

GOOD MEDICAL PRACTICE (3)

OCTOBER 2000

The duties of a doctor registered with the
General Medical Council

Patients must be able to trust doctors with their lives and well-being. To justify that trust we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life. In particular as a doctor you must:

- make the care of your patient your first concern;
- treat every patient politely and considerately;
- respect patients' dignity and privacy;
- listen to patients and respect their views;
- give patients information in a way they can understand;
- respect the rights of patients to be fully involved in decisions about their care;
- keep your professional knowledge and skills up to date;
- recognise the limits of your professional competence;
- be honest and trustworthy;
- respect and protect confidential information;
- make sure that your personal beliefs do not prejudice your patients' care;
- act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practice;
- avoid abusing your position as a doctor and work with colleagues in the ways, that best serve patients' interests.

In all these matters you must never discriminate unfairly against your patients or colleagues. And you must always be prepared to justify your actions to them.

Good Medical Practice

Duties and responsibilities of doctors

This booklet describes the principles of good medical practice and the standards of competence, care and conduct expected of you in all aspects of your professional work. These principles **are the basis of your registration. You must show that you observe them throughout your professional life.**

Serious or persistent failures to meet the standards in this booklet may put your registration at risk.

Providing a good standard of practice and care

1 . All patients are entitled to good standards of practice and care from their doctors. Essential elements of this are professional competence; good relationships with patients and colleagues and observance of professional ethical obligations.

Good clinical care

2. Good clinical care must include:

- an adequate assessment of a patient's conditions, based on the history and clinical signs and, if necessary, an appropriate examination;
- providing or arranging investigations or treatment where necessary;
- taking suitable and prompt action when necessary;
- referring the patient to another practitioner, when indicated.

3. In providing care you must:

- recognise and work within the limits of your professional competence;
- be willing to consult colleagues;

- be competent when making diagnoses and when giving or arranging treatment;
- be consistent and conscientious in your assessment and treatment of patients;
- keep clear, accurate, and contemporaneous patient records which report the relevant, clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed;
- keep colleagues well informed when sharing the care of patients;
- pay due regard to efficacy and the use of resources;
- when curative treatment is not possible, provide the necessary care to alleviate distress.

4. When prescribing drugs or providing treatment or you must therefore:

- prescribe only the treatment, drugs, or appliances that serve the patient's needs. You must not give or recommend to patients any investigation or treatment which you know is not in their best [medical] interests, nor withhold appropriate treatments or referral.
- Ensure that, for any drug you prescribe the patient is appropriately informed about dosage and contra-indications.

- Prescribe drugs or treatment only where you have adequate knowledge of the patient's health and medical needs. This will usually involve at least an initial clinical consultation with the patient in person. You must always be able to demonstrate that a decision to prescribe solely on the basis of information provided by the patient by telephone or electronic means, is in the patient's best interests.
- Do your best to ensure that the premises and equipment you use are adequate for the procedures or treatment you provide and enable you to treat patients safely.

Decisions about access to medical care

5. You should seek to give priority to the investigation and treatment of patients on the basis of clinical need.
6. The investigations or treatment you provide or arrange must be based on your clinical judgement of the patient's needs and the likely effectiveness of the treatment. You must not allow your views about a patient's lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social or economic status, or **disability** to prejudice the treatment you provide or arrange.
7. If you feel that your beliefs might affect the treatment you provide, you must explain this to patients, and tell them of their right to see another doctor.

8. You must not refuse or delay treatment because you believe that patients' actions have contributed to their condition, **nor refuse treatment** because you may be putting yourself at risk. But if a patient poses a risk to your health or safety you may take reasonable steps to protect yourself before investigating their condition or providing treatment.

Treatment in emergencies

9. In an emergency, you must offer anyone at risk the treatment you could reasonably be expected to provide. This applies both in dealing with your patients and in acting when members of the public need treatment immediately.

Maintaining good medical practice

Keeping up to date

10. You must keep your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in educational activities which develop ensure your competence and performance.
11. Some parts of medical practice are governed by law or are regulated by other statutory bodies. You must observe and keep up to date with the laws and statutory codes of practice which affect your work.

Maintaining your performance

12. You must work with colleagues to monitor and maintain your awareness of the quality of the care you provide. In particular, you must:
- take part in regular and systematic medical and clinical audit, recording data honestly. Where necessary you must respond to the results of audit to improve your practice, for example by undertaking further training;
 - undertake regular review of your performance against the principles set out in this guidance,. You must respond constructively to the outcome of reviews, assessments or appraisals of your performance.

Teaching, training, appraising and assessing

13. You should be willing to contribute to the education of medical students or professional colleagues. You should also inform the public about health issues when the opportunity to do so arises.
14. If you have special responsibilities for teaching you must develop the skills, attitudes, and practices of a competent teacher. You must also make sure that students and junior colleagues are properly supervised.

Making assessments and providing references

15. You must be honest and objective when assessing the performance of those you have supervised or trained. Patients may be put at risk if you confirm the competence of someone who has not reached or maintained a satisfactory standard of practice.
16. Provide only honest and justifiable comments when giving references for colleagues; you must include all relevant information which has a bearing on the colleague's competence, performance, reliability and conduct.

Maintaining trust

Professional relationships with patients

17. Successful relationships between doctors and patients depend on trust. To establish and maintain that trust you must:
 - treat patients and their families politely and considerately;
 - respect patients' privacy and dignity;
 - treat information about patients as confidential. If in exceptional circumstances you feel you should pass on information without a patient's consent, or against a patient's wishes, you should follow our guidance on confidentiality' and be prepared to justify your decision.
 - respect the right of patients to be fully involved in decisions about their care and be satisfied that, wherever possible, the patient has understood what is proposed, and consents to it, before you provide treatment or investigate a patient's condition.
 - respect the right of patients to decline to take part in teaching or research;
 - respect the right of patients to a second opinion;
 - be readily accessible to patients and colleagues when you are on duty;
 - do not use your position as a doctor to establish improper personal relationships with patients or their relatives.

18. Rarely, there may be circumstances, for example where a patient has been violent to you or a colleague, has stolen from the premises, or has persistently acted inconsiderately or unreasonably, in which you find it necessary to end a professional relationship with a patient. In such circumstances, you must be satisfied our decision is fair and does not contravene the guidance in paragraph 6. You must be prepared to justify your decision if called on to do so. You should usually tell the patient why you have made this decision. You must also take steps to ensure that arrangements are made quickly for the continuing care of the patient. You should not end relationships with patients solely because they have made a complaint about you or your team, or because of the financial impact of their care, or decisions about treatment on your practice.

Good Communication

19. Good communication between patients and doctors is essential to effective care and relationships of trust. Good communication involves:

- listening to patients and respecting their views;
- giving patients the information they ask for or need about their condition, it's treatment and prognosis. You should provide this information to those with parental responsibility where patients are under 16 years old and lack the maturity to understand what their condition or its treatment may involve, provided you judge it to be in the child's best interests to do so;
- giving information to patients in a way they can understand;

- giving information to patients' relatives and carers; but where possible you should ask patients' permission first.
20. If a patient under your care has suffered serious harm, through misadventure or for any other reason, you should act immediately to put matters right, if that is possible. You should explain fully to the patient what has happened and the likely long and short-term effects. When appropriate you should offer an apology. In the case of children the situation should be explained honestly to those with parental responsibility and to the child, if the child has the maturity to understand the issues. If the patient is an adult who lacks capacity, the explanation should be given to a person with responsibility for the patient or a close relative or carer, unless you have reason to believe the patient would have objected to the disclosure.
21. If a child has died you must explain, to the best of your knowledge, the reasons for, and the circumstances of, the death to those with parental responsibility. Similarly, if an adult patient has died, you should provide this information to the patient's partner or next of kin, unless you have reason to believe that the patient would have objected.

If things go wrong

Indemnity insurance

22. In your own interests, and those of your patients, you must obtain adequate insurance or professional indemnity cover for any part of your practice not covered by an employer's indemnity scheme.

Complaints and formal inquiries

23. Patients who complain about the care or treatment they have received have a right to expect a prompt, constructive and honest response. You should cooperate with any complaints procedure which applies to your work. You must not allow a patient's complaint to prejudice the care or treatment you provide or arrange for that patient.
24. **[Where there are serious concerns about a doctor's competence, health or conduct, it is essential that steps are taken without delay to investigate concerns to establish whether they are well-founded, and to protect patients.] You must [therefore] comply with requests for information in connection with an investigation into your own, or another Doctor's conduct, performance or health, in accordance with the Medical Act 1983.**

Section 35 of the Medical Act 1983 places a legal duty on doctors to supply, on request from the GMC, any document or information which appears relevant to the discharge of the GMC's

25. If you have been suspended from a post or had admitting rights withdrawn because of concerns about your clinical competence, you have an ethical obligation to inform your other employers or contracting bodies [and patients.]
26. You must co-operate fully with any formal inquiry into the treatment of a patient. You should not withhold relevant information. Similarly, you must assist the coroner or procurator fiscal, by responding to inquiries, and by offering information which you judge may be relevant, when an inquest or inquiry is held into a patient's death. Only where your evidence may lead to criminal proceedings being taken against you are you entitled to remain silent.

Professional conduct, professional performance or fitness to practise functions. It also requires the GMC to obtain information about doctors employers where a decision has been made to investigate information about a doctor's conduct, performance or health through our formal procedures.

Working with Colleagues

Treating colleagues fairly

27. You must always treat your colleagues fairly. In accordance with the law, you must not discriminate against colleagues, including doctors applying for posts on grounds of their gender, race or disability. And you must not allow your views of colleagues' lifestyle, culture, beliefs, race, colour, sex, sexuality, or age to prejudice your professional relationship with them.
28. You must not undermine patients' trust in the care or treatment they receive, or in the judgment of those treating them, by making malicious or unfounded criticisms of colleagues.

Working in teams

29. Teamwork is an essential part of medical practice and you must work constructively within teams and respect the skills and contributions of your colleagues.
30. Patients value personal relationships with their doctors and need opportunities to discuss their health and treatment with them. Working in teams does not remove the need to establish and maintain professional relationships with patients, nor does it change your personal accountability for your professional conduct and the care you provide.
31. When working in teams you must:
 - a. communicate effectively with colleagues within and outside the team.
 - b. make sure that your patients and, colleagues understand your professional status and speciality, your role and responsibilities in the team and who is responsible for each aspect of patients' care.
 - c. participate in regular reviews and audit of the standards and performance of the team, and take steps to remedy any deficiencies.
 - d. be willing to deal supportively with problems in the performance, conduct or health of other team members.
32. Teams must be well managed and led. If you lead a team, you must ensure that team members and the team meets the standards of conduct and care set in this guidance, and that colleagues from other professions are able to follow the guidance of their own regulatory bodies.

33. As a team leader you must also be satisfied that:
- a. each patient's care is properly co-ordinated and managed and that patients know who to contact if they have questions or concerns.
 - b. arrangements are in place to provide cover at all times.
 - c. regular reviews and audit of the standards and performance of the team are undertaken and any deficiencies are addressed.
 - d. systems are in place for dealing supportively with problems in the performance, conduct or health of team members.
34. Further advice on the responsibilities of team leaders is provided in our booklet *Management in Health Care - The Role of Doctors*.

Arranging cover

35. You must be satisfied that, when you are off duty, suitable arrangements are made for your patients' medical care. These arrangements should include effective hand-over procedures and clear communication between doctors.
36. If you are a general practitioner you must satisfy yourself that doctors who stand in for you have the qualifications, experience, knowledge and skills to perform the duties for which they will be responsible. A deputising doctor is directly accountable to the GMC for the care of patients while on duty.

Taking up appointments

37. You must take up any post, including a locum post you have formally accepted unless the employer will have at least two weeks to make other arrangements. Patients may be at risk when medical staff are absent.

Sharing information with colleagues

38. It is in patients' best interests for one doctor, usually a general practitioner, to be fully informed about, and responsible for maintaining continuity of, a patient's medical care.
39. When you refer a patient, you should provide all relevant information about the patient's history and current condition. Specialists who have seen or treated a patient should tell the general practitioner the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient.
40. You should provide information to patients about sharing information within teams and between those who will be providing care. If a patient objects to such disclosures you

should explain the benefits to their own care of information being shared, but you must not disclose information if a patient maintains such objections. For further advice see our guidance [Confidentiality: Protecting and Providing Information](#).

41. It is unsafe to provide some forms of treatment without information about the patient's medical history. You should usually provide such treatment only with relevant information about the patient, usually as part of a referral from the patient's general practitioner.
42. If you accept a patient without a referral from the patient's general practitioner, you must keep the general practitioner informed, provided you have the patient's consent. Except in emergencies or when it is impracticable, you should inform the general practitioner before starting treatment. If you do not tell the patient's general practitioner, before or after providing treatment, you will be responsible for providing or arranging all after care, which is necessary until another doctor agrees to take over.

Delegation and referral

43. Delegation involves asking a nurse, doctor, medical student or other health care worker to provide treatment or care on your behalf. When you delegate care or treatment you must be sure that the person to whom you delegate is competent to carry out the procedure or provide the therapy involved. You must always pass on enough information about the patient and the treatment needed. You will still be responsible for the overall management of the patient.
44. Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment, which falls outside your competence. Usually you will refer patients to another registered medical practitioner. If this is not the case, you must be satisfied that such health care workers are accountable to a statutory regulatory body, and that a registered medical practitioner, usually a general practitioner, retains overall responsibility for the management of the patient.

Protecting patients

45. You must protect patients from risk of harm, posed by another doctor's or other colleague's health, including problems arising from substance abuse, conduct or performance. The safety of a patient must come first at all times.
46. If you have grounds to believe that a doctor or other healthcare worker may be putting patients at risk, you must inform give an honest explanation of your concerns to an appropriate person from the employing authority, such as the director of public health, medical director, nursing director or chief executive, or an officer of your local medical committee, following any procedures set by the employer. If the colleague is self-employed, or local systems cannot resolve the problem, and you remain concerned about the safety of patients, you should inform the relevant regulatory body. Your comments about colleagues should be based on facts, where possible. If you are not sure what to do, ask an experienced colleague or contact the GMC for advice.

47. If you have responsibilities for managing colleagues you should ensure that mechanisms for raising and dealing with concerns about the organisation and about individuals are in place and publicised to all staff.

If your health may put patients at risk

48. If you have a serious condition which you could pass on to patients, or if your judgement or performance could be significantly affected by a condition or illness, you must take and follow advice from a consultant in occupational health or another suitably qualified colleague on whether, and in what ways, you should modify your practice. Do not rely on your own assessment of the risk to patients.
49. If you think you have a serious condition which you could pass on to patients, you must have all the necessary tests and act on the advice given to you by a suitably qualified colleague about necessary treatment and/or modifications to your clinical practice.

Further advice is provided in our booklet: *Management in Health Care - The Role of Doctors*, GMC, 1999

Probity

Providing information about your services

50. If you publish or broadcast information about services you provide, the information must be factual and verifiable. It must be published in a way that conforms with the law and with the guidance issued by the Advertising Standards Authority.
51. The information you publish must not make claims about the quality of your services nor compare your services with those your colleagues provide. It must not, in any way, offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.
52. It is unsafe to provide some forms of treatment without information about the patient's medical history. You should make clear in any advertising material that you will usually provide such treatment only with relevant information about the patient, usually as part of a referral from the patient's general practitioner.
53. Information you publish about your services must not put pressure on people to use a service, for example by arousing ill-founded fear for their future health. Similarly you must not advertise your services by visiting or telephoning prospective patients, either in person or through a deputy.

Writing reports, giving evidence and signing documents

54. You must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. This means that you must take reasonable steps to verify any statement before you sign a document. You must not write or sign documents which are false or misleading because they omit relevant information. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.

Research

55. If you participate in research you must put the care and safety of patients first. You must ensure that approval has been obtained for research from an independent research ethics committee. You must conduct all research with honesty and integrity. More detailed advice on the ethical responsibilities of doctors working in research is published in our booklet *Good Practice in Medical Research - The Role of Doctors*.

Further advice is provided in our booklet *Good Practice in Medical Research: the Role of Doctors*. GMC 2001.

Financial and commercial dealings

56. You must be honest and open in any financial arrangements with patients. In particular:
- you should provide information about fees and charges before obtaining patients' consent to treatment, wherever possible.
 - you must not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services.
 - you must not encourage your patients to give or lend or bequeath money or other benefits to you or other people;
 - you must not put pressure on patients to accept private treatment;
 - if you charge fees, you must tell patients if any part of the fee goes to another doctor.
57. You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals.
- if you manage finances, you must make sure that the funds are used for the purpose they were intended for and are kept in a separate account from your personal finances;
 - you must not defraud the service or organisation you work for.
 - before taking part in discussions about buying goods or services, you must declare any relevant financial or commercial interest which you or your family might have in the purchase.

Conflicts of interest

58. You must act in your patients' best interests when making referrals and providing or arranging treatment or care. So you must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect your judgement. You should not offer such inducements to colleagues.

Financial interests in hospitals, nursing homes and other medical organisations

59. If you have financial or commercial interests in organisations providing health care or in pharmaceutical or other biomedical companies, these must not affect the way you prescribe for, treat or refer patients.
60. If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the health care purchaser.

61. Treating patients in an institution in which you have a financial or commercial interest may lead to serious conflicts of interest. If you do so, your patients and anyone funding their treatment must be made aware of your financial interest. In addition, if you offer specialist services, you must not accept patients unless they have been referred by another doctor who will have overall responsibility for managing the patient's care. If you are a general practitioner with a financial interest in a residential or nursing home, it is inadvisable to provide primary care services for patients in that home, unless the patient asks you to do so or there are no alternatives. If you do this, you must be prepared to justify your decision.

This booklet is not exhaustive. It cannot cover all forms of professional practice or misconduct which may bring your registration into question. You must therefore always be prepared to explain and justify your actions and decisions.