

to such a finding. The guidance was the product of the culture in which medical regulation was seen as a reactive means of coping with exceptional misconduct, rather than a means of promoting good practice across the whole profession.

23. The policy began to change in the mid 1980s, as *The Blue Book* was expanded to include new advice on standards of patient care, on confidentiality, and on advertising. At the same time, a new and more open style of guidance was being developed to respond to the problems posed by HIV and AIDS. This process of change culminated in the publication of *Good Medical Practice* (1995) where, for the first time, the GMC defined systematically the principles of good practice expected of all doctors. (Copies of the 1995 and 1998 editions of *Good Medical Practice* are enclosed.)

Reporting colleagues – whistle-blowing

24. In 1984 the PCC considered a case in which doctors had not reported a colleague whom they knew to be a danger to patients. This, and the reaction to it, prompted the GMC to issue new guidance in *The Blue Book*, making clear that doctors had a duty to inform an appropriate authority in circumstances where a colleague's practice might be dysfunctional. The new guidance said:

'..... a doctor has a duty, where the circumstances so warrant, to inform an appropriate body about a professional colleague whose behaviour may have raised a question of serious professional misconduct, or whose fitness to practise may be seriously impaired by reason of a physical or mental condition.'

25. In 1994, a consultant in administrative charge of a clinical unit was found guilty of serious professional misconduct, for failing to respond to serious concerns conveyed to him about a colleague's practice. The case had important implications for patient safety; and the GMC issued a press release giving full details of the case on 18 March 1994. The case was widely publicised in the national and medical press, and in the 1994 Annual Report (see Annex D paragraphs 5-11). In its determination the PCC stated:

'Doctors who have reason to believe that a colleague's conduct or professional performance pose a danger to patients must act to ensure patient safety.... This Committee has already drawn attention to the existence of appropriate procedures for response to the reports of evident, and dangerous, incompetence. Doctors have a duty to activate these procedures promptly, where such cases arise. At all times patient safety must take precedence over all other concerns, including understandable reticence to bring a colleague's career into question.'

26. In parallel with these developments, the GMC has refined its guidance on disparagement to ensure that it does not detract from or weaken the duty to act to protect patients.