

5 March 2018

Organ Donation Consultation
Department of Health
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Dear colleague

GMC response to the consultation: Promoting organ donation and transplantation in Northern Ireland

Thank you for the opportunity to submit our views on your consultation on Promoting organ donation and transplantation in Northern Ireland.

The GMC is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified. We expect doctors to be familiar with and follow our ethical guidance and be willing and able to justify any departure from it.

In commenting on this consultation our aim is to ensure that any obligations imposed on doctors will not be inconsistent with the standards we set for doctors' professional practice.

In our guidance for doctors on [Treatment and care towards the end of life](#), we say:

81 If a patient is close to death and their views cannot be determined, you should be prepared to explore with those close to them whether they

had expressed any views about organ or tissue donation, if donation is likely to be a possibility.

82 You should follow any national procedures for identifying potential organ donors and, in appropriate cases, for notifying the local transplant coordinator. You must take account of the requirements in relevant legislation and in any supporting codes of practice, in any discussions that you have with the patient or those close to them. You should make clear that any decision about whether the patient would be a suitable candidate for donation would be made by the transplant coordinator or team, and not by you and the team providing treatment.

You've asked for views on the planned communications programme to promote awareness of organ donation to key patient/public audiences and the wider community. We agree that this is likely to be valuable both in informing the decision-making of potential donors and encouraging them to discuss their wishes with those close to them. Increased awareness and understanding of individuals' wishes and organ donation should also help to promote a shared understanding between doctors and the public, and in the event of a possible donation, support them to have sensitive and informed discussions around consent.

Although we are not in a position to suggest particular partnerships or activities, we support the proposed communications programme.

We note the proposals around providing high quality organ donation awareness training for medical students, trainees, GPs, consultants and specialist doctors. You propose that organ donation awareness training should be mandatory for all medical trainees in relevant specialties (principally critical care and emergency medicine). This is consistent with our [Generic professional capabilities framework](#) which describes the interdependent essential capabilities that support professional medical practice and provides a consistent approach to embedding these into all postgraduate medical curricula. Domain 2 includes a sub-section on clinical skills, where we say that:

'Doctors in training must demonstrate and understand the professional requirements and legal processes associated with consent, including...the principles of requesting and coordinating organ donation and the factors which determine suitability of patients and successful organ donation'

A number of the speciality curricula already set out the circumstances in which it is appropriate to consider organ donation and discussing issues around donation (including Intensive Care, Emergency and Acute Internal Medicine, General Surgery and several Paediatric sub-specialities) although the GP curriculum presently contains very limited reference to organ donation. However, we would encourage consideration of ways in which this aspect of medical training could be further embedded in relevant curricula, or supplemented by local training.

We would like to suggest that an area of training with scope for development is good communication, particularly the handling of difficult conversations around advance care planning. In our guidance [*Treatment and care towards the end of life: good practice in decision making*](#) we say:

54 Depending on the patient's circumstances, it may also be appropriate to create opportunities for them to talk about what they want to happen after they die. Some patients will want to discuss their wishes in relation to the handling of their body, and their beliefs or values about organ or tissue donation.

Allowing a patient to discuss their wishes around organ donation at this time may provide an opportunity to confirm or withdraw previously registered consent. Further emphasis on this type of training would support doctors in effectively facilitating these conversations which would also support patients and those close to them in ensuring that their current wishes are acted upon.

Finally, you propose that training on organ donation should be included as an element of Continuing Professional Development (CPD) in the revalidation cycle for all consultants and specialty doctors working in critical care and emergency medicine. While we support the proposed introduction of new CPD or mandatory training requirements around organ donation, we would ask that they are positioned so as to make clear that they are not GMC requirements for revalidation.

Yours faithfully



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