This document contains wording and thoughts from a variety of responses from individuals and organisations.

 The CSH response can be viewed here - <https://docs.google.com/document/d/16CCnOnHpfaOtgaYNHu3huII-mZuOKA3X/edit?usp=sharing&ouid=108851368268717896927&rtpof=true&sd=true>

Potential issues to mention

The positive impacts of adding a fifth domain are:

1. Medical appraisal is usually based on the GMP domains. Inclusion of a domain on sustainability will help mobilise the medical workforce to support decarbonisation of health care. The NHS will struggle to achieve its net zero targets without this level of engagement by clinical teams given that more than two thirds of the NHS carbon footprint relates to clinical activity.
2. It would make a clear public statement, using the trusted voice of the medical profession, regarding the urgency and importance of action of the climate crisis.

1 - The primacy given to the individual patient. As medical professionals we must always consider the impact on carers and dependents and consider safeguarding issues. Further, in the context of a global threat to public health of the urgency and severity of the climate crisis, we also have a duty to consider the impact of our treatment choices on public health. The patient before us is one of the public and hence subject to the same harm if our treatment choices are not sustainable, so this is not in conflict with our duty of care to the individual.

2 – The wording of the paragraph which outlines the thresholds for fitness to practice does not adequately address the dilemma of those medical professionals who would wish to become involved in public protest, where this includes civil disobedience, regarding the failure of our governments, businesses and institutions to protect public health by taking adequate measures to decarbonise. Given the level of trust the public have in the voice of medical professionals such action has potential to be crucial to efforts to create change within a timeframe necessary to prevent the worst outcomes. To support, or at least not leave these doctors feeling threatened, the GMC needs to be much clearer about their threshold for punitive action in these circumstances. The current lack of clarity in the context of increasingly politicised use of the law to subdue public protest, could have a serious negative impact on the mental health, particularly of young doctors who will live longer with the outcomes of decisions we make now, who may feel either silenced or criminalised, not only by our government but also their professional body.

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Paragraph 15 regarding involvement in efforts to maintain and improve quality of care should make reference to the needs to sustainability as well as quality. Suggested re-wording as below (changes in capitals as the document does not allow any other formatting to make them stand out)

Opening Para 15 “**You must take part in systems of quality assurance and SUSTAINABLE quality improvement to promote patient safety.”**

Sub paragraph c could be re-worded in this way **“taking part in regular reviews and audits of your work and that of your team, ENSURING THAT ENVIRONMENTAL AND SOCIAL IMPACTS ARE ASSESSED ALONGSIDE CLINICAL OUTCOMES, responding constructively to the outcomes, taking steps to address any problems, and carrying out further training where necessary”**

Paragraph 19 needs to acknowledge climate change as the biggest risk to public health, as identified by the WHO. I would therefore suggest rewording this paragraph as follows -

1. You must act promptly if you think that patient **OR PUBLIC** safety, dignity, or comfort is, or may be, seriously compromised.
2. If a patient is not receiving basic care to meet their needs, you must act (where possible) or immediately tell someone who is in a position to act straight away.
3. Where the risk concerns inadequate premises, equipment or other resources, policies or systems you should, if possible, put the matter right. You must raise your concern in line with our guidance and your workplace policy. You should also make a record of the steps you have taken.
4. If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body, or us. If you are still concerned you must report this, in line with our guidance and your workplace policy, and make a record of the steps you have taken.
5. **IF YOU ARE AWARE OF A SERIOUS THREAT TO PUBLIC HEALTH YOU MUST TAKE STEPS TO HIGHLIGHT THIS TO THE RELEVANT AUTHORITIES AND ACTIVELY ENGAGE WITH EXTERNAL PARTNERS, WHERE NECESSARY, TO DEVELOP SOLUTIONS**.

Domain 2: Working with patients

Agree with the inclusion of reference to collaborative decision making, which is key to effective and sustainable care. This section also needs to include more relevance to environmental sustainability. Suggested insertions again in capitals as there is no other way to format it to stand out in this document.

I would suggest adding a subparagraph in paragraph 33 to include discussion regarding the environmental impact of treatment choices. E.g.

“AS CLEAR AND ACCURATE INFORMATION AS IS AVAILABLE ABOUT THE LIKELY IMPACT OF THEIR TREATMENT BOTH ON THEM AND ON THE ENVIRONMENT AND THE HEALTH OF OTHER PEOPLE, INCLUDING AVAILABLE OPTIONS AND THE DIFFERENT IMPLICATIONS OF THESE FOR PATIENTS AND FOR THE ENVIRONMENT

Also adjust para 35 as follows

The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, on your clinical judgement about the likely effectiveness of the treatment options (in line with paragraphs 36 & 37 of this guidance) AND THE LIKELY SOCIAL AND ENVIRONMENTAL IMPACT. You must not refuse or delay treatment because you believe that a patient’s actions or choices have contributed to their condition.

Para graph 36 - You must provide a good standard of practice and care. If you assess, diagnose, or treat patients, you must work in partnership with patients to: add a sub paragraph as follows

1. APPLY SUSTAINABLE PRINCIPLES BY AVOIDING CLINICALLY UNNECESSARY TESTS, STOPPING INEFFECTIVE TREATMENT, AND MINIMISING CLINICAL WASTE

Para 37 In providing clinical care you must: - add sub paragraph as follows

h - WHEREVER POSSIBLE PROVIDE THE TREATMENT WITH THE LOWEST ENVIRONMENTAL IMPACT.

i- CONSIDER WHETHER THE TREATMENTS THE PATIENT HAS BEEN TAKING MAY BE CONTRIBUTING TO THE ISSUES THEY ARE PRESENTING WITH AND USE CONTACT WITH PATIENTS TO ACTIVELY CONSIDER AND DISCUSS REDUCING THE AMOUNT OF MEDICATIONS BEING TAKEN.

**Use of resources, population health and environmental sustainability**

Serious objections to the wording of this question. By raising the issue of a ‘ tension’ between the needs of the patient and the interest of the population you reinforce an baseless fear that sustainable healthcare is worse in terms of clinical quality of care. The reverse is true since sustainable care focuses on prevention of ill health, patient empowerment, reduction of unnecessary treatments and investigations and promotes collaborative decision making. We would never advocate making clinical decisions which offer a lower standard of care. This would be not only unethical, but also counterproductive as worsening of their condition due to poor care would be likely to increase necessary healthcare activity down the line, and hence negative environmental impact.

The current proposed amendments (a couple of ambiguous words tucked away in existing paragraphs) are utterly inadequate to raise this as a priority issue. The issues of climate change, ecological degradation and the need for sustainability should have been included in your key themes. Given that climate change is recognised by the WHO as the most significant threat to global public health it is somewhat shocking that it is not. Most Royal Colleges have declared a climate emergency or made strongly worded statements to that effect, over 7 million people die early every year due to air pollution (around 40,000 in the UK alone) and tens of millions are already being displaced from their homes by extreme weather events every year and/or are facing threats to food and water security which is driving conflict and migration. These issues will increase in severity over the next decades.

To reflect the severity and urgency of this crisis it would be most appropriate for the GMC to introduce a 5th domain on sustainability. Appraisal is a strong driver of performance and focus for medics, and is based on GMP. The GMC is therefore in the unique position of having an opportunity to ensure that all medics seek to be adequately educated on this topic and to engage with efforts to achieve sustainability. Given that over 2/3 of the NHS carbon footprint is generated through clinical decision making the NHS net zero targets simply cannot be achieved without such engagement from clinical teams.

Clear leadership from the GMC is needed in this area to engage those doctors who do not currently see this as relevant to their role. Negative feedback on this topic could be seen as reflecting the failure of leadership from the GMC to date. It should be the GMCs role to lead on professional standards based on the best evidence and ethical standpoint, rather than pander to the lowest common denominator on an issue.

Would you take the same view about equality and diversity? Equality and diversity is hugely pertinent to this issue given that the majority of people bearing the brunt of the burden of health harms occurring to date are from BIPOC communities, on low income, are disabled or living with chronic disease, are women, the elderly or children. 1 in 3 of the worlds ~ 2 billion children are already exposed to 4 or more extreme risks related to climate change. Given that climate change represents an existential risk to the survival of the human race, education for health care professionals or indeed any member of the public on this issue is surely a matter of informed consent.

**Explanatory guidance**

There is something you should add. A document explaining the importance of climate change for human health, the inextricable inks between human health and that of the ecosystems that support us, the risks to the health care sector from climate change, the contribution of the health sector to climate change; what sustainable healthcare is and how to implement it.

**Implementing professional standards**

In the experience of the Centre for Sustainable healthcare, projects based on sustainability in QI tend to re-energise teams and improve staff wellbeing. Organisation which have strong leadership and activity relating to sustainability, report improved staff retention. Furthermore the focus on prevention, patient empowerment and lean pathways should, in time, start to reduce demand on health services and free up capacity. These outcomes should be highlighted alongside the inclusion of these new professional requirements. To launch this the GMC could issue a position statement, along the lines of the statements published by many Royal Colleges on this matter, to explain the purpose, justification and importance of the new requirements.

**Additional practical support**

* + - 1. – As sustainability in healthcare may be new to many an additional document along the lines of the additional explanatory document you have for confidentiality etc.
			2. Medical professionals, particularly those who are early in their career, need to know exactly what the position of the GMC is on involvement in non-violent direct action as part of public protest around lack of action on the climate emergency, which may include breaking the law but not causing harm to others. An explanatory document about the involvement of medics in public protest would be helpful to elucidate this.

**Comments on opportunities**

In general, citizens assemblies seem to be an effective way of allowing all voices to be heard and produce rational ideas about how to respond to contentious issues. Why not run a series of these inviting healthcare professionals and leaders around the country and publicising the outcomes.

 **Rationale**

* The climate and ecological crises constitute unprecedented and potentially catastrophic threats to human health,.
* **Health Impacts** are already being observed and will worsen as global temperatures and biodiversity loss increases. These include:
* Threats to the supply of fresh water and food systems - threatening to reverse progress on sustainable development goals including efforts to reduce poverty and malnutrition.
* Air pollution (indoor and outdoor), primarily from burning fossil fuels - currently estimated to be associated with more than seven million premature deaths each year, in addition to wider impacts on quality of life and health throughout peoples lifespan.
* Increases in infectious diseases - vector and waterborne diseases and pandemic risk
* Increases in frequency and severity of extreme weather events, both acute (e.g. heatwaves, storms, floods, wildfires) and chronic (e.g. drought) leading to associated injury, trauma, mental illness, displacement, climate-related migration and conflict over dwindling resources.
* Rising sea levels are destroying homes and livelihoods; putting major coastal cities and entire nations at risk,.
* Impacts on mental health - post-traumatic stress, anxiety and various forms of eco-distress.
* **Equality and Justice.** Around the world, even in wealthier nations such as the UK, it is the most vulnerable – the poorest communities, black, indigenous, and people of colour (in the global south and industrialised nations), women and children, who are already bearing the majority of the burden of health harms and are most at risk as the situation worsens. Children and young people are particularly vulnerable to the effects of climate change by virtue of their physiology, dependency, more direct interaction with the environment, mental health impacts, and the cumulative effects of them being exposed to climate change impacts over many years.  As these groups are also the least responsible for these linked crises, failing to take the necessary steps to address them constitutes racial, gender-based, intergenerational and social injustice.

* **The Goal**
* *“The science is unequivocal; a global increase of 1.5°C above the pre-industrial average and the continued loss of biodiversity risk catastrophic harm to health that will be impossible to reverse”*
* In 2015, governments committed to do what was required to keep global temperature rise below 2 degrees, aiming for 1.5 degrees. A subsequent IPCC report highlighted the importance of aiming for 1.5 degrees in terms of severity of impacts.
* There remains uncertainty about the point at which positive feedbacks in the earth’s systems (e.g. loss of the albedo effect of ice cover, release of methane from the arctic regions, loss of forests and ocean acidification) lead to ‘runaway’ global warming, outside human control. It is vital to limit global heating below this point. To date observational data at just above 1 degree of warming, exceeds some of the worst case scenario predictions for such changes. In line with the precautionary principle, limiting global heating to 1.5 degrees as a maximum is therefore the wisest course. To achieve this requires a 7-8% reduction in global emissions annually, which necessitates immediate and system wide change .
* **Why doctors need to be involved**

1. **The healthcare system is vulnerable** to the impacts of climate change in terms of
* increased burden of disease (e.g. pandemics, heatwaves, health impacts of air pollution and extreme weather etc),
* extreme weather causing damage to healthcare facilitates (e.g. recent partial evacuation of Whipps Cross in London due to flooding), impacting local transport and communication systems and freshwater and power supplies,
* Impacts on supply chains due to events elsewhere.

1. **The healthcare system is also culpable**, an uncomfortable irony for an industry based on the principle of ‘first do no harm’. In addition to a significant contribution to pollution from waste, in industrialised nations the health sector contributes 5-10% of greenhouse gas emissions. Globally, if the health sector were a country, it would rank as the 5th largest emitter, just behind Japan.

1. **There are huge potential health co-benefits** of actions to avert climate and ecological disaster, particularly in terms of reductions in non-communicable disease and improving the standard of living and wellbeing for the wider population, as well as the benefits to the health economy and efficiency of care.

1. **Doctors are one of the most trusted voices** for communicating important health information. We understand complex systems and feedback loops. We understand the importance of rapid responses in emergency situations. We are skilled at communicating complex science in lay terms for the public. In the face of widespread ignorance and politicisation of this science-based threat we have a moral duty to use our trusted voices to raise awareness.
* **Sustainable healthcare** does not mean lowering the quality of care and can often improve it whilst also reducing expenditure. A sustainable approach means engaging with the wider system to prioritise interventions which prevent disease and empower patients to play a larger role in managing their own conditions. This has potential to address the health inequities highlighted by the recent Marmot report.  It requires a shift in focus to take account of the impacts of treatment choices on the population (local, and global) which we serve as well as the needs of individual patients. It involves reducing healthcare related activity by:
* streamlining pathways (reducing low value activity including unnecessary tests, procedures and prescriptions, travel and appointments) and
* minimising waste
* This reduces unnecessary negative impacts on patients and frees up capacity in the system whilst often reducing financial outlay. For activity which needs to continue, treatments with lowest carbon footprint and environmental impact are chosen where safe and appropriate.
* **Response of the health community** The scale of the threat and the urgent need for action has been recognised by the NHS which has, in all four UK nations, pledged to achieve net zero by 2045,,,.
* Numerous Royal Colleges and other health organisations have declared a climate emergency or made equivalent statements and most are members of the UK Health Alliance on Climate change. Recently over 220 medical journals published the same editorial urging world leaders to act on climate change. This is unprecedented and reflects the scale of concern in the health community.
* The Royal College of Physicians has named sustainability a seventh domain of quality in healthcare, “which must run through and moderate other domains”.