Academy of Medical Royal Colleges

Treating patients well: principles for shared clinical practice

How to structure support and signposting for doctors in all specialties

Principles

Specialty-specific knowledge is relevant, to varying degrees, to doctors in all specialties. This work enables signposting of specialty-specific knowledge on which ***any doctor*** can draw, at any time in their career, in order to guide them on the best way to manage a clinical situation. The signposted content will not form part of specialty curricula or assessment but rather be available as part of Continuing Professional Development (CPD) for everyone. It is applicable to all clinical knowledge areas and is aligned to both the GMC's Generic Professional Capabilities (GPC) and Good Medical Practice.

Background

- Patients present to doctors with conditions that they may not have explicitly covered during their training.
- Rapid responses to concerns raised by governmental bodies, coroners, or other stakeholders when care does not go to plan are sometimes needed.
- This document sets out a process that will address areas of both current and new common practice, and ways of addressing such presentations at an organisational level.
- We have kept it very high level to cover the diversity and large number of potential issues that could arise, including non-clinical areas of practice such as those covered by GPCs. It is applicable to all medical professionals at any stage of their career and deliverable within an organisation. It is suitable for undergraduate medical students, doctors in training, locally employed doctors, SAS doctors, consultants, GPs, and all other practising medical professionals.
- The principles are not condition-specific, but rather sustainable, future-proofed and applicable to the medical profession across all four nations.

Principles of behaviour

An overarching framework of principles of behaviour is provided below, which offers a method for healthcare organisations to address concerns in a systematic and structured way amenable to quality assurance.

a. Consider patient preferences and treat all patients (to include their carers) without discrimination as the experts on their own condition.

b. Recognise and identify the area of concern, and level of prioritisation required.

c. Be prepared to be flexible and open-minded, adapting processes and making reasonable adjustments.

d. Ask for *"what matters"* to understand the needs and concerns of the individual and their carers, listen closely to the answers, and say (and mean) *"thank you for letting me know".*

e. Think about the patient holistically and respond to their individual needs.

f. Consider using BRAN when discussing options with the patient (B = Benefits, R = Risks, A = Alternatives, and N = what happens if you/we do Nothing).

g. Ensure clear and accessible communication between all relevant parties involved in the provision of care, ideally backed up with takeaway information.

h. Identify immediate actions and local escalation required.

i. Signpost to knowledge resources, including 'just-in-time' resources, and identify where and how to refer onwards.

j. Review and evaluate and ensure final 'safety netting' is carried out.

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