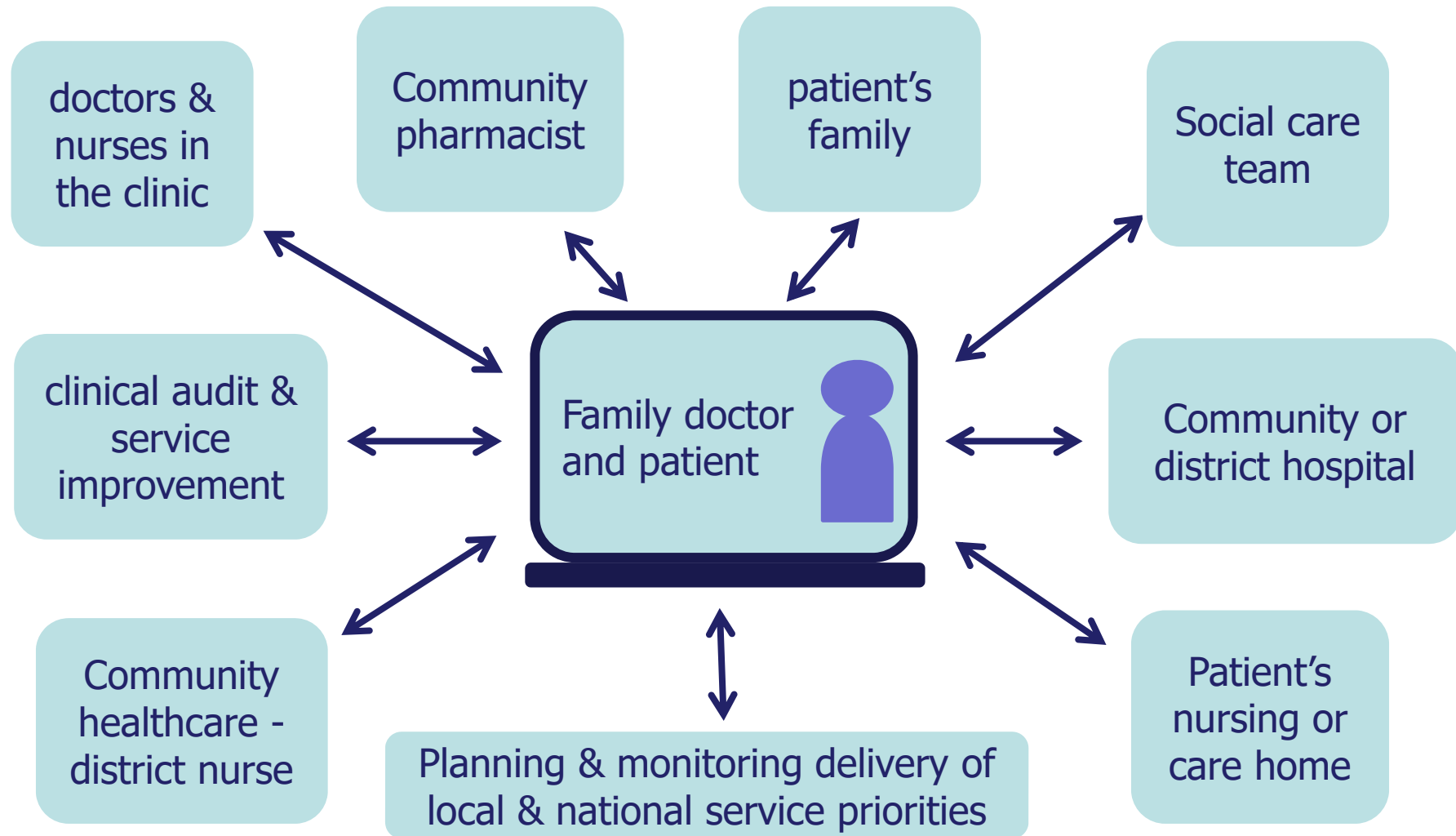


Advance care planning: creating a supportive culture

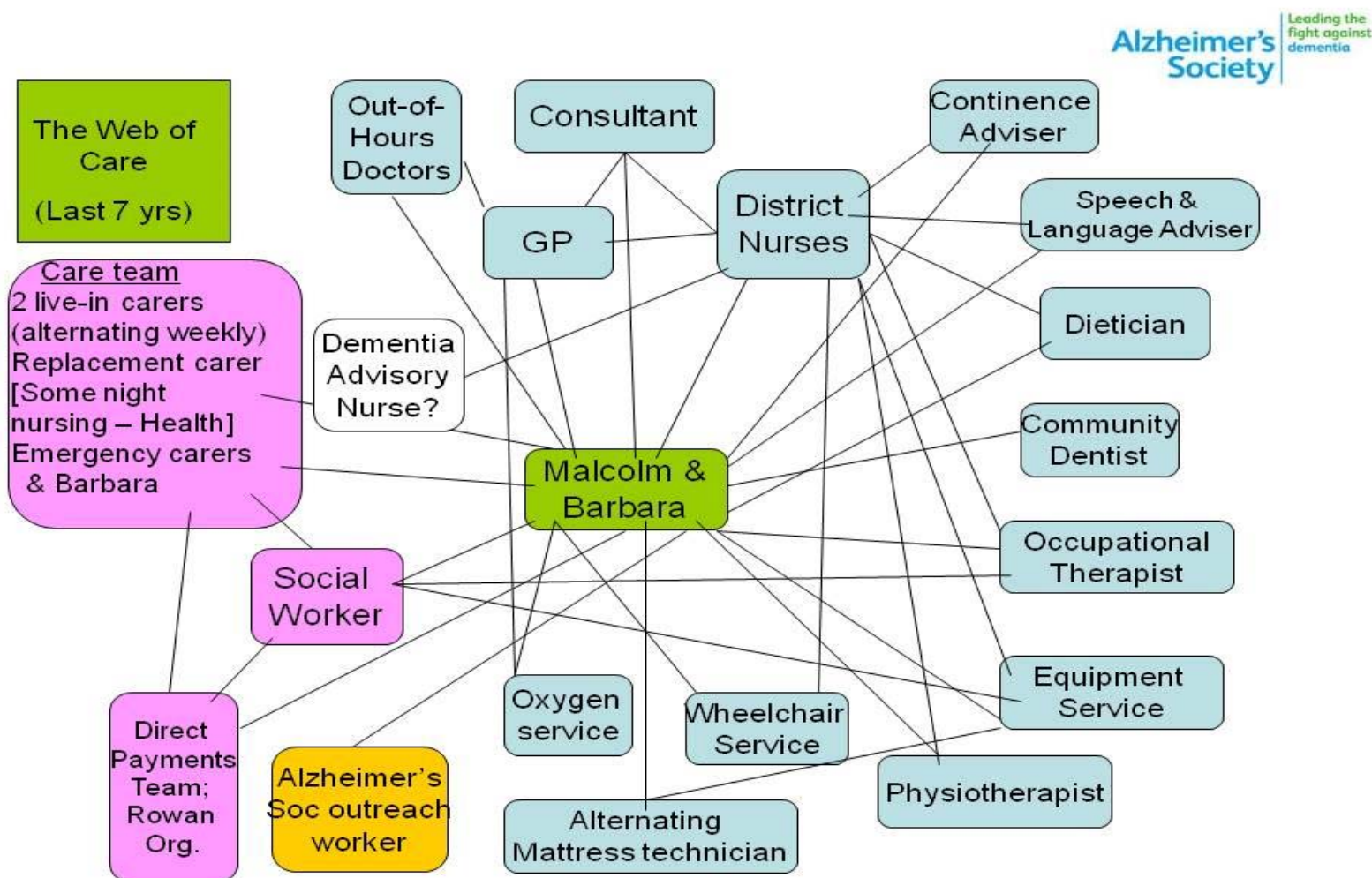
The role of the professional regulator

Working with doctors Working for patients

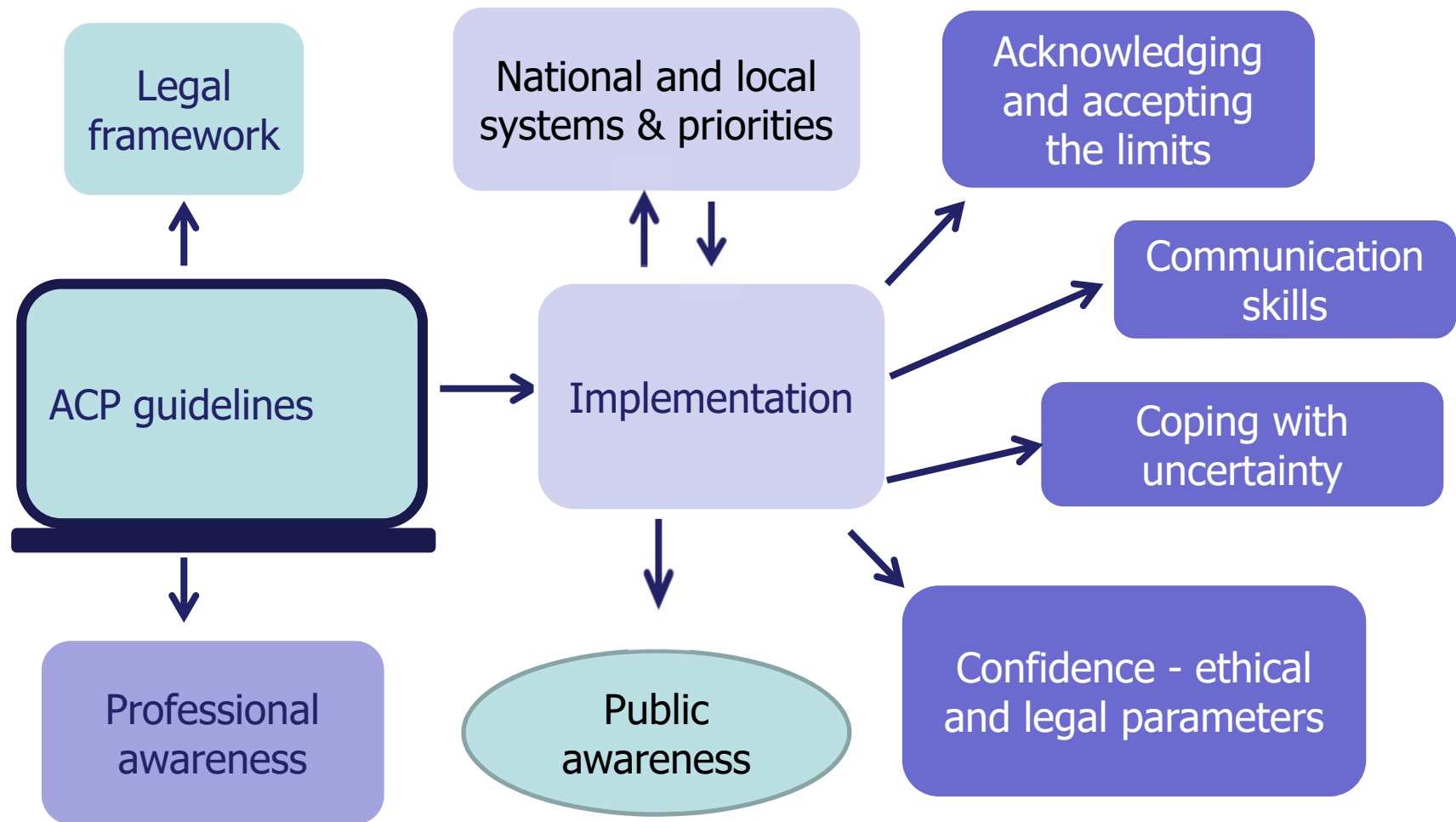
Care planning – a doctor's challenge



Care planning – a patient's challenge



ACP guidelines - challenges for implementation



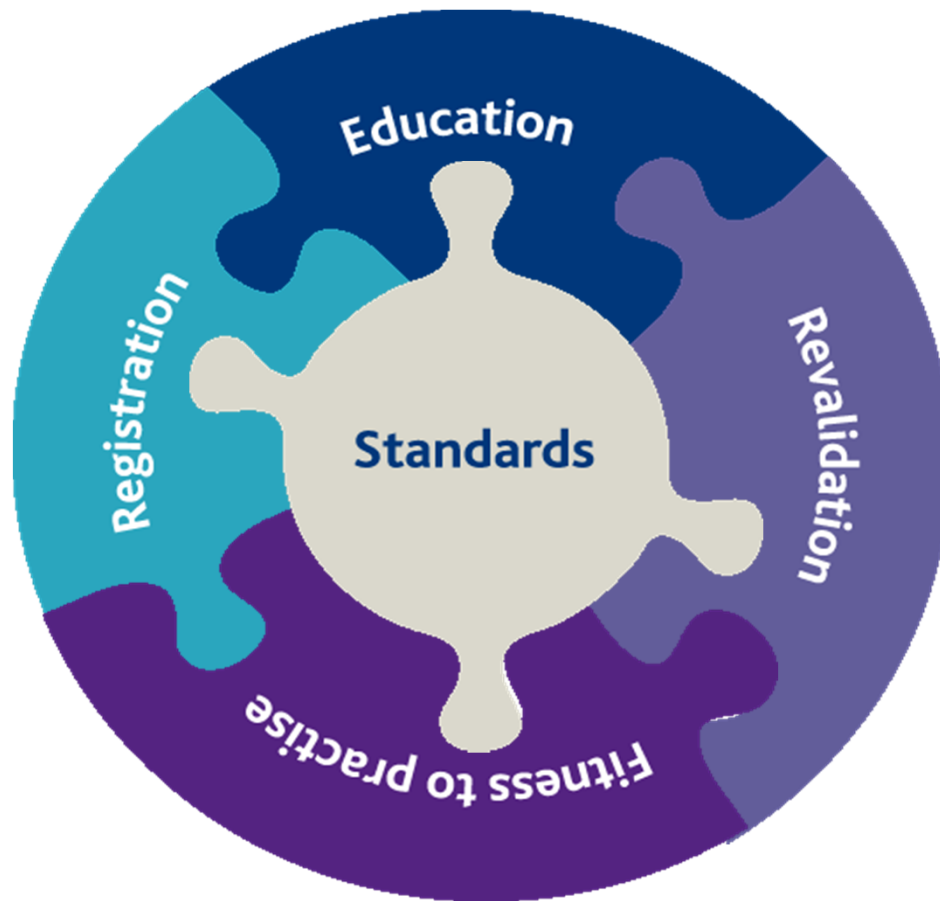
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Promoting and supporting
advance care planning

Role of the UK regulator

Working with doctors Working for patients

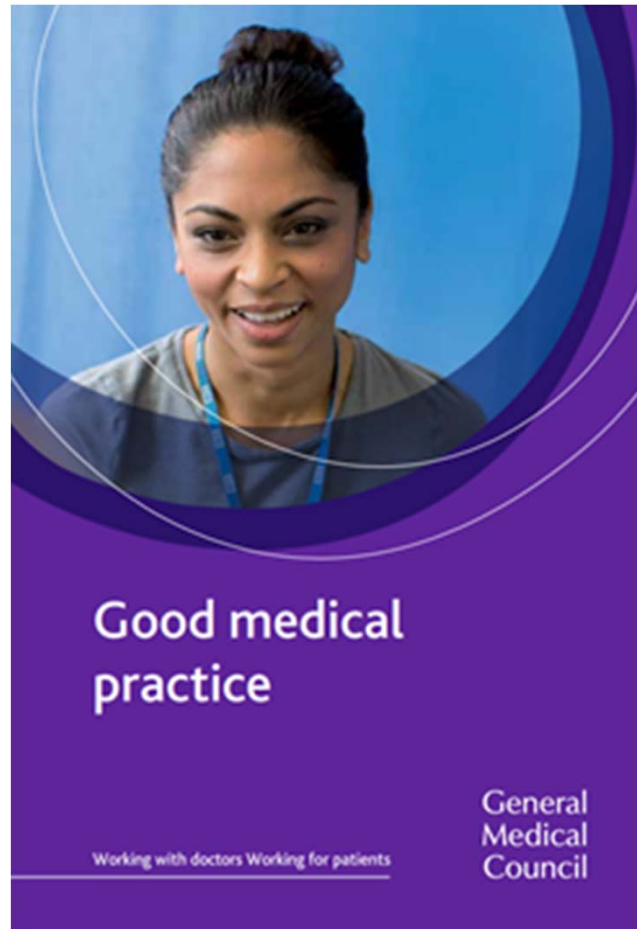
The GMC's role – setting professional standards



The ***Medical Act 1983*** (amended) gives us the power:

‘To give advice to the profession on standards of professional conduct, professional performance and on medical ethics, as the Council think fit.’

Our approach to professional standards



Explanatory guidance



Learning materials



GMC guidance – shaping professional norms

advice

- Explains to the public what the GMC expects of doctors in a range of situations

education

- UK curricula and required outcomes for educating medical students and doctors in training; the PLAB test for doctors trained outside the EEA

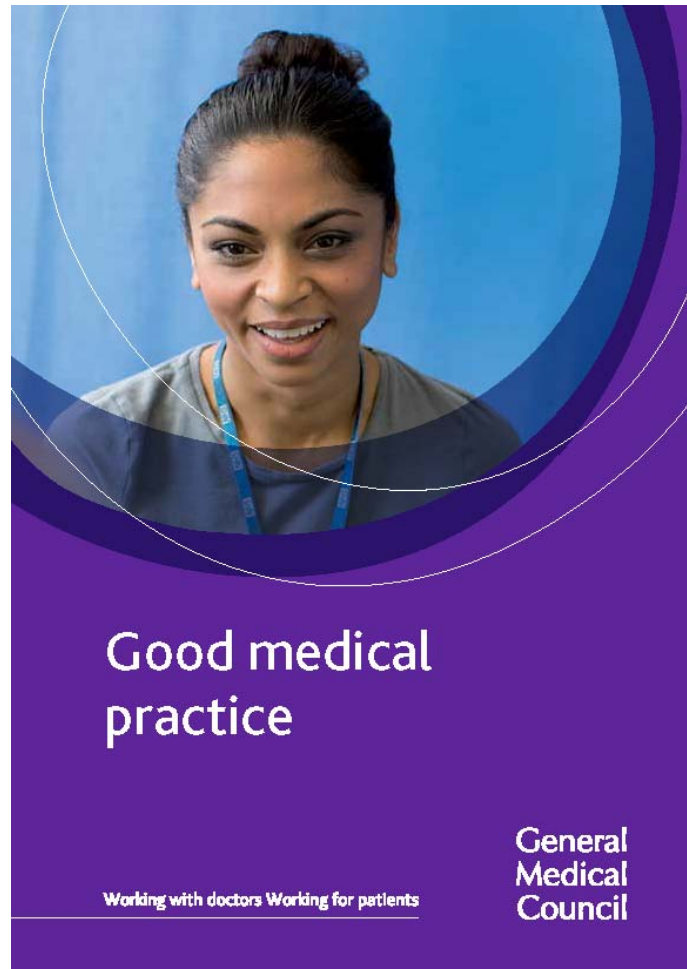
licence

- Basis of doctors' annual appraisals; and the Revalidation evidence for renewing a doctor's licence to practice

complaints

- Benchmark for considering Fitness to Practise complaints - serious or persistent failure to follow GMC guidance puts a doctor's registration at risk

Patient centred care starts here



The UK professional 'code'...

- Good doctors make the care of their patients their first concern; they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

Decision making in partnership



- ✓ Listen
- ✓ Explore wishes, values concerns, preferences
- ✓ Share information
- ✓ Maximise decision making capacity
- ✓ Involve and support
- ✓ Respect choices

The doctor as specialist adviser and advocate



- ✓ Uses clinical knowledge, experience, judgement – to identify options likely to be of benefit to the patient
- ✓ Explains the options; listens and discusses the impact of other factors of importance to the patient
- ✓ **Recommends** the option(s) which she believes to be best – taking into account the patient's wishes and preferences

the patient as decision maker



- ✓ Weighs up the benefits, risks and burdens of available options, **and** any **non-clinical issues** they see as relevant to the decision
- ✓ **Decides** which if any of the options to accept, or whether to seek advice
- ✓ Is supported to access care that is joined up and tailored to their needs
- ✓ should be supported to plan ahead, if and as much as they wish to

Planning ahead



A doctor must:

- Provide opportunities for a patient to discuss what matters for the future - who will be involved in and make decisions; values and preferences that they would want to be taken into account
- Support a patient who wishes to, to make and record a plan, including having an understanding of the status of advance refusals of or requests for treatment
- Ensure any advance care plan is shared with and can be accessed by those who need to know about and/or act on it
- Review the plan at appropriate trigger points

End of life care – planning ahead

- ❑ Life-prolonging treatment can be withdrawn or not started – if refused; or if it is not of overall benefit to a patient who lacks capacity to decide
- ❑ Plan ahead as much as possible with the patient, healthcare team, carers and other services
- ❑ Assess palliative care needs early – provide as needed
- ❑ Respect patients' views and wishes. Treat patients and their carers with sensitivity, dignity, and fairness
- ❑ Advance requests – not binding but may tip the balance when benefits/burdens finely balanced
- ❑ Advance refusals – binding in some circumstances



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Embedding good practice: what makes the difference?

Working with doctors Working for patients

Influencing doctors

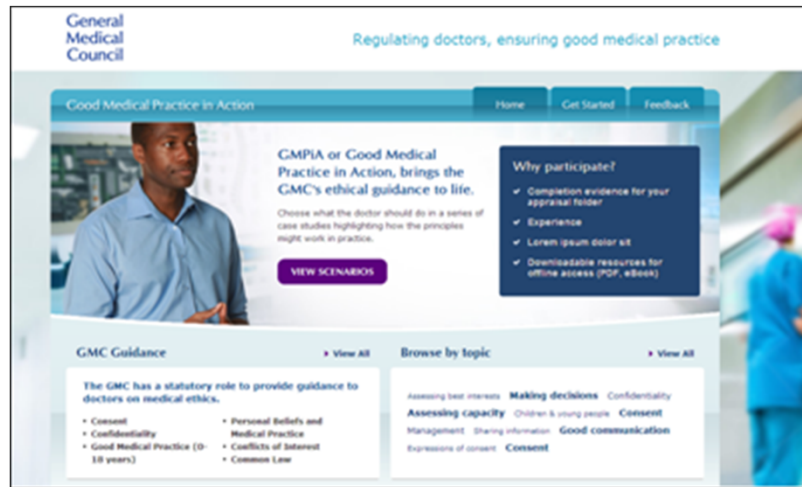
RAND Europe report on '*Barriers and incentives*' 2012

- **Guidance that is authoritative and relevant - the potential benefit to a doctor's patients is clear**
- **Good practice that's easy to adopt - implementation tools, clinical networks, peer support, bite size learning**
- **Role models - behaviours and attitudes of people that doctors regularly work with**
- **Education/training that helps doctors un-pick their beliefs and habits; embedding reflective practice and team work**
- **Organisations where priorities, service design and culture support patient centred care and quality improvement**



Making it easier - interactive resources

Good Medical Practice in Action: case studies



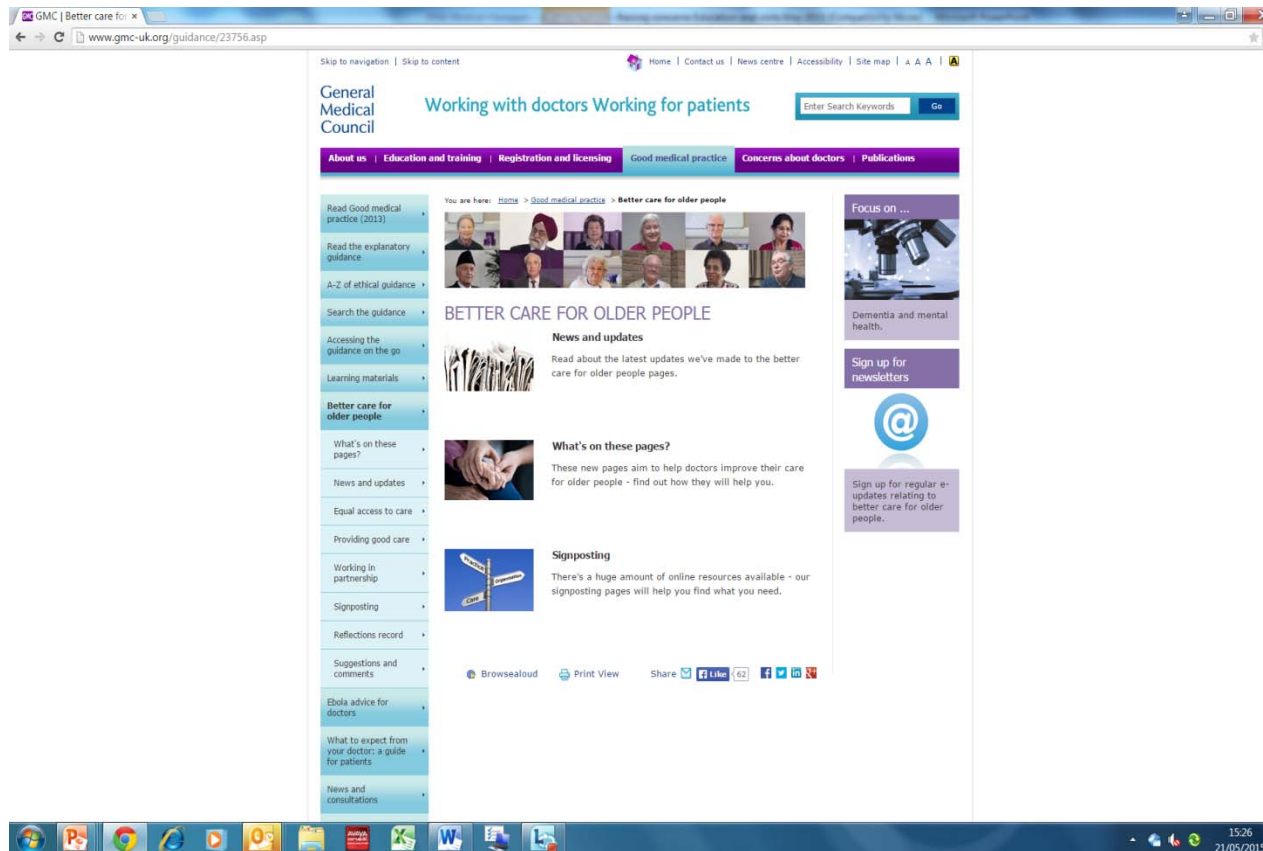
Raising concerns decision support tool



Learning Disabilities website: a 'one stop' shop



Better care of older people – bite size help, blogs+



Alignment with the wider system

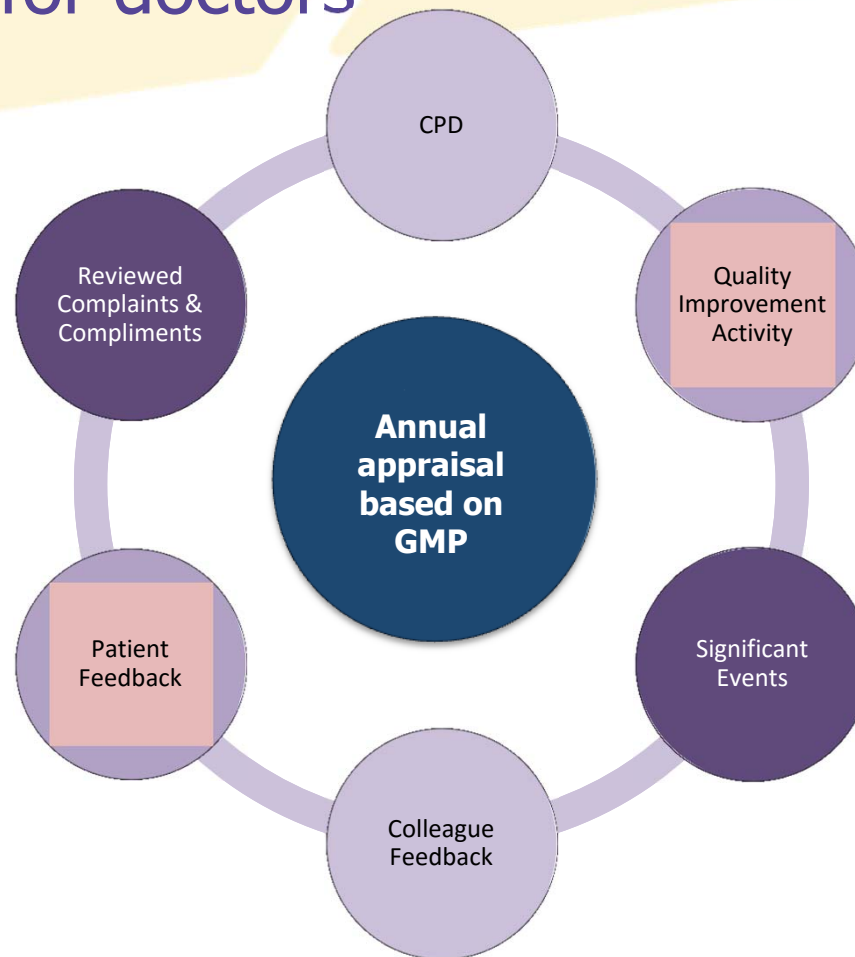
Service priorities

- NHS constitution and Mandate (England)
- Patients' Rights Act (Scotland) 2011
- Government strategies & service frameworks
- NICE clinical guidelines, outcome measures & decision support tools
- Local/regional plans

Inspection/assurance regimes

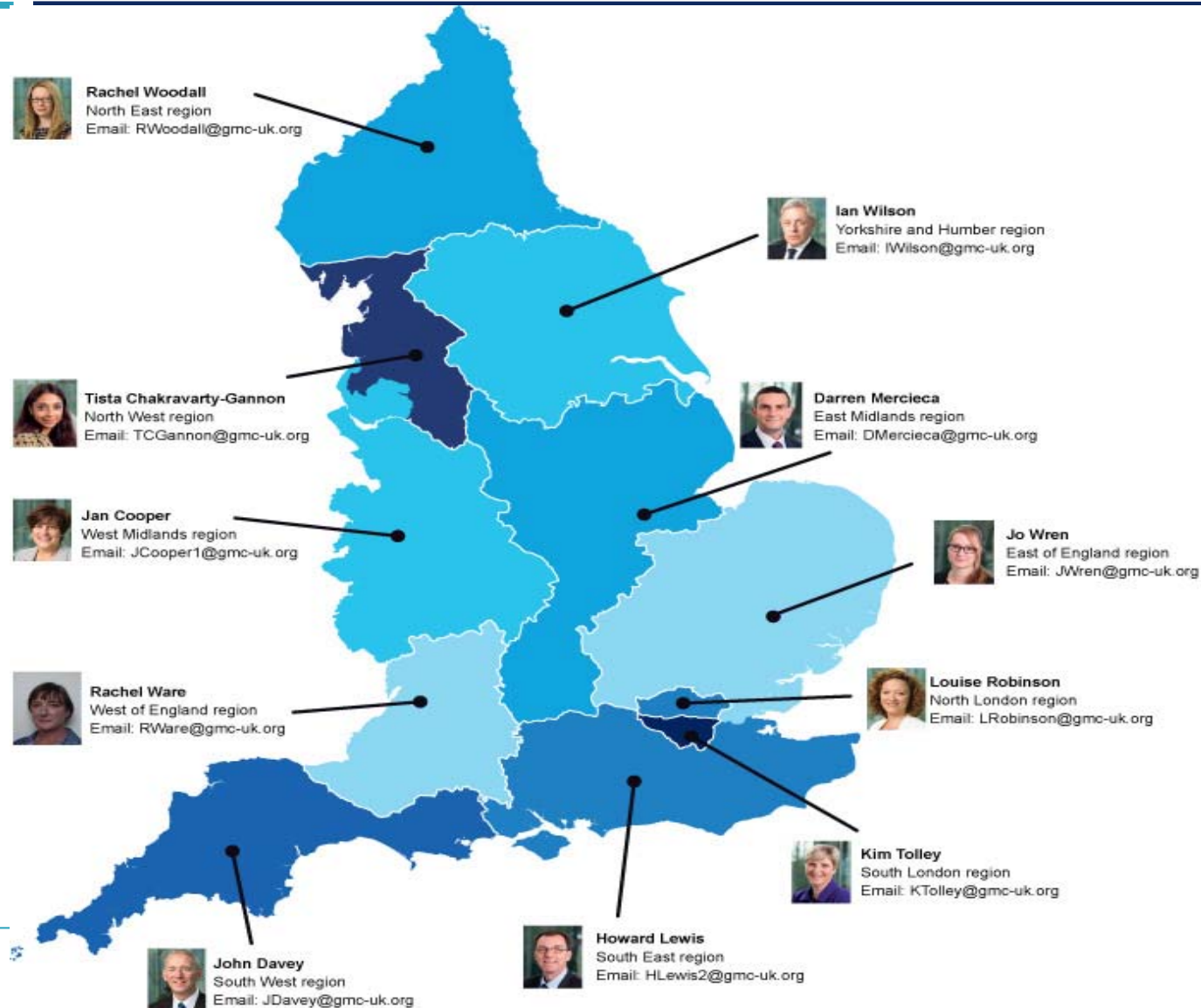
- National service standards set by system regulators e.g. CQC
- Inspection models – national and local (e.g. Health Watch)
- GMC quality assurance of medical schools, postgraduate education and training
- **GMC Framework for annual appraisals and revalidation**
- **GMC local liaison services**

Revalidation for doctors



➤ Ready for revalidation

Regional Liaison service – bridging the gap



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Closing the expectation gap?

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Information on risks – NM v Lanarkshire 2015



- Whether a risk is 'material' cannot be reduced to percentages
- Materiality is fact sensitive and sensitive to the characteristics of the patient
- Professional guidance that sets a patient focused standard is to be preferred over case law from the 1980s (the Bolam case)
- NHS resource/cost pressures are not sufficient justification to avoid investing the time needed to support patients to make informed decisions