

Good Medical Practice (1998)

This guidance was withdrawn in **September 2001** and is no longer in effect. It is provided here for information only.

Good Medical Practice

GENERAL
MEDICAL
COUNCIL

*Protecting patients,
guiding doctors*



RF Preliminary - Expert

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Duties and responsibilities of doctors

Being registered with the GMC gives you rights and privileges. In return you must fulfil the duties and responsibilities of a doctor set by the GMC.

The principles of good medical practice and the standards of competence, care and conduct expected of you in all aspects of your professional work are described in this booklet. They apply to all doctors involved in health care.

If serious problems arise which call your registration into question, these are the standards against which you will be judged.

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 the patient's condition, 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;

- 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;
- prescribe only the treatment, drugs, or appliances that serve the patient's needs.

Treatment in emergencies

4. In an emergency, you must offer anyone at risk the treatment you could reasonably be expected to provide.

Maintaining good medical practice

Keeping up to date

5. 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 your competence and performance.
6. 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

7. 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;
 - respond constructively to assessments and appraisals of your professional competence and performance.

Teaching and training

8. The GMC encourages you to help the public to be aware of and understand health issues and to contribute to the education and training of other doctors, medical students and colleagues.
9. 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.
10. 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.

References

11. When providing references for colleagues your comments must be honest and justifiable; 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

12. Successful relationships between doctors and patients depend on trust. To establish and maintain that trust you must:
 - listen to patients and respect their views;
 - treat patients 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;
 - give patients the information they ask for or need about their condition, its 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;

- give information to patients in a way they can understand;
 - 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 condition¹;
 - respect the right of patients to be fully involved in decisions about their care;
 - respect the right of patients to decline treatment or 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.
13. The investigations or treatment you provide or arrange must be based on your clinical judgment 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 status, or perceived economic worth to prejudice the treatment you provide or arrange.
14. 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.
15. You must not refuse or delay treatment because you believe that patients' actions have contributed to their condition, or because you may be putting yourself at risk. 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.

¹ Guidance on consent is given in our booklet 'Serious Communicable Diseases'. We will publish further guidance on consent in 1999.

If things go wrong

16. Patients who complain about the care or treatment they have received have a right to expect a prompt and appropriate response. As a doctor you have a professional responsibility to deal with complaints constructively and honestly. You should co-operate 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.
17. 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. If the patient is under 16 and lacks the maturity to consent to treatment, you should explain the situation honestly to those with parental responsibility for the child.
18. If a patient under 16 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 know that the patient would have objected.
19. Subject to your right not to provide evidence which may lead to criminal proceedings being taken against you, 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 when an inquest or inquiry is held into a patient's death.

20. In your own interests and those of your patients, you must obtain adequate insurance or professional indemnity cover for any part of your work not covered by your employer's indemnity scheme.
21. You must do your best to establish and maintain a relationship of trust with your patients. Rarely, there may be circumstances in which you find it necessary to end a professional relationship with a patient. You must be satisfied your decision is fair and does not contravene the guidance in paragraph 13; you must be prepared to justify your decision if called on to do so. In such cases 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 hand over records or other information to the patient's new doctor as soon as possible.

Abuse of your professional position

22. You must not abuse your patients' trust. You must not, for example:
 - use your position to establish improper personal relationships with patients or their close relatives;
 - put pressure on your patients to give or lend money or other benefits to you or other people;
 - improperly disclose or misuse confidential information about patients;
 - give patients, or recommend to them, an investigation or treatment which you know is not in their best interests;

- deliberately withhold appropriate investigation, treatment or referral;
- put pressure on patients to accept private treatment;
- enable anyone who is not registered with the GMC to carry out tasks that require the knowledge and skills of a doctor.

Your duty to protect all patients

23. You must protect patients when you believe that a doctor's or other colleague's health, conduct or performance is a threat to them.
24. Before taking action, you should do your best to find out the facts. Then, if necessary, you must follow your employer's procedures or tell 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, or a regulatory body. Your comments about colleagues must be honest. If you are not sure what to do, ask an experienced colleague or contact the GMC for advice. The safety of patients must come first at all times.

If your health may put patients at risk

25. If you have a serious condition which you could pass on to patients, or if your judgment 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.

26. 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.

If in doubt ...

27. You will find more advice on what to do when you believe that you or a colleague (including a health care worker for whom you are providing medical care) may be placing patients at risk in our booklets 'Maintaining Good Medical Practice' and 'Serious Communicable Diseases'.

Working with colleagues

28. 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 sex, race or disability. And you must not allow your views of colleagues' lifestyle, culture, beliefs, race, colour, gender, sexuality, or age to prejudice your professional relationship with them.
29. You must not make any patient doubt a colleague's knowledge or skills by making unnecessary or unsustainable comments about them.

Working in teams

30. Health care is increasingly provided by multi-disciplinary teams. You are expected to work constructively within teams and to respect the skills and contributions of colleagues. Make sure that your patients and colleagues understand your role and responsibilities in the team, your professional status and specialty.

31. If you lead the team you must:

- take responsibility for ensuring that the team provides care which is safe, effective and efficient.
- do your best to make sure that the whole team understands the need to provide a polite, responsive and accessible service and to treat patient information as confidential.
- if necessary, work to improve your skills as a team leader.

32. When you work in a team you remain accountable for your professional conduct and the care you provide.

33. If you disagree with your team's decision, you may be able to persuade other team members to change their minds. If not, and you believe that the decision would harm the patient, tell someone who can take action. As a last resort, take action yourself to protect the patient's safety or health.

Arranging cover

34. You must be satisfied that, when you are off duty, suitable arrangements are made for your patients' medical care. These arrangements should include effective handover procedures and clear communication between doctors.

35. 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 accountable to the GMC for the care of patients while on duty.

Accepting posts

36. If you have formally accepted any post, including a locum post, you must not then withdraw unless the employer will have time to make other arrangements.

Decisions about access to medical care

37. You should seek to give priority to the investigation and treatment of patients on the basis of clinical need.

The central role of the general practitioner

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. If you are a general practitioner and refer patients to specialists, you should know the range of specialist services available to your patients.

Delegation and referral

39. 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.
40. 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.

41. 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, unless the patient objects, tell the general practitioner the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient.
42. Doctors practising in most specialties should usually accept patients only with a referral from a general practitioner or other appropriate health care professional. However, in some areas of practice, for example, accident and emergency, genito-urinary medicine, contraception and abortion services and refraction, there may be good reasons for specialists to accept patients without a referral. Similarly, occupational health physicians, police surgeons and other doctors with dual responsibilities may accept patients for assessment or screening without a referral.
43. 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. If sensitive information is involved, you should encourage patients to allow information to be passed to their general practitioners, but you must not disclose information to a general practitioner unless the patient agrees. 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.

Providing information about your services

44. 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. If you publish information about specialist services, you must still follow the guidance in paragraphs 42 and 43 above.
45. 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.
46. Information published about specialist services should include advice that patients cannot usually be seen or treated by specialists, either in the NHS or private practice, without a referral, usually from a general practitioner. If you are a specialist you should do all that you can to see that a similar statement is included in any advertisement for specialist services issued by an organisation which you are associated with.
47. 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.

Probity in professional practice

Financial and commercial dealings

48. You must be honest in financial and commercial matters relating to your work. In particular:

- if you charge fees, you must tell patients if any part of the fee goes to another doctor;
- 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 patients or 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

49. 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 judgment. You should not offer such inducements to colleagues.

Financial interests in hospitals, nursing homes and other medical organisations

50. 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.
51. 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.
52. 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.

Accepting gifts or other inducements

53. You should not ask for or accept any material gifts or loans, except those of insignificant value, from companies that sell or market drugs or appliances. You must not ask for or accept fees for agreeing to meet sales representatives.

Hospitality

54. You may accept personal travel grants and hospitality from companies for conferences or educational meetings, as long as the main purpose of the event is educational. The amount you receive must not be more than you would normally spend if you were paying for yourself.

Signing certificates and other documents

55. Registered medical practitioners have the authority to sign a variety of documents, such as death certificates, on the assumption that they will only sign statements they believe to be true. This means that you must take reasonable steps to verify any statement before you sign a document. You must not sign documents which you believe to be false or misleading.

Research

56. If you take part in clinical drug trials or other research involving patients or volunteers, you must make sure that the individual has given written consent to take part in the trial and that the research is not contrary to the individual's interests. You should always seek further advice where your research involves adults who are not able to make decisions for themselves. You may also benefit from additional advice where your research involves children. You must check that the research protocol has been approved by a properly constituted research ethics committee.

57. You have an absolute duty to conduct all research with honesty and integrity:

- you must follow all aspects of the research protocol; you may accept only those payments approved by a research ethics committee;
- your conduct must not be influenced by payments or gifts;
- you must always record your research results truthfully and maintain adequate records;
- when publishing results you must not make unjustified claims for authorship;
- you have a duty to report evidence of fraud or misconduct in research to an appropriate person or authority.

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.**

We publish further guidance on a number of issues raised in this booklet. You will find a list of our publications at the back of this booklet.

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