient; equality and diversity; consent – general principles; capacity to consent; information for patients; timing of consent process; responsibility for seeking consent; emergency situations; refusal of treatment; advance healthcare plan or directive; consent to genetic testing; children and young people; personal relationships with patients; using social media; relationships between colleagues; delegation and referral; handover; healthcare resources and clinical trials and research.

Does this chapter require amendment in your opinion?

- Yes (please provide comment below)
- No (please provide comment below)
- Undecided (please provide comment below)

Chapter 3: Partnership

Do the following paragraphs of Chapter 3 require amendment in your opinion?

	Yes	No	Comment
7. Dignity of the patient	<input type="checkbox"/>	<input type="checkbox"/>	
8. Equality and diversity	<input type="checkbox"/>	<input type="checkbox"/>	
9. Consent – general principles	<input type="checkbox"/>	<input type="checkbox"/>	
10. Capacity to consent	<input type="checkbox"/>	<input type="checkbox"/>	
11. Information for patients	<input type="checkbox"/>	<input type="checkbox"/>	
12. Timing of consent process	<input type="checkbox"/>	<input type="checkbox"/>	
13. Responsibility for seeking consent	<input type="checkbox"/>	<input type="checkbox"/>	
14. Emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	
15. Refusal of treatment	<input type="checkbox"/>	<input type="checkbox"/>	
16. Advance healthcare plan or directive	<input type="checkbox"/>	<input type="checkbox"/>	
17. Consent to genetic testing	<input type="checkbox"/>	<input type="checkbox"/>	
18. Children and young people	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Comments
19. Personal relationships with patients	<input type="checkbox"/>	<input type="checkbox"/>	
20. Using social media	<input type="checkbox"/>	<input type="checkbox"/>	
21. Relationships between colleagues	<input type="checkbox"/>	<input type="checkbox"/>	
22. Delegation and referral	<input type="checkbox"/>	<input type="checkbox"/>	
23. Handover	<input type="checkbox"/>	<input type="checkbox"/>	
24. Healthcare resources	<input type="checkbox"/>	<input type="checkbox"/>	
25. Clinical trials and research	<input type="checkbox"/>	<input type="checkbox"/>	

Chapter 4: Practice

This chapter includes issues such as: Protection and welfare of children; protection and welfare of vulnerable persons; reporting of alleged historic abuse; confidentiality; disclosure with consent; disclosure without consent; disclosure after death; medical records; recording; physical and intimate examinations; continuity of care; retirement and transfer of patient care; referral of patients; refusal to treat; medical reports; certification; prescribing; telemedicine; provision of information to the public and advertising; nutrition and hydration; end of life care; assisted human reproduction; termination of pregnancy; conscientious objection; patients who pose a risk of harm to others; treatment of prisoners; restraint; emergencies; registration; premises and practice information; employment issues; professional indemnity; health and well-being of doctors; concerns about a colleague's abuse of alcohol or drugs or other health problems; treatment of relatives; medical ionising radiation; managing conflicts of interest, and doctors in management roles.

Does this chapter require amendment in your opinion?

- Yes (please provide comment below)
- No (please provide comment below)
- Undecided (please provide comment below)

Our concern is around para 49 – Conscientious Objection

Chapter 4: Practice

Do the following paragraphs of Chapter 4 require amendment in your opinion?

	Yes	No	Comment
26 Protection and welfare of children	<input type="checkbox"/>	<input type="checkbox"/>	
27 Protection and welfare of vulnerable persons	<input type="checkbox"/>	<input type="checkbox"/>	
28 Reporting of alleged historic abuse	<input type="checkbox"/>	<input type="checkbox"/>	
29 Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	
30 Disclosure with consent	<input type="checkbox"/>	<input type="checkbox"/>	
31 Disclosure without consent	<input type="checkbox"/>	<input type="checkbox"/>	
32 Disclosure after death	<input type="checkbox"/>	<input type="checkbox"/>	
33 Medical records	<input type="checkbox"/>	<input type="checkbox"/>	
34 Recording	<input type="checkbox"/>	<input type="checkbox"/>	
35 Physical and intimate examinations	<input type="checkbox"/>	<input type="checkbox"/>	
36 Continuity of care	<input type="checkbox"/>	<input type="checkbox"/>	
37 Retirement and transfer of patient care	<input type="checkbox"/>	<input type="checkbox"/>	
38 Referral of patients	<input type="checkbox"/>	<input type="checkbox"/>	
39 Refusal to treat	<input type="checkbox"/>	<input type="checkbox"/>	
40 Medical reports	<input type="checkbox"/>	<input type="checkbox"/>	
41 Certification	<input type="checkbox"/>	<input type="checkbox"/>	
42 Prescribing	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Comment
43 Telemedicine	<input type="checkbox"/>	<input type="checkbox"/>	
44 Provision of information to the public and advertising	<input type="checkbox"/>	<input type="checkbox"/>	
45 Nutrition and hydration	<input type="checkbox"/>	<input type="checkbox"/>	
46 End of life care	<input type="checkbox"/>	<input type="checkbox"/>	
47 Assisted human reproduction	<input type="checkbox"/>	<input type="checkbox"/>	
48 Termination of Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	
49 Conscientious objection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The wording of para 49.3 contains no new formulation, despite the changed context following the 2018 abortion legislation. Prior to the legislative change, a pro-life doctor did not have to refer a pregnant woman seeking an abortion to a pro-choice doctor. The current wording of 49.3 requires the objecting doctor to ‘give the patient enough information to enable them to transfer to another doctor to get the treatment they want.’</p> <p>Our contention is that this requirement, as stated, is the moral equivalent to a requirement to directly transfer and makes the doctor complicit in the abortion to which they object on ethical grounds. Their sense of moral integrity is compromised, leading to harmful internal conflict.</p> <p>We respectfully request that the wording of para 49 be adjusted in the light of the 2018 abortion legislation, to relieve objecting doctors of the obligation to refer. A subtle but sufficient change to the second clause of 49.3 would be: ‘<i>make sure they have enough information to exercise that right.</i>’ We suggest there is a fine but crucial moral distinction between generally making information available to patients and giving enabling information personally to a specific patient.</p> <p>Such a change would also have to be reflected in the wording of para 49.4. For example: ‘<i>if your patient decides to seek the treatment they want from another doctor, you should make sure that this happens in a safe, effective and timely manner. You should be sensitive and respectful, to minimise any distress your decision not to treat may cause. (See paragraph 8 – Equality and Diversity.) You should make</i></p>

			<p><i>sure that patients' care is not unduly delayed and their access to care is not impeded.'</i></p> <p>It is inevitable that some delay will be experienced by the patient in transferring from one doctor to another, but the first doctor should ensure that any such delay is kept to an absolute minimum. In our experience, patients value the moral scruples of their doctors and are more than willing to suffer minor delays out of respect.</p> <p>We also note that Para 49.3 applies to 'treatments and procedures.' The new abortion law does not define abortion as a 'treatment' or a form of care, but rather as 'a medical procedure which is intended to end the life of a foetus.'</p> <p>Treatments are intended to repair and restore life and health, not terminate it. Those who object to abortion on ethical grounds do so precisely because they value human life, including unborn human life. They should not be required by professional guidance to be complicit in its destruction.</p>
50 Patients who pose a risk of harm to others	<input type="checkbox"/>	<input type="checkbox"/>	
51 Treatment of prisoners	<input type="checkbox"/>	<input type="checkbox"/>	
52 Restraint	<input type="checkbox"/>	<input type="checkbox"/>	
53 Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	
54 Registration	<input type="checkbox"/>	<input type="checkbox"/>	
55 Premises and practice information	<input type="checkbox"/>	<input type="checkbox"/>	
56 Employment issues	<input type="checkbox"/>	<input type="checkbox"/>	
57 Professional indemnity	<input type="checkbox"/>	<input type="checkbox"/>	
58 Health and well-being of doctors	<input type="checkbox"/>	<input type="checkbox"/>	
59 Concerns about a colleague's abuse of alcohol or drugs or other health problems	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	Comment

60 Treatment of relatives	<input type="checkbox"/>	<input type="checkbox"/>	
61 Medical ionising radiation	<input type="checkbox"/>	<input type="checkbox"/>	
62 Managing conflicts of interest	<input type="checkbox"/>	<input type="checkbox"/>	
63 Doctors in management roles	<input type="checkbox"/>	<input type="checkbox"/>	

Chapter 5: Performance

This chapter covers issues including: A culture of patient safety; raising concerns; maintaining competence; open disclosure and duty of candour; teaching and training; training and trainees; teaching and medical students; allowing school students and others access to patients; language skills and concerns about colleagues.

Does this chapter require amendment in your opinion?

Yes (please provide comment below)

No (please provide comment below)

Undecided (please provide comment below)

Chapter 5: Performance

Do the following paragraphs of Chapter 5 require amendment in your opinion?

	Yes	No	Comment
64 Culture of patient safety	<input type="checkbox"/>	<input type="checkbox"/>	
65 Raising concerns	<input type="checkbox"/>	<input type="checkbox"/>	
66 Maintaining competence	<input type="checkbox"/>	<input type="checkbox"/>	
67 Open disclosure and duty of candour	<input type="checkbox"/>	<input type="checkbox"/>	
68 Teaching and training	<input type="checkbox"/>	<input type="checkbox"/>	
69 Training and trainees	<input type="checkbox"/>	<input type="checkbox"/>	
70 Teaching and medical students	<input type="checkbox"/>	<input type="checkbox"/>	
71 Allowing school students and others access to patients	<input type="checkbox"/>	<input type="checkbox"/>	
72 Language skills	<input type="checkbox"/>	<input type="checkbox"/>	
73 Concerns about colleagues	<input type="checkbox"/>	<input type="checkbox"/>	

Appendices to the Guide

These currently include:

- Appendix A: Principles of Freedom of Information (FOI) Legislation
- Appendix B: Confidentiality – Relevant Legislation
- Appendix C: Information for Patients before giving Consent

We are aware that some of this legislation is outdated and this will be reviewed and updated accordingly.

Aside from this, is there any additional information/legislation that should be contained within the appendices of the Guide going forward?

- Yes (please comment below)
- No (please comment below)
- Unsure (please comment below)

How do you wish to access the Guide in the future?

Please choose all that apply:

- Paper-based copy
- Downloadable PDF file or similar online
- Mobile enabled file with links to paragraphs available online
- Mobile application
- Other (please detail below)

Follow-up contact

Following this initial stage of consultation, we may wish to follow-up with some respondents through a series of targeted consultative fora. Contact details provided for this purpose will be retained until the Guide to PC&E (9th Edition) is published and will be deleted thereafter.

Do you consent to your contact details being retained for use if the Ethics Committee/ relevant sub-group wishes to contact you in relation to your submission?

Yes (please enter contact details below)

Dr Richard Thomas
Senior Researcher, Christian Medical Fellowship.
Rick.Thomas@cmf.org.uk

No

Many thanks for taking the time to complete this submission to the public consultation regarding the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

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