Suzanne Wood, Policy Advisor, Standards & Ethics Team reported that the four main functions of the General Medical Council (GMC) were:

- keeping up-to-date registers of qualified doctors
- fostering good medical practice
- promoting high standards of medical education
- dealing firmly and fairly with doctors whose fitness to practise is in doubt.

Policy was led and set by the Department of Health and legislation was considered in Parliament at Westminster. However, with increasingly divergent health structures and policy across the UK, the GMC had established offices in Scotland, Wales and Northern Ireland to respond effectively to devolution. The GMC’s Scotland office, which was based in Edinburgh, was launched in March 2004.

The new guidance *Consent: patients and doctors making decisions together*, replaced the booklet *Seeking patients’ consent: the ethical considerations (1998)* and came into effect on 2 June 2008. Both statute and common law had changed considerably over the past ten years and this booklet took account of and was consistent with current law across the UK. Over the years changes in the attitudes of both doctors and patients towards issues regarding decision making were also changing and the GMC took the decision in 2006 to produce revised guidance.

Making decisions when patients capacity fluctuated or was impaired was extremely difficult and any decisions regarding treatment and care for patients who lacked capacity was governed in Scotland by the Adults with Incapacity (Scotland) Act 2000.

A working group had been established to develop the proposal for new guidance, and as seeking the views of others was a key part of the GMC’s consultation process, over 2,000 organisations and individuals across the UK had been invited to participate in the consultation to determine a common view with regards to what was good practice. Workshop events incorporating performances of a play and role playing had also been held to stimulate comment and the debate of key issues. The GMC had worked with partner organisations to gain insight into issues faced by patients, particularly those whose capacity was impaired and an event had taken place in Glasgow in collaboration with the Scottish Dementia working group. The Council’s UK-wide regulators had met representatives of UK Government health departments including that of the then Scottish Executive. A legal review had also taken place to ensure that the guidance took account of and was consistent with the law across the UK.

The guidance set out the principles on which good clinical decisions should be based and focused on the importance of the doctor-patient partnership in decision-making based on openness, trust and good communication, reflecting the shift in professional and public attitudes.
towards more patient-centred care. It also set out obtaining consent in the context of a wider process of discussion and decision-making – it was not a tick-box exercise.