Consultation runs: 30 October 2025 – 22 January 2026 (23:59 pm)

About this consultation

We are updating our guidance on *Leadership and management* and *Raising and acting on concerns about patient safety* and we want to hear your views. We originally published both pieces of guidance in 2012. While they have undergone technical updates since then, including in December 2024 to reflect the fact that we began regulating physician associates (PAs) and anaesthesia associates (AAs), we are now carrying out an in-depth review to ensure that they reflect developments across the UK's healthcare systems and wider social changes. We want to make sure they remain clear, relevant and helpful.

We're reviewing both pieces of guidance together because they're connected and share several key issues we want to explore. Leaders and managers play a vital role in shaping workplace cultures where staff feel safe and confident to speak up about patient safety concerns without fear of negative consequences and with the assurance that doing so will lead to meaningful improvements.

This guidance review builds on the key principles in the recently updated version of *Good medical practice*, our core guidance on professional standards. This focuses on behaviours and values that foster fair, inclusive, and compassionate cultures where everyone feels empowered to speak up, share ideas, and ask questions.

Both pieces of guidance are for doctors, PAs and AAs registered with us. They apply to the extent that they are relevant to the practice of each of these distinct professions. The guidance is for doctors, PAs and AAs of all role types and sectors, whether or not they routinely see patients or work within or outside the NHS.

Why we want to hear from you

It's vital that our guidance reflects real experiences from patients, doctors, PAs, AAs and the wide range of individuals who provide healthcare. Our aim is for both pieces of guidance to help all our registrants – doctors, PAs and AAs – as they strive to place patient safety and high-quality care at the forefront of health services.

The issues raised in this consultation may apply differently across the healthcare systems and legislation of England, Northern Ireland, Scotland, and Wales. That's why we're encouraging individuals and organisations from all four countries of the UK to take part.

Your feedback will shape the updated guidance and help to make sure it reflects the needs and experiences of everyone it affects.

The consultation is open for 12 weeks, from 30 October 2025 to 23:59 pm on 22 January 2026, so please share your views with us.

Consultation questions

We want to hear your views on important themes we've identified through our research and engagement with a range of individuals and organisations. These themes are also informed by findings from public inquiries and insights from our own data, such as our annual survey of doctors in training and trainers across the UK.

You're welcome to answer as many questions as you like. There's no need to respond to every section, just share your views and experiences where they feel most relevant to you.

In this consultation, we will ask you:

- **introductory questions** on how easy it is to use the guidance, the titles of the guidance and equality, diversity, and inclusion
- **questions on the key themes we identified through our research and engagement**. We have made it clear in each question whether we are just asking about the *Leadership and management* guidance, just the *Raising and acting on concerns about patient safety* guidance, or if the question relates to both
- **operational questions** about how the guidance can be implemented across the UK
- **for any other comments you'd like to share** that aren't covered elsewhere.

Practical information about taking part

- To take part, you can submit a response to the consultation on SmartSurvey.
- For flexibility there's an option to save your progress and continue later.
- Once competed, you can print your full response if you want to.

Alternative formats and options

- If you're unable to complete the consultation online and need a reasonable adjustment, email us at professionalstandards@gmc-uk.org.
- You can send any printed responses to LMRC consultation, Standards and ethics team, General Medical Council, 3 Hardman Street, Manchester, M3 3AW.
- You can download a version of this consultation document in Welsh on our website. If you need the consultation documents in other languages, easy read, or another format, call us on 0161 923 6602 or email us at publications@gmc-uk.org.

Points to consider when completing the consultation

Who we are and what we do

We are the independent regulator of doctors, PAs and AAs in the UK. We work with them and others to:

- set the standards of patient care and professional behaviours doctors, PAs and AAs need to meet
- make sure doctors, PAs and AAs get the education they need to deliver good, safe patient care
- check who is eligible to work as a doctor, PA or AA in the UK and work with them and their employers to confirm they're keeping up to date and meeting the professional standards we set
- give guidance and advice to help doctors, PAs and AAs understand what's expected of them
- investigate where there are concerns that patient safety, or the public's confidence in doctors, PAs or AAs may be at risk and take action if needed.

As a multiprofessional regulator, we recognise and regulate doctors, PAs and AAs as three distinct professions. We carefully consider our policies, processes and guidance to make sure we are clear on which are relevant to all three professions and where there are differences.

Our guidance

Good medical practice is our core guidance on professional standards. This is an ethical framework, which supports doctors, PAs and AAs to deliver safe care to a good standard, in the interests of patients. It isn't a set of rules. Doctors, PAs and AAs must use their professional judgement to apply the standards to their day-to-day practice.

Good medical practice is supported by a range of more detailed guidance which expands on key principles. This includes *Leadership and management* and *Raising and acting on concerns about patient safety*.

Like all of our professional standards, both pieces of guidance apply to all doctors, PAs and AAs who are registered with us, to the extent that they are relevant to the individual's practice. The guidance applies regardless of role type or specialty and whether or not an individual routinely sees patients or works within or outside the NHS.

It's important that we avoid duplication and don't create unrealistic or extra burdens for doctors, PAs and AAs. So, we will only introduce new sections of guidance if they are:

- relevant to the practice of individual doctors, PAs and AAs, not an action for employers, educators or government
- actionable and can be evidenced, e.g. through appraisal and revalidation
- necessary to protect patients, maintain standards or to uphold confidence in the professions we regulate.

We commit to drafting the best guidance possible. This consultation allows us to hear your views so we can shape the updated guidance and make sure it is relevant not just for today's healthcare but for the future too.

What this consultation is not about

In December 2023, the Anaesthesia Associates and Physician Associates Order (the AAPAO) was laid in Parliament and is now law. This means that we regulate three distinct professions - doctors, PAs and AAs. As a result, this consultation will not ask you about:

- whether PAs and AAs should be regulated by us, as that decision has already been made by the UK Government.
- the professional titles of 'physician associate' and 'anaesthesia associate'. Many of our stakeholders will be aware that in a recent independent review into PA and AA professions, led by Professor Gillian Leng, there have been recommendations to change these titles. While it is uncertain as to exactly when and how the titles will be amended or what the plans of the governments in Wales, Scotland and Northern Ireland are, we will continue to use the PA and AA titles as they are enshrined in the AAPAO order and new legislation will be needed to change them. We'll keep our position under review over the coming months as we liaise with other affected organisations to consider the changes proposed by Professor Leng.
- how the practice of PAs and AAs differs from that of doctors, or which leadership and management responsibilities are relevant for different professional groups. It isn't the role of the regulator to decide what tasks individual professionals can safely carry out once they are registered with us, because that depends on their individual skills and competence, which develop over time. We don't determine job descriptions or scope of practice for PAs and AAs beyond initial qualification competencies just as we don't determine them for doctors.

Your responses and equality, diversity and inclusion

Your responses to this consultation will help us understand how the guidance might impact any doctors, PAs and AAs, patients and members of the public with protected characteristics. We ask for demographic information from individual respondents to

help us understand if any groups have raised specific issues about the guidance. We can then consider what steps to take.

Your personal information

In accordance with the data protection legislation, we make sure that we handle personal data with the utmost care. We have a privacy policy in place to allow data subjects to be aware of how we handle your personal information. If you would like to read our privacy notice, please visit Privacy and cookies - GMC.

At the end of the consultation process, we may publish a report explaining our findings and conclusions. We won't include any personally identifiable information in this report but may include anonymised illustrative quotes from consultation responses.

Freedom of information

Your response to this consultation may be subject to disclosure under the *Freedom of Information Act 2000*, which allows public access to information we hold. This doesn't necessarily mean your response will be made available to the public, as there are exemptions relating to information given in confidence and information to which the UK General Data Protection Regulation applies.

Would you like your response to be treated as confidential? -

Question 1. To what extent do you think the structure of the *Leadership and management* guidance makes it easy to use?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult
- Don't know

If you'd like to, please explain your answer to question 1:

The Society considers the current structure broadly accessible and logically organised. However, clearer signposting between leadership responsibilities, governance duties, and expectations around speaking up would further improve usability, particularly for registrants working across complex, multiprofessional systems.

The title of *Raising and acting on concerns about patient safety*

We have received feedback that the current title of this guidance could be acting as a barrier to doctors, PAs and AAs who want to raise concerns, but don't believe their

concern is linked to patient safety. For example, their concern might be about the poor behaviour of a colleague, or the behaviour of another person such as a patient or patient's relative. It is important these concerns are raised. We want to encourage doctors, PAs and AAs to speak up when things aren't right.

We understand that there are many factors which can have a detrimental effect on patient experience, such as a poor working culture which focuses on blame rather than learning, and a lack of governance and accountability. These are some of the reasons we are thinking about updating the title of the guidance.

Question 2. To what extent do you agree that the title should be updated to reflect concerns beyond patient safety?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

If you'd like to, please explain your answer to question 2:

The Society agrees that the current title may unintentionally narrow perceptions of what constitutes a legitimate concern. Issues such as bullying, poor professional behaviours, unsafe cultures, and governance failures may not always be immediately framed as "patient safety" issues but can nonetheless directly undermine safe care.

Suggested title "Speaking up and acting on concerns" (or "Raising concerns and supporting a safe, respectful culture"). This framing removes the perceived requirement to badge an issue as "patient safety" before raising it, while preserving the duty to act and the learning focus intended by the guidance.

If you have a suggestion for a new title, please share this in the box below

Overlap between the two pieces of guidance

There are a number of issues that are covered in both *Leadership and management* and *Raising and acting on concerns about patient safety*, including:

- The need for leaders and/or managers to create compassionate and inclusive cultures where colleagues are empowered to speak up and encouraged to learn from issues rather than assign blame

- How leaders and/or managers must respond if a colleague raises a concern with them or if they witness inappropriate behaviour
- The expectations on all doctors, PAs and AAs regarding:
    - sustaining a positive culture
    - raising concerns
    - supporting colleagues.

To help make it easier to find the relevant information, we're considering whether to combine the two pieces of guidance, so everything is in one place.

Question 3. To what extent do you agree with the suggestion to combine *Leadership and management* and *Raising and acting on concerns about patient safety* into a single piece of guidance?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

We agree, provided the combined document: is modular with clear signposting for leaders/managers and for all registrants; includes cross-references to supervision, grievance vs. concerns, and resource responsibilities; and contains country-specific notes (including NI) where legislation differs

Equality, diversity and inclusion

Inclusive working and training environments are crucial to the wellbeing of all doctors, PAs and AAs and to safe patient care.

Since both sets of guidance were last reviewed, public inquiries and other reports have found that systemic inequalities, discrimination and bias can lead to underreporting of concerns and unsafe care for various patient groups[1].

As part of this guidance review, we're carrying out an impact assessment to help us to identify how changing the guidance could impact doctors, PAs and AAs, patients and any others with protected characteristics. We will also consider how protected

characteristics can overlap or 'intersect' with one another and we will consider the compound effect when this happens.

- As an example, we know from the 2025 *national training survey*[2] that some doctors in training experience disadvantages associated with their personal or protected characteristics. 56% of doctors in training from an ethnic minority background said they felt confident to challenge discrimination and unprofessional behaviours amongst colleagues and healthcare professionals compared to 64% of white doctors in training.
- When asked about reporting discrimination without fear of adverse consequences, 50% of female surgery trainees said they felt confident, compared to 61% of male surgery doctors in training. Rates of confidence also differ between specialty as 69% of female GP doctors in training said they felt confident compared to 80% of male GP doctors in training.

Everyone has the right to work and train in an environment which is fair, free from discrimination, and where they're respected and valued as an individual. It is vital that leaders and managers create and maintain this type of environment to support and sustain their workforce and to empower them to deliver safe, high-quality patient care. We want the updated guidance to help them to achieve this.

[1] For example, Maternity and neonatal services in East Kent: 'Reading the signals' report
[2] National Training Survey 2025 results

Question 4. Do you have any suggestions for guidance aimed at leaders and managers to help them foster inclusive, discrimination-free environments where all team members feel respected and valued?

The Society supports explicit guidance that encourages leaders to:

- actively seek out concerns from under-represented and marginalised groups
- recognise power imbalances within teams
- respond proportionately and transparently to concerns
- demonstrate visible accountability when behaviour falls short

Clear expectations around reflective practice, fair decision-making, and psychologically safe environments will support inclusive cultures and reduce the risk of under-reporting concerns.

Question 5. Do you have any suggestions about how our *Raising concerns* guidance can be improved to help to achieve this?

The guidance would benefit from:

- clearer reassurance that raising concerns is a professional responsibility, not a personal risk
- explicit recognition that cultural, hierarchical, and contractual factors can inhibit speaking up
- stronger emphasis on learning and system improvement rather than blame

Theme one: Terminology

The current *Leadership and management* guidance does not define the terms leader/leadership and manager/management. In this guidance the words are used interchangeably. We recognise that leaders and managers are distinct roles. So, in the updated guidance we want to be clearer about our expectations of doctors, PAs and AAs who perform these roles. We want to get your views on how the new guidance should describe registrants who lead and/or manage others and what it means to lead and to manage

Defining a leader, leadership behaviours and leadership skills

While not all doctors, PAs and AAs will have the word 'leader' in their job title, many will be demonstrating leadership behaviours every day, maybe without realising. This could be taking a ward round or reporting a concern.

We want to encourage our registrants to recognise these everyday leadership behaviours and to consciously develop them. Demonstrating leadership behaviours can have a positive impact on a doctor's, PA's or AA's own practice, their interactions with their colleagues and teams and on patient care.

For doctors, PAs and AAs who want to gain a greater understanding of leadership as they progress in their career, we would encourage them to develop leadership skills. Like any skill, leadership can be studied, practised, and recognised through qualifications. We think our registrants demonstrate leadership when they do the following:

- act with integrity
- show accountability when things go wrong
- role model professional and inclusive behaviours
- create compassionate, fair and psychologically safe environments
- act when negative behaviour undermines the inclusive environment

- motivate and inspire individuals and teams to perform at their best
- show respect for and sensitivity towards others' life experience, cultures and beliefs
- oversee clinical governance, risk management and audit processes
- set direction and have strategic vision for long term success
- drive positive change.

This isn't a finalised definition of leadership; it's simply a starting point. We want to hear from you about how we should describe a leader in the updated guidance.

Question 6. To what extent do you agree that the list above is a good starting point to describe the skills a doctor, PA or AA should have to be a leader?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Question 7. Do you have any further comments or suggestions around the definition of leadership?

The Society welcomes recognition of "everyday leadership" and supports framing leadership as behaviours rather than job titles. Explicit links between leadership behaviours and patient safety outcomes would strengthen the guidance.

Defining a manager, management behaviours and management skills

Some doctors, PAs and AAs will have the word 'manager' in their job title. However, just as with the term 'leader', some of our registrants may be displaying management behaviours when carrying out their everyday tasks without holding a formal management title.

Some doctors, PAs and AAs may wish to develop their management skills and may opt for further study or training, so their skills are recognised through qualifications. Registrants who are managers may well act as leaders too.

As UK healthcare continues to evolve and technology continues to advance, we also recognise that some of those registered with us will perform non-traditional management roles, such as managing colleagues remotely, which can present both opportunities and challenges.

As a starting point we think a doctor, PA or AA who is a manager or who wants to display management skills will be demonstrating many of the skills we have listed for leadership, along with the ability to do the following:

- plan, organise and oversee operational activities to achieve a desired outcome.
- empower and direct the people they manage by:
    - setting clear goals
    - providing constructive feedback
    - supporting their health and wellbeing
- ensure polices are implemented, processes are followed and standards maintained
- manage resources efficiently and appropriately.

Question 8. To what extent do you agree that the list above is a good starting point to describe the skills a doctor, PA or AA should have to be a manager?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Question 9. Would you like to comment on how we have described managers/management behaviours and management skills? Do you have any suggestions for improvement

The Society supports the distinction between leadership and management while recognising overlap. Explicit reference to governance, risk management, and accountability would further align the guidance with regulatory expectations.

Theme two: guidance on supervision

Good medical practice says that all doctors, PAs and AAs must:

- make sure that all colleagues whose work they are overseeing have appropriate supervision
- only practise under the level of supervision appropriate to their role, knowledge, skills and training, and the task they are carrying out.

Leadership and management provides more detail about the principles guiding supervision in healthcare settings and this review is an opportunity to make sure the guidance is relevant and appropriate to how medicine is practised today.

It is important that the guidance is clear but not limiting. While doctors are more likely to be in supervisory roles than PAs or AAs, we know from our engagement activity that some PAs and AAs also have these responsibilities. Similarly, although a supervisor will usually be senior to the person being supervised, this position can sometimes be reversed if the more senior colleague is less experienced in a particular activity or procedure. Our registrants frequently work in multiprofessional teams and may supervise other healthcare professionals.

Supervision expectations for all

The current guidance sets out the expectation that all doctors, PAs and AAs must:

- ensure they are appropriately supervised for any task they perform
- be willing to ask for advice and support from colleagues when necessary.

Responsibility and accountability

The current guidance sets out the expectation that all doctors, PAs and AAs should:

- establish with their employer the scope of their role and the responsibilities.
- raise any issues of ambiguity or uncertainty about responsibilities, including in multidisciplinary teams, to clarify:
    - supervision arrangements for staff and lines of accountability for the care provided to individual patients
    - who should take on leadership roles or line-management responsibilities
    - where responsibility lies for the quality and standard of care provided by the team.

Those with extra responsibilities

If they have extra responsibilities, doctors, PAs and AAs must also do the following:

- understand the extent of their supervisory responsibilities, give clear instructions about what is expected and be available to answer questions or provide help when needed
- make sure the people they manage have appropriate supervision
- support colleagues they supervise or manage to develop their roles and responsibilities by appropriately delegating tasks and responsibilities

- be satisfied that the staff they supervise have the necessary knowledge, skills and training to carry out their roles.

Question 10. To what extent do you agree that the current guidance supports safe and effective supervision?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Question 11. Would you like to comment on how the guidance on supervision could be improved?

Clarification of shared accountability within multiprofessional teams would be helpful, particularly where supervisory roles cross professional boundaries. Clear escalation routes where supervision arrangements are unclear would strengthen patient safety.

Theme three: the role of leaders and culture

Paragraph 9 of the *Leadership and management* guidance states that leaders and managers[1] 'must advance equality and diversity by creating or maintaining a positive working environment free from discrimination, bullying and harassment and must make sure that [their] organisation's policies on employment and equality and diversity are up to date and reflect the law.'

[1] Paragraph 9 is a duty for doctors, PAs and AAs *with extra responsibilities*.

Question 12. In your experience, how well do leaders and managers actively advance equality and diversity?

- Very well
- Well
- Adequately
- Poorly
- Very poorly
- Don't know

Question 13. In your experience, how well do doctors, PAs and AAs who are leaders and managers create or maintain a positive working environment?

- Very well
- Well
- Adequately
- Poorly
- Very poorly
- Don't know

Question 14. In your experience, how well do doctors, PAs and AAs who are leaders and managers create a working environment free from discrimination, bullying and harassment?

- Very well
- Well
- Adequately
- Poorly
- Very poorly
- Don't know

The current guidance states that if you are responsible for leading or managing a team, you must make sure that staff are clear about their personal and collective responsibilities for:

- patient and public safety
- honestly recording and discussing problems.

Leaders and managers should also:

- contribute to setting up and maintaining systems to identify and manage risks in the team's area of responsibility
- make sure that all team members have an opportunity to contribute to discussions
- make sure that team members understand the decisions taken and the process for putting them into practice
- make sure that each patient's care is properly coordinated and managed.

Question 15. In your experience, how well do doctors, PAs and AAs who are leaders and managers follow this guidance to create a safe working environment where people can talk about errors and concerns?

- Very well
- Well
- Adequately
- Poorly
- Very poorly
- Don't know

Question 16. Is there anything else you wish to tell us about the *Leadership and management* guidance?

The Society supports stronger alignment between leadership behaviours, governance responsibilities, and regulatory expectations. Leadership guidance should reinforce that failure to act on concerns is itself a patient safety risk.

Thematic questions on *Raising and acting on concerns about patient safety*

In this section, we'd like your feedback on the key themes that we identified when exploring the *Raising and acting on concerns about patient safety* guidance during our research and pre-consultation engagement activities.

Theme one: Leaders and managers must act when concerns are raised with them

Good medical practice states that if a doctor, PA or AA in a formal leadership or management roles witnesses or is informed of bullying or other inappropriate behaviours by colleagues, the expectation is clear: they must act. It states they must:

a. 'make sure such behaviours are adequately addressed
b. make sure people are supported where necessary, and
c. make sure concerns are dealt with promptly, being escalated where necessary'.

This expectation is consistent with the guidance in both the *Leadership and management* and *Raising and acting on concerns about patient safety* guidance which state that leaders and managers have a responsibility to act when serious concerns are raised with them

However, during our pre-consultation engagement, we heard anecdotal evidence that doctors, PAs and AAs may choose not to report bullying or inappropriate behaviour

because they have done so before, sometimes more than once, and no action was taken.

When a concern is raised to a leader or manager, they must take it seriously and address it appropriately to ensure a safe and respectful working environment.

We want to support doctors, PAs and AAs to raise concerns, and we want to help leaders and managers to handle these situations effectively.

We acknowledge that there can be many reasons to explain why leaders or managers may fail to act and that these situations can be complex. However, when there has been a serious disregard for their duties, a pattern of leadership failings, or an attempt to cover up a serious event, the leader/manager should be asked to account for their actions and omissions.

Question 17. To what extent do you agree with our suggested approach to doctors, PAs and AAs who are leaders or managers who fail to act when serious concerns have been raised with them?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Question 18. Were you previously aware of the expectation on doctors, PAs and AAs who are leaders and mangers to act when they witness poor behaviour or are made aware of it? Do you have any comments?

Yes. While expectations exist, inconsistent application can undermine confidence. Clearer articulation of consequences where leaders repeatedly fail to act would support accountability.

Theme two: Barriers to speaking up

We understand that there are many reasons why doctors, PAs and AAs may be reluctant to speak up about inappropriate behaviours or patient safety concerns they have experienced or witnessed.

Some fear there will be a detrimental impact to their training, employment or career prospects. Others may believe they have more to lose – for example, doctors who have come to work in the UK from another country may fear consequences for their right to live and work in the UK.[1]

Another reason is a lack of belief that speaking up will lead to meaningful change. This is especially true for doctors, PAs and AAs who have previously raised concerns without resolution or action being taken. However, we recognise that in some cases, confidentiality will prevent a leader or manager from being able to share the outcome.

[1] National Guardian's Office (2025), *Listening and learning: Amplifying the voices of overseas-trained workers, a review of the speaking up experiences of overseas-trained workers in England*

Question 19. Do you have any suggestions on how we can reduce barriers for doctors, PAs and AAs to raise concerns?

- clearer protection from detriment
- visible organisational learning following concerns
- feedback to those who raise concerns wherever possible
- consistency across sectors (NHS, independent, primary care)

Question 20. Have you experienced or witnessed any differences in approaches to raising and acting on concerns, for example, between:

a. **medical specialties?**

b. **the four countries of the UK?**

c. **the NHS and the independent sector?**

d. **primary and secondary care?**

Yes, differences are evident between sectors and care settings, particularly where governance structures and whistleblowing protections vary.

Theme three: Victimisation and detriment as a result of raising concerns

Stakeholder feedback has shown that, in rare cases, doctors, PAs, AAs or other healthcare professionals who raise concerns with leaders or managers may face victimisation. In the most serious cases, the leader or manager may seek to shift blame onto them. They may also threaten to report them to us or another regulator in an attempt to discourage them from pursuing their concerns. We take this type of behaviour very seriously as it is contrary to the spirit of the guidance which seeks to offer support and reassurance to those raising concerns.

There are provisions in the current guidance to prevent a person raising concerns from being subjected to unfairness and adverse consequences. For example, in paragraphs 22-24 of *Raising and acting on concerns about patient safety*, there are several paragraphs that place expectations on managers investigating concerns to do so fairly,

fully, promptly and to follow the law. Managers must not try to deter colleagues from raising concerns and must not propose or condone agreements (sometimes called non-disclosure or confidentiality agreements) to restrict a colleague's right to disclose information. Managers also have a responsibility to protect those raising concerns from unfair criticism or action including any detriment or dismissal and they must tell them what action has or will be taken.

Paragraphs 66-68 of the *Leadership and management* guidance provides advice for leaders and managers who deal with grievance procedures. The guidance explains the importance of understanding and separating a personal grievance (that is a complaint about a registrant's own employment situation) and a concern about a risk, malpractice or wrongdoing that affects others. The guidance is clear that this is particularly important if patients or members of the public are at risk of harm.

We want to know your thoughts about the current guidance provisions, whether there are any gaps and if so, what we need to do to help ensure people raising concerns are protected from adverse consequences.

Question 21. To what extent do you agree that the existing guidance is sufficient to protect those who raise concerns from experiencing victimisation, including being blamed or threatened by doctors, PAs or AAs in leadership or management roles?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Question 22. Do we need a new paragraph to explicitly prohibit our registrants from victimising those who raise concerns?

Yes

Operational questions

Overall comments

In this section, we'd like your views on *Leadership and management* and *Raising and acting on concerns about patient safety* overall and anything we haven't specifically asked about already. When answering these questions, please bear in mind the criteria which the final guidance must meet and the remit of the consultation itself. Any new paragraphs must be:

- relevant to the individual registrant's practice, not an action for employers, educators or government
- relevant to most – if not all – doctors, PAs and AAs, bearing in mind that not all work in patient-facing roles, or in the NHS
- actionable by doctors, PAs, and AAs in practice and capable of being evidenced, for example through appraisal and revalidation
- necessary to protect patients, maintain standards or to uphold confidence in the professions we regulate.

In particular, you might want to tell us if there's anything we should remove from the current *Leadership and management* and *Raising and acting on concerns about patient safety* guidance or if there is anything missing?

Question 23. Please provide your overall comments

The Society supports the direction of travel in strengthening leadership accountability and reinforcing the duty to act on concerns. The guidance should clearly link professional behaviours, organisational culture, and patient safety outcomes, while remaining practical, proportionate, and evidence-based.

In Northern Ireland, equality and employment protections differ in places from GB. Guidance and implementation materials should expressly reflect NI legislation (including the Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010 and the Equality framework noted in the endnotes), to ensure consistency in accountability and protections.

Implementing our guidance

When we update our guidance, we have a role in supporting doctors, PAs and AAs to understand how the principles in the guidance apply in practice in their specific roles.

We're aware there are many factors influencing the everyday practice of doctors, PAs and AAs, and these can vary depending on their working environment. For example, how a service is organised, different workplace cultures, access to training, and availability of professional support are some of the factors that could affect how easy it is to put guidance into practice. We want to gain a better understanding of these factors, which could include:

- Barriers - things that make it difficult to apply the guidance
- Enablers - things that support or make it easier to apply the guidance. This includes any opportunities for future improvement or innovation.

Your suggestions will also help us to focus our efforts when the new guidance is published.

Question 24. Please provide any comments to help us design our implementation plan

Case studies, shared learning examples, and alignment with appraisal and revalidation processes would support effective implementation.

The consultation process

In this section we'd value your feedback on how easy or difficult it was to respond to this consultation. This information helps us improve our consultation process.

When answering these questions, please think about the consultation itself and the supporting information on our website.

Question 25. How far do you agree or disagree with these statements?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
A. The themes were well explained	A. The themes were well explained Strongly agree	A. The themes were well explained Agree	A. The themes were well explained Disagree	A. The themes were well explained Strongly disagree	A. The themes were well explained Don't know
B. The questions were easy to complete	B. The questions were easy to complete Strongly agree	B. The questions were easy to complete Agree	B. The questions were easy to complete Disagree	B. The questions were easy to complete Strongly disagree	B. The questions were easy to complete Don't know
C. I felt I was able to express my views	C. I felt I was able to express my views Strongly agree	C. I felt I was able to express my views Agree	C. I felt I was able to express my views Disagree	C. I felt I was able to express my views Strongly disagree	C. I felt I was able to express my views Don't know

Question 26. Please tell us here if you have any comments on any aspect of the consultation process

Question 27. How did you hear about this consultation? Please select all that apply

- GMC website
- GMC news for doctors e-newsletter
- Other GMC e-newsletters
- Social media
- GMC event, workshop or meeting
- Non-GMC event
- Word of mouth
- Search engine
- Another website/Media/newspaper/radio/other (please say which one)

We would be very grateful if you could give us some information about you to help us analyse the responses to this survey.

First name Ryan

Last name Duffy

Job title (if responding on behalf of an organisation) Senior Policy Officer

Organisation name (if responding on behalf of an organisation) Pharmaceutical Society NI

Email address ryan.duffy@psni.org.uk

Do you agree to be contacted by email for any further information? Yes

Question 28. Are you responding as an individual or on behalf of an organisation? - required

- Individual
- Organisation

Question 40. Which of these categories best describes your organisation? Please select only one.

- Patient organisation

- Physician associate organisation
- Independent healthcare provider
- NHS / Health and social care organisation
- Regulatory body
- Government department - England
- Government department - Northern Ireland
- Government department - Scotland
- Government department - Wales
- Doctor organisation
- Anaesthesia associate organisation
- Higher Education Institution (including medical school)
- Postgraduate body
- Public body
- Other (please say what):

Question 41. In which country does your organisation operate? Please select only one.

- England and Crown dependencies
- Northern Ireland
- Scotland
- Wales
- UK wide
- Outside the UK (please say where)