

	First Name	Last Name	Category	Question 1. It would be helpful if you could provide us with some information about you. Please tick the box below that most closely reflects your role.	Question 1. It would be helpful if you could provide us with some information about you. Please tick the box below that most closely reflects your role. Other	Question 2. Should Good Medical Practice continue to be based on high level principles rather than more detailed guidance?
guest						No

**Code A**

If no, can you say how Good Medical Practice should be changed? Comments

There are a number of issues: 1. Introduction to it should state law is above Good Medical Practice and that it changes. 2. Religious beliefs section needs re-writing. When working with mentally ill or children religious or non religious uniforms or symbols should not be worn. For example, non religious symbols are political badges etc. Plain look is best when working with ill people. European Convention on Human Rights applies to all institutions even religious when there are health issues. For example, they cannot kill (Article 2) or subject patients who have been raped by clergy to silence (Article 10) as for example, Catholic Church did with their secret law. 3. If one is preoccupied with the fear of offending the religious one can actually aid loss of life as it has already happened. For example, increase in suicides following the appointment of a social worker, nun to work with mentally ill while wearing her religious uniform. 4. There should be a statement that GMC intends to prosecute doctors who abuse others because of their beliefs. This has not happened in my case and it is I who has been erased from medical register. 5. One should also give examples of case law references where GMC took action to make sure Good Medical Practice when breached resulted in disciplinary action. For example, poor record keeping Code A case. 6. Overdosing patients with morphine: condition to learn prescribing Dr Jane Barton case. 7. In cases of gender, racial/ethnic discrimination which is a big problem for GMC there should be some case examples where disciplinary action was taken. 8. GMC procedures are faulty/discriminatory so that is an example of bad medical practice eg hounding locum doctors and those in private practice. Complaint system can be designed so that complaints are addressed properly and there is expectation from GMC that NHS managers will roll up their sleeves to deal with complaints against locums properly. In private practice complaints can be dealt directly by practitioners or an independent body. It does not have to be a matter of livelihood, defamation and huge damage for GMC and practitioners.

**Question 3. Are there any values or principles you think we should add to the current text?**

**Yes**

If yes, what are they? Comments

1. The values of doctors acting as Human Right Defenders when looking after the interests of their patients and reference to UN resolution for the same. 2. The values of non-conformity. At present GMC acts as an oppressive organization to keep political dissidents silent when they act in the interest of the patients but contrary to the favorite hobby of the politician in charge (In the case of Tony Blair it was religion and GMC persecuted more doctors than ever. Science v Faith is a very old conflict. 3. Boundaries of medical knowledge and social conscience are not fixed. Open mindedness is a requirement in some specialties in particular such as psychiatry. Why not in all? 4. While demands of idealists in medicine may be impossible to meet instantly these doctors should not be persecuted. Thus tolerance for perfectionists must be stressed. 5. Normality is a statistical concept and doctors are human beings. This means that doctors cannot always be perfect or professional e.g. when provoked beyond endurance. Bad things do happen to good people. There should be a resource for doctors who are bullied. There is not one, but used to one: Three wise men. Cases come to GMC when these should not because GMC has become NHS servant, a clearing house for vengeful managers. For example, many doctors swear without causing offense to anyone if frustrated. It only became an offense before GMC in cases where NHS managers had done something wrong before swearing took place and false reported it to GMC. 6. Conflict of Interests has to be dealt with in more detail than just expecting declarations of conflicts. Sometimes one has to walk away from the situation. There should be various examples of what to do given to doctors. GMC should give examples. GMC should give examples of cases where disciplining took place because conflicts of interests were dealt with inappropriately. 7. One should state that foreign doctors have different experiences for example, allegations of prejudice may be true rather than evidence of paranoia. GMC needs to stress that one cannot make psychiatric diagnosis on a letter written by a doctor complaining about the system as it was done in my case and [ Code A ]. Please, cite our cases.

<p>Question 4. Good Medical Practice describes professionalism in action; and sets standards and values that apply to all doctors. However, doctors in training cannot be expected to have the same knowledge and experience as doctors in continuing practice. Should we include advice specifically addressed to doctors in training grades in Good Medical Practice?</p>	<p>If yes, how can this be achieved?</p>	<p>Question 5. Are there any sections or paragraphs in Good Medical Practice that could be shortened or removed?</p>	<p>If yes, please say which. Comments</p>
<p>Yes</p>	<p>1. No to trust anyone absolutely. If not happy with advice given by seniors to go outside medical profession and e.g. seek legal advice if necessary several times. 2. While mentors are useful they as human beings have their limitations. 3. Trusting own feelings can lead one to finding necessary support.</p>		<p>Paragraph 17. This causes a lot of trouble as it is assumed that all locums must be supervised and this is not the case. Only junior doctors work under supervision locums or not. Word locum should be taken out. It is a contracting matter for organizations to specify who is supervising whom.</p>