

Committee on Standards

Oral evidence: [Outside employment and interests](#),
HC 620

Tuesday 10 June 2025

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Members present: Alberto Costa MP (Chair); Paula Barker MP; Gill Furniss MP; Sir Francis Habgood; Professor Michael Maguire; Mehmuda Mian; Dr Rose Marie Parr; Anna Sabine MP; Victoria Smith; Dr David Stirling; Gareth Snell MP; Michael Wheeler MP; and Carys Williams.

Questions 168 to 229

Witnesses

[I](#): Doug Chalmers, CB DSO OBE, Committee on Standards in Public Life.

[II](#): Mark Swindells, Assistant Director of Public Affairs and National Offices, General Medical Council.

Written evidence from witnesses:

- [Committee on Standards in Public Life](#)
- [General Medical Council](#)

Examination of witness

Witness: Doug Chalmers.

Q168 **Chair:** Good morning, Mr Chalmers. Welcome to the Committee on Standards. This session is part of our inquiry into outside interests and employment. May I begin by inviting you to introduce yourself?

Doug Chalmers: My name is Doug Chalmers. I am in front of you today as the chair of the Committee on Standards in Public Life, an independent advisory committee whose remit covers the standards landscape across the whole of public life. Thank you very much for your invitation to give oral evidence to this inquiry, which we welcome.

Chair: Thank you for coming before the Committee. I will begin with the first question. In recent years, the House has tightened the rules on MPs' outside interests and employment—for example, on unpaid roles and paid parliamentary advice, which I am sure you saw, shortly after the last general election. Why in your view do those measures not go far enough?

Doug Chalmers: I will start by saying that we really do welcome the measures that have been taken. The last time the committee really looked at this was back in 2018, when we did a detailed inquiry under my predecessor, Lord Bew. Back then, he made the point that there should not be paid work to provide services as a parliamentary strategist, adviser or consultant. That could be, for example, advising on parliamentary affairs or how to influence Parliament and its Members—monetising, in other words. We welcome the fact that that has been put in. More recently, we also welcomed the removal of two of the three exceptions to that rule. I know we will come back to the third—media—at some point in this evidence.

I also welcome the new requirement for Members to have in place a written contract or statement from any outside interests that details their duties and states that they cannot lobby for their employer or give parliamentary advice, or be asked to do so. Those are good initiatives, which in many ways get at some of the bigger concerns facing the committee when Lord Bew was chair around the lobbying and the monetising of the position within Parliament.

There are two areas that warrant, in one case, a change, and in the other, a clarification. On the first, I continue to hold the view that the MPs' Code of Conduct should be updated to state that any outside interest or employment should be viewed through a principles lens. I say that as chair of the Committee on Standards in Public Life, which is also the advocate for the Nolan principles. We believe strongly that those principles are the foundation stone agreed between all those in public life and the public itself. Mr Costa, I thank you for coming to join us on 19 June at the event to celebrate the 30th year of the principles.

The Parliamentary Commissioner for Standards has produced a narrower group of principles that tightly reflect on outside interests. I welcome those as well. They would be a change, and beneath those principles we believe that a degree of pragmatic guidance would be very helpful. In the first instance, guidance would help individuals when they are trying to work out whether something is a reasonable or unreasonable outside interest. Much of that already exists, and the Parliamentary Commissioner for Standards has done many advisory notes, which will form part of that. Secondly, there is the area you have seen in our 2018 report: the idea of “reasonable limits”. We will probably explore that a bit more as we go forward.

The clarification centres around the issue of safe harbour. The code currently says that “Members are encouraged to seek advice from the Registrar of Members’ Financial Interests if they are in any doubt about whether a course of action is in line with the rules... A Member who has sought and followed the advice of the Registrar of Members’ Financial Interests on a course of action...so long as they have provided adequate information for that advice to be relevant, will not have acted in breach of the rules in respect of that action.”

The words of that provision indicate that you could read it as only relating to registration and declaration of financial interests, mainly because it is aimed at having regard to the Registrar of Members’ Financial Interests. A bit of clarification to make sure that the safe harbour is broadened to reflect the code as a whole and bring in the Parliamentary Commissioner for Standards as a source of safe harbour—he already provides this informally—would help for now and put that on a better footing.

When an incoming MP looking at a second interest goes through the principles, applies them to whatever they are about to look at and goes through the pragmatic guidance, and still has a moment of thought, it makes sense to have the option of safe harbour to take advice and discuss it there. That point of clarification and the other one are those that I would add.

Chair: Thank you, that is very helpful. We would need to consider resources because there are 650-odd MPs. The principal issue with your suggestion would be: how many people would the Parliamentary Commissioner for Standards have to employ to go through that? However, it is a very welcome contribution. I spearheaded the safe harbour rule. It was one of my ideas for trying to effectively give further guidance and training, so that if MPs went to the PCS or Registrar, they would be able to disclose all reasonable facts and try and get clarity on what they can or cannot do.

Q169 Professor Maguire: To pick up on one point you made, you said it should be updated to include a principles-based approach. What would that look like in practice?

Doug Chalmers: The Nolan principles already underpin the code. The Parliamentary Commissioner for Standards’ proposal of principles directed



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at this would be present. I described a suite of pragmatic guidance, some of which would be the existing advisory notes, and then there would be other aspects of guidelines that people could understand. Pragmatic guidance is the other bit that would need to be worked through.

Q170 Professor Maguire: I hear what you are saying, but I do not fully understand, to be honest with you. One of the things that I am struggling with is the issue of enforceability and what that would look like. Without clarity about what a principles-based approach means in practice, enforceability becomes vague. Could you say a bit more about that?

Doug Chalmers: There is a tension: rules alone will not answer the full element. There is always a balance to be struck, and that has been true of the issue of outside interests for a long time. Some outside interests are seen by the public to be supportive of the role, and some are deemed to be unreasonable. There is a balance between the two.

The range of people who stand to be Members of Parliament in this country is incredible, and a rule could, therefore, be slightly too binary; that is why the best way forward is to be led by principles and pragmatic guidance. A defined rule, although tidy, may lead to exceptions, and I do not think it would necessarily meet the requirements in full.

Q171 Gill Furniss: Thank you for coming to see us today. It will be really useful; you have the skills to help steer us in the right place. I understand that you support permitting MPs to take work related to media appearances, journalism, books and public lectures. Why? Do you see any difference between MPs hosting media shows and appearing on them?

Doug Chalmers: I thought that we would come back to media, as I mentioned earlier. The Committee had a look at that back in 2018 and considered the balance that we talked about. It is really relevant to media, particularly when media goes from broadcast and written media down to social media. The landscape is now broader than when the evidence was taken back in 2017.

Engaging with the media is part of a Member of Parliament's job. It helps them to connect with their constituents and, for those in government, to fulfil other roles. Therefore, they constantly engage with the media. There is also a free speech aspect.

The Parliamentary Commissioner described it quite well as being about "conflict of attention" as much as conflict of interest. You put your finger on an area where balance needs to be worked through, and I think principles, rather than a rule, will help here. If the MP is speaking to the media reasonably regularly without it leading to a conflict of attention, that probably sits on the reasonable side of it. If the person is chairing a very regular show and that is taking up a large amount of their time, is that then pushing it into a conflict of attention?

There is a third level. If it is a political show, there is a line, for the public, between a journalist presenting both sides of an argument versus someone presenting only one. Is there a conflict of interest there? That is

why this is not easy to navigate. Some media work could be absolutely unconnected with politics at all; it may well have been due to a relationship that they had before they became a Member of Parliament.

Q172 Gill Furniss: It is quite a complex issue, isn't it? That is the nub of it. We really have to get a serious position on this that applies to everybody. How would you advise us to do that?

Doug Chalmers: You go through everything that you are going through now. You are already grounded in the Nolan principles, which we have talked about; they stand in place. Then, on the other side of it, there is the pragmatic guidance that helps people to work through and choose whether or not to seek safe harbour.

Another part of that is that the personal responsibility of the individual MP remains paramount throughout. If MPs are thinking about doing something, they should look at the Nolan principles. I still carry a card with the principles on all the time. They are quite helpful as a guide to see how something will be viewed in public life and whether the public will accept it. They will then know whether they have struck the right balance.

MPs must explain to others why they are taking a second job. If an MP has an interest from before they became an MP, they should already have explained that when they ran for office. They need to explain to their constituents how they might balance their two roles.

If you take up a role while you are an MP, you should explain that, either through your website or through another mechanism. How will the role complement or add to your role as an MP? How will you be able to continue to look after your first duty, which is to your constituents, as well as fulfil the duties of the second role? It is part of the personal responsibility of the MP to explain that. We do not often talk about that. The principles will hopefully bring that to the fore.

Q173 Victoria Smith: Good morning. I am Vicky Smith, one of the lay members. You have already referred to the "reasonable limits" approach, which your Committee has previously proposed, and we would like to explore how that might work in practice. You answered part of that question when you spoke to Michael. Is there anything further that you can tell us about the rationale behind that approach?

Doug Chalmers: The rationale behind it—again, I go back to the 2018 report, when the committee took a lot of evidence from the public—was that there is a lot of tolerance and understanding among the public that outside interests add value. First, people might have come in with outside interests and, secondly, outside interests add value to the individuals who make up our House. Those outside interests are valued and are seen to be worthy.

As you know, we came up with three broad bands to look at. One was that an outside interest complements an MP's existing role and responsibilities. Those include central Government—for example, if you become a Minister, that is an extra interest, another layer, which takes up your time and you

are remunerated for it. It includes local government and, obviously, roles in one's party, some think-tanks and NGOs, and some forms of academic interest.

The second one is when an MP is required to maintain a certain number of hours to uphold a professional registration requirement. The easy ones for that are doctors, lawyers, nurses and so on, but there are other professions that might require that too. We could see that there is a logic for doing that.

The third area is "where a Member can demonstrate that their paid outside employment creates no perception of a conflict of interest, nor will it create the perception that the MP is failing to treat their parliamentary role as their primary employment". I am taking the words from the 2018 report. That relates back to the conflict of attention that the Parliamentary Commissioner describes.

Those are three threads. Many people sit at the intersection of one, two or even all three of them, and some sit within only one. That is the layer of pragmatic guidance. What I am not going to give you is an algorithm, which goes back to the rules-based bit at the moment. The variety of the way that people's outside interests work, and the reality of an MP's role, which is vocational rather than defined in a 9 to 5 context, means that everyone will approach it in a different way. That is why the principles in those threads are the best way to navigate through.

Q174 Carys Williams: It is nice to see you again. Like you, I am an advocate of the principles-based route that gives clarity to people that they can follow, but like Michael I get a bit confused when we give indicative limits to people. "If you are an MP, it is a privilege and it should be your priority," is quite a clear principle, isn't it? What do you think the benefits would be of those additional indicative rules when there is such clarity in a principles-based approach? If we were to employ indicative limits, how would we define them? That would be quite difficult.

Doug Chalmers: As I mentioned, defining them is going to be the hard work of this Committee. You have to come out with the bits within the pragmatic guidance, and I don't envy you that. There needs to be some sort of guidance, which is why we came up with reasonable limits or indicative limits. That is a helpful handrail, but it is not the answer. The real risk is that it becomes a rule, and then it might become a norm that many people live up to, rather than go beyond. That would not be good in the public's view.

The evidence from 2018 and what we have seen since shows that the public really do understand that MPs should come from across public roles and life, and the idea that they just stop all that when they become an MP is not realistic. I have covered some of those already, but you could add in reserve service—I am from a military background. That is a second role. All those things should still be valued. They add value to the MP's position in the office that they hold. Where it gets unreasonable is where they are doing a role that is very highly remunerated and takes all their time, so



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there is a conflict of attention. It is hard to find that line, but the public know it when they see it. That is why principles and pragmatic guidance will help people understand where that line sits. If they think they are getting close to that line, they should use the safe harbour clause to seek advice.

Q175 Chair: Can I just reflect on your comment about “highly remunerated”? Some individuals can be very highly remunerated but do very little work for it—I think of former MPs who get £100,000 or £200,000 for a simple speech, or somebody who might have a share in the family business and be very highly remunerated, but have very little involvement in it. Can you expand on what you meant by that?

Doug Chalmers: When I made that comment, I was reflecting more on the public opinions that come back to us. It came out of those public opinions in those inquiries that it started to tip into being unreasonable, in their eyes, when it was taking all the person’s time and affecting their ability to do the role, and they were highly remunerated. There is an interlink between those two.

There have been cases where the person is an absolutely fantastic constituency MP every minute of every given day, but they are connected to a family business that is highly remunerated, and people knew that when they elected the individual and it has been disclosed since. That did not necessarily trigger public disquiet. It is when time and remuneration coincide that it moves to that side of the bar.

Chair: Thank you for clarifying that. Paula Barker?

Q176 Paula Barker: Thank you, Mr Chalmers, for being with us today and for your Committee’s written evidence as well. In the written evidence, it is suggested that there are several types of outside employment or interest that may exceed indicative limits on hours and earnings. Could you tell us a little bit more about why those roles have been selected? To touch on something that Michael Maguire raised, how could indicative limits on hours and earnings be monitored and enforced?

Doug Chalmers: There are the three—I cannot remember how we described them—exception clauses or threads, which I talked about earlier. That is where an outside interest complements the MP’s existing role and responsibility, where hours are needed for a professional registration, or where they can demonstrate that their outside interest creates no real or perceived conflict of interest.

The constituency MP who has a family business, for example, would fit into the latter, and then there is reserve service and a range of other elements that I have talked on before. Those were the threads for your first question. Could you repeat the last question for me?

Q177 Paula Barker: How could the indicative limits on time and pay be monitored and enforced?

Doug Chalmers: I realise the difficulty that this Committee faces, because rules are not the pure answer. Hard lines are going to be very

difficult, because there will be exceptions. Some of the ones I just described would be exceptions. If the individual has been elected on the note of those exceptions, they are obviously going to create something that needs to be done. That is one of the reasons why the safe harbour clause exists, and you could work through on the principle side of it before.

We are not in the business of timesheets or anything like that. An MP's life is vocational. Every constituency is different, including the time of travel between your Westminster life and the constituency life. There is a really good two pages—if you have not read it, I recommend you do—in our report on MPs' outside interests summarising the day of an MP's life in Whitehall and the day of an MP's life in the constituency. They are busy days, but how every MP—

Q178 Chair: We live it every day. I assure you, we know.

Doug Chalmers: Exactly. You know it. I am hopefully showing you that we have empathy, because I realise how complex this is. How every individual does those days very much depends on how big, how far away, what type and how easy to get around their constituency is. The amount of time spent just travelling, as much as talking to and connecting with people, is very large. That is why timesheets will not work.

It is a vocational role. We are trying to set reasonable limits that do not steal time from their ability to do their primary job, within which their primary duty is their constituents. That is the navigation bit to be done. That is why a simple rule sadly is not going to apply to all, because there are differences in outside interests and in how individuals deliver the role of MP for their own reasons and for constituency reasons.

Q179 Michael Wheeler: Picking up on the third category that you defined, where there is no conflict of interest or conflict with the primary role of being an MP, how do you envisage MPs being able to evidence that there is no conflict?

Doug Chalmers: For me it is about whether you have looked at what the role is, at both the Nolan principles and the principles established by parliamentary inquiry—making an assumption that this is the way it goes—and at the pragmatic guidance. If you are then comfortable that you have no conflict of interest, you are fine. If you are nervous about it, then you can use the safe harbour provision to seek advice. That is how I would approach it, and how I would recommend it be approached in the future.

But once you have reviewed your conflicts of interest, it does not end there, because they will change. If a junior MP becomes a Cabinet Minister, then their conflicts of interest as they move into different roles and responsibilities will change. That is why the monthly review of your register of interests is really important to get right and to be conscious of.

Q180 Michael Wheeler: To drill down further—but to flip the question—how do you think the Standards Commissioner and the House in general should look at and judge whether an MP is treating their parliamentary role as



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their primary job?

Doug Chalmers: Again, I really do understand that you are looking for some sort of defined line, but I am afraid that I cannot give you that. If you go through all the pieces that I have just described, if the individual did not seek safe harbour, if an issue has come up, and if there have been letters of complaint from various people about the time spent, then that would almost certainly come under investigation. Whether there was a breach would then come to this Committee, and this Committee, being a blend of Members of Parliament and lay members, is a sound body to make that judgment.

Michael Wheeler: Forgive us—we do have to test and probe the line, because you can be sure that the line would be tested and probed if it became one.

Doug Chalmers: Absolutely.

Q181 **Michael Wheeler:** Slightly more broadly, if we went down this path, is there a risk that this particular exemption would lead to a wide range of activities not being subject to indicative limits?

Doug Chalmers: I actually saw that as a thing, but I think that everything that I have just described—the Nolan principles, the Code of Conduct, the principles for outside interests, the pragmatic guidance—applies to all outside interests.

I do not see there being a box of outside interests that are exempt. It goes back to that conflict of attention; if you are spending the majority of your time on an outside interest and not on the vocational role of being an MP and your first duty to your constituents, then you are in tension, regardless of what that role is.

Q182 **Michael Wheeler:** So there could well be a cumulative aspect as well?

Doug Chalmers: There could be. If a person had a portfolio, for example, and when we added up all the roles it amalgamated so that the individual is not able to deliver their primary role as an MP, with their first duty being to their constituents, that would bring them into tension.

Q183 **Mehmuda Mian:** Good morning. I am Mehmuda Mian, one of the lay members. Continuing with the reasonable limits proposal, if that approach was implemented, what does the Committee need to do to ensure that Members maintain the right to conduct activity in their purely private lives?

Doug Chalmers: Everyone has the right to a private life. An example would be something simple like writing a book. How they balance the vocational job of being an MP, both in Whitehall and in their constituency—it is vocational, so how they do that is up to them—and how they manage their own private life inwith that role is up to them. I come back to personal responsibility. If their private life starts to dominate, then there is a personal choice about which one they row back on and how they declare that they are rowing back on it. That would be how to balance it. That is



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not just for Members of Parliament; everyone in life has to navigate to some degree how they balance the other interests that they are trying to progress.

Chair: I will ask one final time about limits, because we need your view on how you monitor limits and, if you are unable to answer today, perhaps you can give further thought to it. You have acknowledged that this is a particularly challenging task for the Committee. It would be helpful, if you cannot answer it today with some specific examples, if you could write to us with some suggestions on how you think limits could be monitored.

Doug Chalmers: We will do our best, but it is a real conundrum, and I have tried to articulate why. There is a real hazard if you set down distinct limits inside the pragmatic guidance, for example. I hope I have articulated why I think principles and pragmatic guidance are probably the best way to go—but even in the pragmatic guidance, if you set down a distinct limit there is a hazard about what the public perception of that limit might be. But I will go and have another look at it and see if I can provide something for you.

Chair: That is very helpful. Thank you.

Q184 **Professor Maguire:** I just want to follow up on that. I am sorry to come back to the point. From what you say, if I understand you correctly, we will know it when we see it. That does seem delightfully vague because any good MP, any articulate MP, will be able to create a case for, “There is no difficulty with me doing my MP work and my second job, whatever that happens to be.”

I come back to the issue of enforceability. If you are dependent on a subjective judgment about this, you leave yourself open to what Michael mentioned: this is going to be tested, and tested quite strongly. How do you resolve that?

Doug Chalmers: I am at risk of saying the same thing—

Professor Maguire: I share your discomfort.

Doug Chalmers: I do recognise that. The public has the widest choice of people to elect as their MP. We should not exclude people from that selection choice. Some individuals in our society have outside interests before they are MPs, and some might develop them as they go through life, just as we all do. There needs to be a system that is tolerant and allows some of that. That is the balance that was found in 2018 and since every inquiry that has gone on since. If you ground it in principles and you do not remove personal responsibility, you will be fine.

I recognise some faces in here from when I did the induction of new MPs. The rules and regulations are down here and the principles are up here. Most people live in between. The principles are very hard to live up to, every letter, every day—but if you set rules, we will navigate the rules, and we will find our way around the regulations. If you set rules and regulations, you may actually create as much of a hazard as you are trying to avoid. That is why I think a principles-based approach sitting above,

with pragmatic guidance, will be a better path to go through some of the challenges, which, as you have described, you will face.

Q185 Chair: With a safe harbour provision?

Doug Chalmers: Precisely. As written now, if you have sought safe harbour and there is a claim against you afterwards, and you have obeyed the advice given you in safe harbour, you will not be regarded as being in breach.

Q186 Gareth Snell: But is it not one of the problems with what you are describing is that—although it is absolutely right that the regulations that govern the activities of MPs are inherently based on a series of principles that we should all live to and aspire to—ultimately, if we have not sought safe harbour and there is subsequently a complaint, the complaint is judged against a yardstick of what is considered reasonable by an independent arbiter, in this case the Parliamentary Commissioner for Standards, or some sort of arbitration body to look at outside employment or interests?

It is all well and good saying it should all be focused on principles, but ultimately, if I breach the rules I am going to be judged against a line that says, “This Member transgressed those principles”. Therefore you are setting a rule by virtue of being the first case to be found to be in breach of those principles; that is the yardstick against which all of us will be measured. So if you cannot set the reasonable limit as part of the establishment of a new process, the first case that comes forward will by default set what that limit is.

Doug Chalmers: I think the range of cases you are going to see is pretty broad, and the range of cases that have been seen is pretty broad. I go back to the fact that you may create as much of a hazard if you set a defined rule. You need rules and regulations, as we have talked about, but what we are talking about here sits above the stuff that IPSA puts in place and the rest of it.

I know I have talked about principles, but I did also talk about pragmatic guidance. There are a lot of advisory notes that are already out there. If you add those together, that starts to look like pragmatic guidance, and you have the safe harbour element too. If someone is found in breach and there is a complaint or a raft of elements come through, to the extent that it is deemed worthy of investigation, it will go through that, and then it comes to this body. I think this body is a good place to make that judgment. It is not an automatic thing: each case will have to be judged and weighed, and it is weighed when it gets to that stage. How many cases will get to that stage? I do not think there will be that many.

Q187 Gareth Snell: No, but I would contest that in terms of the public perception, which you rightly talked about, whatever that first case is—and I appreciate that a breadth of cases might come subsequently—it will set what is considered to be the acceptable limit. The perceived limit we are all judged against in the public perception will therefore be the MPs who are doing more time-wise, earning more and participating in what



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some might consider less worthy jobs—that is, not a reservist, a medical profession or something altruistic. Our colleagues will look at that and say, “So-and-so was caught because they were doing X number of hours. I need to make sure I am doing X minus one hour.” That is the practical reality of how this will work.

Doug Chalmers: I absolutely see that. This is not easy, which is why this topic has been looked at many, many times over decades. What I am trying to articulate is that the public do see a value in outside interests, and finding that balance is the hard thing to navigate. There is a hazard, whichever way you go. If you set that rule or regulation, I think you are creating a hazard, because then people will live to that line, and they will go automatically to that “X minus one hour” and navigate the rule and regulation precisely. I really don’t think that is the behaviour the public are looking for.

A principles-based approach with pragmatic guidance—again, with MPs explaining how they are going to balance these roles when they take them—is, I think, what the public would expect to see and would be tolerant of. How you communicate some of the findings that might follow later is a separate challenge.

There is no hazard-free line in this. My view, and our view, is that there is a greater hazard if you set a distinct bar, given the way around it, which is why we prefer the principles-based approach with pragmatic guidance and a safe harbour to help Members.

Q188 Dr Parr: I am Rose Marie Parr, a lay member. Thank you for coming in front of our Committee again; it is nice to see you. I am probably the last person to ask you the same question again, so apologies for that. You have made it clear that you favour a principles-based approach, which is really good, because we have seen that in the Nolan principles. Is there anything you would wish to add around reasonable limits? Gareth asked about the public perception—as you said, the public know a conflict of attention when they see it. Is there anything you can add to that to help us with our task?

Doug Chalmers: It is difficult to do this. I will go back over something I have said already. Each MP lives their life differently; they are at different stages of life, and there may be family involved. There is a whole raft of variables that make each case quite different—the way the constituency is and how they look after it. We know therefore that we are describing a spectrum, from someone who works every minute of the day on the side of it, to someone who is absent completely from it. That is the spectrum. We are trying to find a bit in the middle. I do not know if I can help, because there are so many variables. That is why I am advocating the approach we have talked about today.

Q189 Dr Stirling: I was going to ask you about your understanding of the principles-based approach, but I will not go there, because you have answered that very clearly—thank you.

I have been mulling over this idea of conflict of attention. We are looking



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at that as whether someone is involved in something that is distracting them. Is that different from someone who just absents themselves from their role? We have had a number of fairly high-profile incidences of people either not turning up to this place or not being involved in their constituency work. Is that different, and is it something that we can involve ourselves in without asking the Commissioner to look at how an MP performs their roles and duties?

Doug Chalmers: I will lean a little bit on my last response—the spectrum that we talked about. The people who never do much in their constituencies or do not attend Parliament sit at one end. I think there is a path, through the principles base and then the pragmatic guidance that you come to, that would probably find them in breach, in the way that we are talking about, in the future.

The next section is often a lot of people who take on additional roles, like anyone does in normal life, and find themselves slightly overloaded and try to work out how to balance their time. That is where things like safe harbour are really helpful, to help individuals work that through and know which things to downscale. That is a personal responsibility with outside work just as it is with work inside here. It is tricky.

To give a personal case study, my day job is that I head up a house—a college—inside of Cambridge, and when I applied to do this role, I had to declare it to our governing body so that they could look at the balance. First, was it good for the reputation of the house and, secondly, how much of my time and attention would they lose?

Obviously, that is not really that easy to do as an MP, but I do think that being transparent and setting the context—I go back to one of the questions earlier—on your website or whatever it is, to explain how you are going to tackle this role and how you are going to balance that attention, is doable. Being conscious about it, I think, would be the answer.

Q190 **Gareth Snell:** You talked about attendance in this place, not being here and being “in breach”. I think we are going to have to be very careful about that line, because there is a political grouping who actively choose to absent themselves from here as a political statement, and if we start making it about attendance here, we open ourselves up to a whole host of other problems.

Doug Chalmers: You are quite right; that was a misspeak on my part. Their first duty, as I have mentioned several times, is to their constituents.

Q191 **Anna Sabine:** I have a nice, friendly wrap-up question for you. Us MPs are already required to be fairly transparent about our outside interests in the Register of Members’ Financial Interests. Are there any further transparency requirements that you think would be beneficial?

Doug Chalmers: There are two points that I would make on that. The first comes back to conflict of attention. There is a transparency register,



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and if you are remunerated, it all comes up on there. I think some unremunerated outside interests should also be declared where they are taking up your time, or where there may actually be a conflict of interest. At the moment, that is a grey area, and there is a bit more freedom over that. I think there should be more transparency about that.

Q192 **Anna Sabine:** Can you think of an example of one?

Doug Chalmers: I chair the Centre for Geopolitics in Cambridge, and I declare that on my register of interests. I am not remunerated for it, but I think it is something that people should be aware I am doing with my time, and it also sort of expresses my interests. There are many of these non-paid roles that I think should be declared. That is one area.

There is another thing, which I have touched on briefly: back when Lord Bew wrote this report and chaired the Committee, we all thought that transparency was going to be the golden key that would unlock public trust. We have found that not to be the case. To give an example of that, I could go and have a look at how many MPs have outside interests, but it is very hard to find. The data is all there, but you really have to be a data analyst to weave your way through it.

I have looked at these issues, and I think there could be a contextual part of it to help people understand the data. That comes back to the personal responsibility, which I have talked about already. If an MP has an outside interest and discusses that and explains it up front, that is providing context. I think the public will then find that reasonable, in terms of time and so on, when they understand it and how the individual will try to work these two parts of their life together. It is when that is completely absent from any dialogue and there is no contextual aspect to it that it is difficult, and that comes back to personal responsibility.

Therefore, my first point was about there being something missing about unremunerated work, but the second bit is that transparency alone is not enough; there is a contextual requirement to it.

Q193 **Chair:** Could I go back to the issue of conflicts of attention? It has occurred to me that in a parliamentary democracy, Government is a creature of Parliament, particularly the House of Commons. If we go down the line of a conflict of attention, how can we ensure that we do not put MPs off becoming Government Ministers, if it could be weaponised against them: "Well, they're not paying attention to their constituents because they've accepted to go up the greasy pole"? What is your view on that?

Doug Chalmers: I pondered this as I was coming in on the train this morning. I worked in the Ministry of Defence for most of my career, and I had the honour to serve a large number of junior Ministers and Secretaries of State over that time. I was amazed, frankly, how they managed to balance being a Cabinet Minister—a Secretary of State of a Department—and their constituency. What I found with all of them is that the number of hours that they could spend in their constituency were fewer, but they did spend them, and the amount that they could do remotely in dealing with

correspondence was remarkable. I think it can be done; I do not think you lose it.

That goes back to my contextual piece. In most constituencies—in a constituency that is understanding—there is a tolerance when people know that their MP is going on in the House. That is why I think explaining how it is to be done is worthwhile. While I have seen how people navigate it—and I have nothing but respect for how they did it, because it really did take every hour of every day—explaining that to the constituency gives a reasonable flavour to it. You are quite right—this is why I was thinking about it on the train—that there is a risk or a hazard.

Chair: That is particularly true in a marginal seat, where an MP might think, “Actually, there’s an election coming up.” We have all seen Ministers stepping down for precisely that reason, and one wonders whether the idea that Ministers are not paying attention to their constituents could be weaponised against people serving in Government.

Q194 **Mehmuda Mian:** You have spoken a lot in some of your answers about the views of the public. How and when were those views gleaned? Obviously, the last report was in—

Doug Chalmers: It was in 2018.

Mehmuda Mian: Exactly.

Doug Chalmers: Other areas that I can go through are where we have done inquiries and this has come up—off to the side, not in a poll—or I could look at some of the more recent polls by other organisations. That is what I have been leaning on.

Q195 **Mehmuda Mian:** So some of the information is fairly recent, is it?

Doug Chalmers: Our information that we have gathered is not; that goes back to 2018. I am drawing more now on other people’s information.

Q196 **Professor Maguire:** I am a firm believer that if it ain’t broke, don’t fix it. How broken is the current system? Would you accept that given all the difficulties that you have expressed this morning about coming up with a solution, we run the risk of creating an imperfect prohibition, which is sometimes worse than having no prohibition at all?

Doug Chalmers: That is a very good question, and it goes back to some of the polls that I talked about—not ours, but from elsewhere. Looking at them, trust in politicians is particularly low right now. It has never been that high—there has never been a golden era—but it is particularly low right now, if you look over the past decades.

There is a perception, which goes back to some of what we have heard about, that they are in it for themselves rather than for public service. By the way, the public have been told that this discussion is going to be happening, and I think that they would like to see something looked at, partly to address perception as much as actuality or fact.

Q197 **Professor Maguire:** We are in a situation whereby one of the changes over the past decade has been increasing rules and regulations, and the consequences of those, but that has led to less trust rather than more trust. What I am saying is that changing the rules is not going to fix the problem of trust.

Doug Chalmers: There are two parts to that. As I oversee the standards landscape, I can see that, but if we did not have a standards landscape, would we be even lower than we are today in terms of public trust? That is debatable.

Q198 **Chair:** Lower than we are today? How much lower—

Doug Chalmers: Remember that we look across public life, so it is not just politicians, but public institutions and all the other elements that provide our public service. That does worry me, because we are still a nation that taxes and polices by consent, so public trust is really important. That standards landscape acts as a sort of bridge into it.

Q199 **Professor Maguire:** How broken is the current system?

Doug Chalmers: How broken, I do not know, but trust in it is not great. There is a public perception, definitely in some areas, as I have mentioned, that it might be more broken than it actually is.

Q200 **Dr Parr:** We have a range of other employments, which I think is laudable—many of them have already been named—but we have been asked to look particularly at the media. What do you think the public perception is? Do you think it is very different where a person has nine or 10 different media outlets and there is perhaps a conflict of attention or, in fact, a conflict of interest? Do you think the public understand and realise that that may be very different from a doctor who is doing revalidation?

Doug Chalmers: Again, it depends what the media is. If the person came into their position and were doing a media piece on pure mathematics, for example, that would sit on one side. If someone took over a media outlet once they had become an MP, that would sit in a slightly different area. Some of the lobbying pieces and the advocacy come into play a touch too. It is about the conflict of attention. If the pure mathematician is spending all their time doing that, and not enough time on the other things, that will still be a problem. Media is such a broad description now that it is harder than it was in 2018, and in 2018 we still thought that exception was a valid one to have.

Q201 **Paula Barker:** I am really interested in what you said about public perception and trust in politicians over the decades—it is probably at its lowest now. I say this as a parliamentarian and in a cross-party spirit: the large majority of parliamentarians in this place are deeply rooted in public service and want to do a good job. As in every walk of life, every profession and every avenue, there will be exceptions to that rule.

Do you have any thoughts about the role that social media and the media play, and how they might contribute to the perception of the lack of trust in politicians? I was struck by your earlier comment, when you said, "If



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you set rules and regulations, you may create as much of a hazard as you are trying to avoid.” That links into what Michael was saying earlier. I am interested in your thoughts on the impact of social media and other media outlets on the public perception of politicians.

Doug Chalmers: The game of politics itself—the ability to argue and debate, and to use other elements to influence that debate—has not changed much for a long time. What social media has done is bring many, many more people into the room who have less time to hear the whole debate. Often, they hear a snapshot of it that sort of shapes them. Have we seen a change there? Yes, we have. Is it a concern? Yes, it is.

We actually have a debate in our committee all the time about how the media might shape it. We work with the Electoral Commission about whether it is affecting the integrity of our democracy and all the other elements. In last election, it did not appear as much as it did in other elections. There were spots on it, as you know; you will have seen some of the reporting on it.

It is something to be very alive to, but again I come back to personal responsibility. The personal responsibility of the person in office about their online profile and how they use it to provide context and so on is very valid. The trickier part, which I have had discussions elsewhere about, and which we have done stuff for local government about too, is if you are in public office, there are elements of your online profile that will be connected to your office by the outside public whether you mean them to be or not. That is a new area that we, and you, are trying to navigate in a better way.

Chair: Lovely. Thank you very much, Mr Chalmers, for coming before the Committee this morning. We are very grateful for your time. You are more than welcome to remain in the Public Gallery if you would like to hear the next evidence session.

Doug Chalmers: Thank you, and all the best.

Examination of Witness

Witness: Mark Swindells.

Q202 **Chair:** Mr Swindells, thank you very much for coming before the Committee on Standards this morning in our inquiry into the outside interests and employment of MPs. Would you like to begin by introducing yourself?

Mark Swindells: Good morning. I am Mark Swindells, the assistant director for external affairs and engagement at the General Medical Council. I was previously the assistant director for standards and ethics. As many of you will know, the General Medical Council is the independent regulator of doctors, as well as of physician associates and anaesthesia associates, across the UK.

Chair: Thank you. I invite my colleague Vicky to begin the questioning.

Q203 Victoria Smith: Good morning. I am Vicky Smith, one of the lay members. We would like to get an overview of the system for regulating medical professionals' outside interests. Could you explain to us how outside employment and interests are regulated in the medical profession?

Mark Swindells: Our powers are set out in the Medical Act 1983. One of the core powers is to set the standards themselves. You will see that the core professional standards are in "Good medical practice", which sets out the principles across all of a doctor's area of practice, as well as that of PAs and AAs.

Beneath that, we have some specific pieces of guidance that are quite relevant in the context of this discussion. One is about identifying and managing conflicts of interest. We have others on things like doctors taking part in research and using social media, as came up in the previous session. We set those standards.

We also have a role in medical education. For example, in the undergraduate education of medical students, we set the outcomes that we expect medical schools to support those students to attain, so our professional standards weave into that.

We have a system of revalidation, which came up in the previous session. That builds on doctors having an annual appraisal about all aspects of their practice. If it is done properly, the appraisal will cover all areas of their practice, so you would naturally expect some of that to come out in the conversation.

We also invest quite heavily in things like outreach functions. We have colleagues across the country who go to hospitals, trusts and so on, and do sessions with doctors. We also have learning materials on our website, and we have an ethical inquiry service, which doctors and members of the public can use if they have a question about these sorts of things.

The GMC does not set the contractual terms of doctor. If a doctor is, say, typically employed by the NHS and—in the context of this inquiry—potentially doing private work, we do not set those terms and conditions. But we do set a principles-based expectation, in "Good medical practice", that the doctor will fulfil their contractual obligations.

It was interesting listening to the previous session—I also listened to the Commissioner's earlier evidence—about the principles-based approach. We have somewhat travelled that journey as well, and I am sure that that will come out in the conversations.

Q204 Carys Williams: I am Carys, and I am one of the lay members. Thank you so much for joining us today; we really appreciate it. I am really interested in how you regulate secondary activity. Are there any outside interests or employment that are prohibited? How do you regulate not only conflicts of interest but conflicts of attention?

Mark Swindells: We take a principles-based rather than an activity-based approach. At its core, the essence of good medical practice is that doctors

make the care of their patients their first concern, which is similar to what was being discussed about constituents in the MP context. Clearly, an MP is an office holder, and a doctor typically, but not always, will be an employee. It is slightly different, but I guess the commonalities are the importance of public trust, and part of our role as the regulator is trying to uphold that.

We do not have a list of activities that are prohibited, not recommended or recommended. Rather, I guess it is similar in that there is a degree of professional judgment that doctors will have to apply when making a decision about outside interests or activity. I guess the difference is that a doctor will typically, but not always, have an employment contract that sets parameters on things like rota shifts, so it is not precisely the same but there is potential for it to cross.

Q205 Carys Williams: Do you consider any conflict of attention as part of your regulation?

Mark Swindells: The things that can come up are issues such as a doctor being involved in private practice and the ethics of how you broach that conversation with a patient while making sure that you are fundamentally doing the right thing for them. It is not unethical to mention private practice, but in our guidance we talk about the importance of being really clear and open about fees, for example. It is obviously about making sure that the recommended course of treatment or procedure is primarily in the interests of patient, not driven by a financial interest. However, we are not set up as an inspectorate; we are not looking over the shoulder of a doctor in each one of those conversations, so it relies on a high degree of trust in the regulatory arrangements.

Q206 Dr Parr: It is nice to see you. My name is Rose Marie Parr, and I am also a lay member of the Committee. I suppose you have already answered this question a bit. Just to confirm, are there not any time limits that the GMC would place on doctors for either NHS or private practice?

Mark Swindells: Not as the GMC, but that would potentially come out naturally in a doctor's contractual obligations if, in that example, they worked for the NHS. Obviously, I am not here to give evidence for the BMA, but they have quite an interesting resource on their website about the priority that they advise their members to give so that they do not compromise their attention to the NHS. We regulate all of doctors' activities, so it does not demarcate in that sense between NHS and private practice.

Q207 Dr Parr: Who would then decide if there were an unreasonable issue around employment and that conflict of interest or attention?

Mark Swindells: Doctors will have a "responsible officer", as it is called in the regulations, who will typically be the medical director. That is a really important relationship in recommending their revalidation on a five-yearly cycle. Typically, it might be those sorts of arrangements. Our outreach teams have a really close relationship with those responsible officers

across the country. Often they will be involved in informal advice and discussion about situations and cases.

We also have our ethical inquiry service. If a doctor has a query about whether something is legitimate, that is always there for them. What I would say is that we will often explain the principles, but similar to the previous session, the ultimate responsibility for that judgment lies with the doctor themselves as a professional.

Q208 Dr Parr: That is really helpful. So you have that system of governance with responsible officers, and you obviously have other issues around guidance. If a doctor comes to fitness to practise, how is that then judged, if it is about outside interest?

Mark Swindells: It is not too common that it will get to fitness to practise. In the five-year period up to 2003¹, we had just over 200 concerns raised with us, of which only a minority ended up at a tribunal, of which only a minority ended up in a sanction, which could ultimately involve erasure from the register.

As with other fitness-to-practise concerns, there is a three-part assessment of the severity of the concern raised. Whether or not it is persistent would be part of that, as would any context specific to the individual case and, finally, how the doctor responded to it. It is a nuanced but important point that the FTP system is not about punishment for wrongdoing; it is a prospective assessment of whether a doctor is fit to continue in practice. It is quite a balanced point. We will assess those three things and take it forward, but we hope that it does not get to that stage.

Q209 Chair: Can I flesh out the issue of the contract? I understand that there is a specific contract for consultants in the NHS, which originated in 2003 and is updated. Schedule 6 of that contract refers specifically to private work. Do you know how many taxpayer-funded full-time NHS consultants undertake private work? Does the GMC keep a record of that?

Mark Swindells: No, we do not, but we do keep a record of each doctor's connection to the responsible officer. The expectation is that the doctor explains the range of their scope of practice, and different areas of practice, in those conversations. We do not hold data on the employment of doctors, neither their direct employment in the NHS nor any other contracts that they have privately. If a concern was raised, that is the kind of information that we would be able to look at and assess against those three tiers of fitness to practise, if it did get to that stage.

Q210 Chair: But the contract specifically permits private work?

Mark Swindells: That is my understanding, yes. It is not a contract that we were a party to agreeing, but that is part of it.

¹ **Correction from the witness:** Mark Swindells misspoke when citing statistics in the five year period up to 2003 – this should have been in **the five year period up to 2023** instead.

Q211 Chair: As a regulatory body, you have this principles-based approach. How does that relate to the contract to which you were not a party?

Mark Swindells: There is plenty that we have to assess that we did not stipulate. Although we have a principles-based approach, in some areas of practice, such as IVF, there are legal parameters about a doctor's role. That is not something that the GMC assess, but we would have the ability to take that into account and look at it if a concern was raised. It does not prohibit us from assessing what the doctor's responsibilities were contractually because we expect that the doctor commits to a contract that they are signed up to, in good medical practice, if that makes sense?

Q212 Chair: It does, but I am confused. You are dealing with a very large number of taxpayer-funded full-time hard-working professionals who work beyond contracted hours, yet they are not prohibited, in any way, from undertaking substantial private work, and many thousands do. As the regulatory body, you have a role to ensure that the principles-based approach of which you have given evidence this morning is applied, but I still do not understand how that relates to the contractual arrangement.

Mark Swindells: You say that they are not prohibited, but there are parameters. There is a clear expectation that doctors make the care of their patients their first concern, that they act within their competence, and so on. It is not the case that, under the principles of good medical practice, a doctor can just—as a stylised example—completely ignore the ongoing care of their NHS patients and give attention only to their private patients. That would not be proper.

Q213 Chair: If you are not involved in the contract, how are you, as a regulatory body, made aware if a doctor is not fulfilling their contractual obligation?

Mark Swindells: We invest quite heavily in our relationship with responsible officers. They would be the primary route. For obvious reasons, an NHS trust is equally bothered by making sure that doctors are fulfilling their contracts, so trusts have the ability to make disciplinary investigations independently of us, in light of that, and in any consideration we would always look at what came out of such an investigation.

Q214 Chair: You said that there have been very few investigations.

Mark Swindells: In the context of the number of doctors on the register, which is significantly above 300,000 across the UK. Between 2019 and 2023, we investigated 287 cases that related either fully or in part to conflicts of interest—they might not have been about just the kind of scenario that you talked about. Of those, in 12 cases we gave either advice, warnings or an undertaking, and 33 led to either erasure or suspension following a hearing. A further four cases had conditions or a warning imposed following a hearing. I stress that they may not have been about the exact type of conflict that you described.

Q215 Chair: Before I move to my colleague, Anna, on the principles issue, does the GMC include, through medical schools or medical hospital training,



training for doctors and discussions with students about the principles that you have mentioned? Do you give guidance about what it actually means in practice?

Mark Swindells: We do. We do not ourselves set the curriculum that each medical school provides for medical students, but we set something called “Outcomes for graduates”, which talks about the kind of competencies and behaviours you would expect a medical student to be able to demonstrate to get their primary medical qualification. Part of that is “Good medical practice”, which covers quite a wide range of ethical scenarios and professional obligations that doctors have—not just conflicts of interest, of course. I would not want to say that it is a dominant part of that.

The other learning that we had is when we last made a significant update to “Good medical practice”, which came into force last year. We commissioned some interesting research about how doctors and medical students engage with our guidance. What came out of that, which might be interesting for the Committee, was that, broadly, doctors and medical students have awareness of “Good medical practice”; their awareness of the more detailed guidance gets a little bit lighter.

But the concept that their behaviour and norms are informed by an expectation of what their peers will do came out quite strongly. There was this idea of a hidden curriculum. This was qualitative research, but typically, if a doctor is struggling to know the right course of action ethically in a scenario, they may either do directly or assume what their peers would do. Some distance from that would be to approach us as a regulator to ask for clarification or advice.

Q216 **Anna Sabine:** Hi, I am Anna. I am one of the MPs. Thanks for coming. I am not sure you will necessarily know the answer to this. We talk about doctors quite often in the context of second jobs because they are a good example.

You might become an MP and already be a doctor, and you might need to carry on doing some role as a doctor in order to maintain your accreditation while you are an MP. I wonder whether it is possible to, in theory, come up with a time allocation for that. We could say, for example, that typically a doctor would need to spend a day a month doing doctoring stuff in order to maintain their accreditation. Is it possible to pack it up like that?

Mark Swindells: Not simply on a numbers threshold, from our perspective. There are rules, not set by the GMC. For example, if you are in general practice in England, you must stay on something called the performers list, which would be slightly harder than we are in terms of the number of sessions and so on. Through the appraisal and revalidation framework, we have expectations on things like getting patient feedback and so on, which implies that you will be doing a fair amount of work to keep up your skills, as you would expect, but it is not done on an hours-based threshold.

Q217 **Anna Sabine:** So it is not as if there is a checklist of things that you have to be doing each year to maintain your accreditation?

Mark Swindells: Not in as basic a sense as that, no.

Q218 **Mehmuda Mian:** Good morning. I am Mehmuda, one of the lay members. Turning to the principles-based approach that you operate, what in your opinion are the benefits of such an approach in regulating medical professionals' outside interests, and are there any drawbacks?

Mark Swindells: To take the second part of the question first, the drawbacks are the frustrations that I think the Committee is grappling with. Often doctors want a binary, clear answer on things. In history, before 1995, the GMC did have a more rules-based approach, and we had something that doctors around at that time would have recognised as the Blue Book, which was quite a depressing read—"You should do this", "You should not do that." In 1995, we published the first version of "Good medical practice", which is a more positively set framework of professional ethical standards for medicine. That has proved—I am bound somewhat to say this—to be a better system.

It is almost impossible to set out in a precise way every kind of scenario in medicine that might lead to some sort of conflict of attention or financial interest or to stipulate precisely what a doctor should do in every scenario—that is nigh on impossible. Also, to echo what the Commissioner said in his evidence, that would not necessarily be advantageous either, because, to a degree, one could game that on either side of an arbitrary threshold, and the essence is to make the care of the patient one's first concern.

We are realistic. We hear from doctors, and we strongly hear the message that, often, just the practicalities of day-to-day practice in healthcare, particularly in the NHS, can mean it is hard to meet the high standards that are set. We are realistic about that. We, too, in medicine, understand that there is a gap between the really high principles that are set in "Good medical practice" and the thresholds that might come into question in terms of harder regulatory action, like fitness to practise. Yes, from the GMC's perspective and certainly in our regulation of doctors, PAs and AAs, the principles-based approach does work better.

Q219 **Dr Stirling:** I am David Stirling, also one of the lay members. I wonder if you can explain how you ensure that medical professionals understand their obligations under "Good medical practice", thinking particularly of professional integrity and ethical standards. Perhaps it might be helpful to expand on how the revalidation process works and the relationship between those doing the revalidation assessment, and the medical director or responsible officer.

Mark Swindells: We have quite an established and robust process in setting the standards and we keep them under fairly regular review. As I mentioned, an updated version of "Good medical practice" came into effect last year. In doing that, we spoke to a huge number of doctors, as well as members of the public and others across the UK, so it is not just about the

formal consultation response. We get intelligence from our outreach colleagues. We have the outreach service, which day to day goes across the country and presents on a range of our professional standards topics to doctors, PAs and AAs, and the ethical inquiry service I mentioned, where a doctor might ask us for advice about a particular situation.

The RO role is key in this. If the process works well, the doctor will have an annual appraisal. They are expected to talk about the full range of their practice; it is not just limited to, for this scenario, the NHS. As part of that, the doctor will be able to reflect on everything from learning needs and development to talking about—if relevant—any areas they feel might be a perceived or real conflict. It is worth saying that, in our guidance, we explicitly say that a conflict that could be perceived is just as important to be transparent and open about as an actual or obvious conflict.

Part of our outreach team, who are called employer liaison advisers, have a relationship with ROs in their regional patch. We will routinely discuss matters. If the RO wants to discuss an area of potential concern about an individual doctor and be able to give advice, one advantage of that system is that you build up intelligence across the country and as a network with our outreach colleagues they can share any insights that they have had in those sorts of discussions. I hope that explains it a bit better.

Q220 Dr Stirling: Is the responsible officer involved in performing the revalidation interviews?

Mark Swindells: Yes. They will make a recommendation to us, based on the rolling five-year process, which we will take into account. The starting position is that we would want to revalidate the huge majority of doctors. It is meant to be a supportive process to examine these potential conflicts and other areas of practice.

Chair: Just before I come to my colleague Francis, I think Rose Marie has a follow-up question.

Q221 Dr Parr: Yes, this is related and not related in a way. We have spoken about doctors as highly valued professionals, and the public still really value the medical profession across the piece, unlike others that are maybe closer. So, in many ways, what does it matter that the professional has a personal life? I say that because one definition of being a professional is trying to do the right thing even when no one is looking. Does the GMC take an interest in a doctor's personal life if it does actually make a difference to their standards and outcomes?

Mark Swindells: This is a really interesting topic. We are required by law to uphold public confidence in doctors, and in PAs and AAs. The exact boundaries are an area of immense debate. A doctor is not just like any other job. It is obviously vital that the public has a high degree of trust and faith in the people treating them. So yes, we are able to look at any concern raised there.

The bar is pretty high. The kind of things that might bring medical professions into disrepute would be of a pretty serious nature. You can see

that in our tribunal determinations, but yes, it does not stop at your direct medical practice.

Q222 Sir Francis Habgood: I am Francis Habgood, one of the lay members. You heard in the earlier session the challenges of enforcement in a world that is based on principles. You have described some of the arrangements that the GMC has on monitoring and enforcement. Is there anything more that you want to say about that? Also, having reflected on the conversations that you have heard and that we have been having in this session, is there anything that you think we could learn from the medical profession more generally about enforcement in a principles-based world?

Mark Swindells: The concept of norms and behaviour is quite an interesting one, and I would not say that we have the answer nailed. That really shone through to me in the piece of research we did to inform the latest update to our guidance—so what you believe the expectations of your peers are. There is potentially more that we could do on that beyond just setting the standards. In the context of medicine, the greatest aim is to avoid the situation happening in the first place and harm either to patients or to the reputation of doctors as a mass.

From our perspective—to put it a different way—enforcement is not our starting position as a regulator. It is making sure that those systems—be it revalidation, education or outreach—are supporting doctors to do the right thing in the first place. To the best of our understanding, in terms of concerns, in the vast majority of cases that is happening. There are some pretty high-profile cases where that has not happened. We pay a great deal of attention to public inquiries into when things do go wrong, which might have a conflict of interest dynamic to them.

Q223 Gareth Snell: Just before I get to the substantive question, I will pick up on Anna's question about the interface between Members of Parliament and doctors, as we have colleagues in this place who still undertake practice—surgery, paediatrics, A&E, general practice. You rightly said that patients should be their first concern, and obviously you heard in the last evidence session that our constituents should be our primary concern. When you find that one of your members becomes a Member of Parliament, do you offer any guidance on how to balance those very clear, competing interests?

Mark Swindells: No, we do not have a specific piece of guidance, but that is a really interesting point. We would always be on hand to speak to any Member who happens to be one of our registrants to help them navigate that, if they wish. They would still have a responsible officer who would be well aware that they are an MP. I think it would come back to the contractual obligations they had signed up to. If it was working for their employer, it would be okay from the GMC perspective, as the doctor's regulator, making the care of patients their first concern.

Q224 Gareth Snell: Thank you. That question was more out of curiosity.

Following the line of questioning we have just had on the enforcement and monitoring of interests, where a member of the medical profession has



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external interests, whether that be private practice or something unrelated to medicine that provides a secondary income—they might be a TV personality, and I listen to lots of doctors who do phone-in radio shows and think, “Why on earth would you tell several million listeners what is wrong with your foot?”, but hey-ho—or an interest in a family business that is completely unrelated to the medical profession, does the GMC require them to keep a record of levels of income and the hours spent on non-related matters? Does the GMC request any information so that you can check that there is no conflict of attention?

Mark Swindells: In those examples, I would distinguish one. If you take an imaginary TV doctor, the difference is that, in that scenario, they are clearly there because they are a doctor, so there would be greater responsibility from our perspective. We are also quite clear, in terms of social media, that if a doctor is speaking and giving the public an opinion on something as a doctor, there is greater responsibility than if they were just commenting on fishing or something completely unrelated.

We do not proactively retain information of that sort. We are aware that the Association of the British Pharmaceutical Industry has a register called Disclosure UK, in which a doctor can record payments from a pharmaceutical company. We cite that in some of our learning materials as a good thing for transparency.

Similar to what you heard in the earlier session, I do not think that transparency alone is the key, because in all likelihood the patient sitting in front of the doctor in the relevant consultation will not have scoured the internet to find a register, even if the doctor had one. The vital exchange is in the information the doctor passes, where relevant, to their patient. That is what we rely on.

Q225 Gareth Snell: If there was a concern that a medical professional was distracted, compromised or overtly spending more time than is necessary on an external arrangement, would that be covered as an employment issue with their trust, or would it be a practice issue with you as the regulator?

Mark Swindells: In the first regard, with their trust. If it became a more serious disciplinary matter, that is the kind of thing an RO would discuss with our outreach team ABOUT whether it required any further attention.

Q226 Gareth Snell: Finally, one part of being a Member of Parliament is that all our interests, all our external activity from which we earn money, is publicly available information. Anybody in the country can log on and see who has donated to what, who has had lunch with whom, et cetera. Does there exist an equivalent matrix for medical professionals? You talk about trust and transparency, and we want to keep trust and transparency high. Do you think there is potential merit in that, or do you think the two are linked?

Mark Swindells: There was a really important review done several years ago by Baroness Cumberlege on the safety of medicines and medical devices, which looked at this quite closely and proposed that such a



register should be kept. The Government response, which we supported, was that those sorts of registers are typically best held locally by the employer. The employer will have a better understanding of an individual doctors' interests, area of practice and those sorts of things.

That context is vital when working out if that is a conflict you can just be transparent about, or if it reaches the point where it is not manageable, and you have to make a choice between one or the other. Holding that locally at, say, trust level is a better mechanism to appraise whether that can be workable or not. But this is an area in healthcare more widely where, given that the governance is so complex, we are on record as saying that more could be done.

Chair: I am mindful of time. We will hear from Michael and David, and then I will invite Francis to wrap up, unless there are any other burning questions.

Q227 Professor Maguire: I find your discussion on a principles-based approach fascinating. I was wondering about the extent to which, for want of a better term, the design principles of how you manage conflicts of interest and conflicts of attention are important. For example, the close supervision of doctors, contracts of employment, mentoring and appraisals seem to be critical in managing those issues.

It strikes me that none of those are available to MPs. You do not have contracts of employment, close supervision or those kinds of things. I suppose my question is: how important are they in getting you to a place where you can manage those conflicts?

Mark Swindells: I am in danger of going slightly beyond my—or the GMC's—remit, and going into the adequacy of arrangements for MPs, but if you look at the world before those governance arrangements were in place, it is tighter and better now. But equally, I would not say that that is a guarantee of everything being adequate. I hope that is helpful in your deliberations about MPs.

Q228 Dr Stirling: You touched on the discussion of the registering of interests of the medical profession. You referred to the ABPI voluntary register, and similarly, we have had discussions about the role of the registration of interests and the declaration of interests. I wonder whether you could explain what the GMC's expectation is on, for instance, clinicians who are involved in clinical trials sponsored by pharma speaking in support of a particular outcome for a medicine, and whether you have had occasion to sanction any of your registrants for breaching what would be deemed to be ethical behaviour under those circumstances.

Mark Swindells: We have a specific piece of guidance on medical professionals' conduct when engaging in research. We see research in healthcare as a really good thing, so we as a regulator do not want to stymie that for obvious reasons: it advances technology and treatments in medicine. But it is obviously an area of risk, so we do have principles-based guidance on research. That talks about the clear importance of explaining to your patients that it is being proposed that they are part of a



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trial and making sure that they have consented to that and understood the parameters. Ultimately, any treatment must still be primarily in the interests of the patient.

There is a history of a limited number of doctors with whom that has not worked well, and in which it reached the fitness-to-practice stage. I would not want to give the impression that that means the system is particularly vulnerable to that sort of thing, but we would obviously be interested in protecting it. This comes back to the earlier point on enforcement. Our starting position is to hopefully avoid that in the first place, as well as to do our best, given that we are not constituted as an inspectorate, to make sure that the expectations and norms are out there for doctors to understand in the first place.

Chair: And finally, Francis.

Q229 Sir Francis Habgood: You have probably touched on this, but how does the GMC decide whether an outside interest poses a risk to their role as a medical professional? Following on from that, are there areas where, because it is felt that there is a greater risk, there is therefore greater scrutiny of those potential risks?

Mark Swindells: Because we are not an inspectorate, and we are not constantly appraising every doctor's interest all the time, the starting position is that the doctor is a professional doing the right thing. If a concern was then raised, we would look at those three principles: how serious or persistent is it; what the particular context and situation of the case was; and how the doctor has reacted to the concern being raised.

If the doctor is very clear that they have good insight now and they have remediated and addressed the situation, that would probably—again, I say this with some conditions—be the end of our interest in it, and a good outcome in the sense that that has been addressed. It is not about a punitive system. I hope that covers it.

Chair: Lovely. This has been a very informative evidence session. Thank you very much, Mr Swindells, for appearing before the Committee on Standards, on behalf of the General Medical Council, in our inquiry. I thank you on behalf of the Committee for your time this morning.