

### **Good Medical Practice (1995)**

This guidance was withdrawn in **July 1998** and is no longer in effect. It is provided here for information only.

# Good medical practice

GENERAL  
MEDICAL  
COUNCIL

*Protecting patients,  
guiding doctors*



## **Guidance to doctors**

*Being registered with the General Medical Council gives you rights and privileges. In return, you must meet the standards of competence, care and conduct set by the GMC.*

*This booklet sets out the basic principles of good practice. It is guidance. It is not a set of rules, nor is it exhaustive. The GMC publishes more detailed guidance on confidentiality, advertising and the ethical problems surrounding HIV and AIDS.*

## **Providing a good standard of practice and care**

1. 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. You must take suitable and prompt action when necessary. This must include:
  - an adequate assessment of the patient's condition, based on the history and clinical signs including, where necessary, an appropriate examination;
  - providing or arranging investigations or treatment where necessary;
  - referring the patient to another practitioner, when indicated.
3. In providing care you must:
  - recognise 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, 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 patients' needs.

### **Treatment in emergencies**

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

### **Keeping up to date**

5. You must maintain the standard of your performance by keeping your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in educational activities which relate to your branch of medicine.
6. You must work with colleagues to monitor and improve the quality of health care. In particular, you should take part in regular and systematic clinical audit.
7. Some parts of medical practice are governed by law. You must observe and keep up to date with the laws which affect your practice.

### **Teaching**

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. All doctors should be prepared to supervise less experienced colleagues.
10. If you have special responsibilities for teaching you should develop the skills of a competent teacher. If you are responsible for training junior colleagues you must make sure they are properly supervised.

## **Maintaining trust**

### ***Professional relationships with patients***

11. 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;
  - give patients the information they ask for or need about their condition, its treatment and prognosis;
  - give information to patients in a way they can understand;
  - respect the right of patients to be fully involved in decisions about their care;
  - respect the right of patients to refuse treatment or take part in teaching or research;

- respect the right of patients to a second opinion;
  - ask patients' permission, if possible, before sharing information with their spouses, partners, or relatives;
  - be accessible to patients when you are on duty;
  - respond to criticisms and complaints promptly and constructively.
12. You must not allow your views about a patient's lifestyle, culture, beliefs, race, colour, sex, sexuality, age, social status, or perceived economic worth to prejudice the treatment you give or arrange.
  13. 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.
  14. 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.
  15. Because the doctor-patient relationship is based on trust you have a special responsibility to make the relationship with your patients work. If the trust between you and a patient breaks down either of you may end the relationship. If this happens, you must do your best to make sure that arrangements are made promptly for the continuing care of the patient. You should hand over records or other information for use by the new doctor as soon as possible.

## **Confidentiality**

16. Patients have a right to expect that you will not pass on any personal information which you learn in the course of your professional duties, unless they agree. If in exceptional circumstances you feel you should pass on information without a patient's consent, or against a patient's wishes, you should read our booklet 'Confidentiality' and be prepared to justify your decision.

## **Abuse of your professional position**

17. 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 money or other benefits to you or other people;
  - improperly disclose or misuse confidential information about patients;
  - recommend or subject patients to investigation or treatment which you know is not in their best interests;
  - deliberately withhold appropriate investigation, treatment or referral.

## **Your duty to protect all patients**

18. You must protect patients when you believe that a colleague's conduct, performance or health is a threat to them.



19. Before taking action, you should do your best to find out the facts. Then, if necessary, you must tell someone from the employing authority or from a regulatory body. Your comments about colleagues must be honest. If you are not sure what to do, ask an experienced colleague. The safety of patients must come first at all times.

### **If your health may put patients at risk**

20. If you have or are carrying a serious communicable condition, 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.
21. If you think you have or are carrying a serious communicable condition 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...**

22. The GMC publishes further 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 a note about the GMC's health procedures, and in its booklet 'HIV infection and AIDS: the ethical considerations'.

## **Working with colleagues**

- 23. You must not discriminate against colleagues, including doctors applying for posts, because of your views of their lifestyle, culture, beliefs, race, colour, sex, sexuality, or age.
- 24. You must not make any patient doubt a colleague's knowledge or skills by making unnecessary or unsustainable comments about them.

## **Working in teams**

- 25. Health care is increasingly provided by multi-disciplinary teams. You are expected to work constructively within such teams and to respect the skills and contributions of colleagues.
- 26. If you are leading a team, you must do your best to make sure that the whole team understands the need to provide a polite and effective service and to treat patient information as confidential.
- 27. 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.

## **Delegating care to non-medical staff and students**

- 28. You may delegate medical care to nurses and other health care staff who are not registered medical practitioners if you believe it is best for the patient. But you must be sure that the

person to whom you delegate is competent to undertake the procedure or therapy involved. When delegating care or treatment, you must always pass on enough information about the patient and the treatment needed. You will still be responsible for managing the patient's care.

29. You must not enable anyone who is not registered with the GMC to carry out tasks that require the knowledge and skills of a doctor.

### **Arranging cover**

30. 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.
31. General practitioners must satisfy themselves that doctors who stand in for them 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**

32. If you have formally accepted a post, you should not then withdraw unless the employer will have time to make other arrangements.

### **Decisions about access to medical care**

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

## **Referring patients between a general practitioner and a specialist**

34. A general practitioner referring a patient should give the specialist 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 their investigations, the treatment provided, and any other information necessary for the continuing care of the patient.
35. Specialists should not usually accept a patient without a referral from a general practitioner. If they do, they must inform the patient's general practitioner before providing treatment, unless the patient tells them not to or has no general practitioner. In these cases the specialist must be responsible for providing or arranging any aftercare which is necessary until another doctor agrees to take over.
36. In some areas of practice – accident and emergency, genito-urinary medicine, contraception and abortion services, and refraction – there may be good reasons for specialists to accept patients without referrals from general practitioners. In these circumstances specialists must keep general practitioners informed unless the patient tells them not to. If the general practitioner is not informed the specialist must provide any necessary aftercare until another doctor agrees to take over.

## **Probity in professional practice**

37. You must be honest and trustworthy.

## **Financial and commercial dealings**

38. 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**

39. 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.
40. 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 or refer patients.

- ***Financial interests in hospitals, nursing homes and other medical organisations***

If you have a financial or commercial interest in an organisation to which you plan to refer a patient, you must tell the patient about your interest. When treating NHS patients you must also tell the health care purchaser.

- ***Accepting gifts or other inducements***

You should not ask for or accept any material rewards, 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***

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**

41. 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. Similarly, when providing references for colleagues, your comments must be honest and you must be able to back them up.

## **Advertising – providing information to colleagues and the public**

- 42. If you advertise your services your advertisement must be honest. It must not exploit patients' vulnerability or lack of medical knowledge and may provide only factual information. All doctors' advertisements must follow the detailed guidance in the GMC's booklet 'Advertising'.

## **Research**

- 43. If you are taking part in clinical trials of drugs or other research involving patients you must make sure that the research is not contrary to the patients' interests. Check that the research protocol has been approved by a properly constituted research ethics committee.
- 44. You must keep to all aspects of the research protocol and may accept only those payments approved by a research ethics committee. Your conduct in the research must not be influenced by payments or gifts.
- 45. You must always record your research results truthfully and maintain adequate records. In publishing these results you must not make unjustified claims for authorship.
- 46. You should read the guidance on confidentiality in research in the GMC's booklet 'Confidentiality'.

**You must always be prepared to explain and justify your actions and decisions.**

*October 1995*

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Cover shows a detail from the painting  
'Doctor taking a young woman's pulse'  
by Michael van Musscher (1645-1701)  
Private collection

Picture courtesy of the Bridgeman Art Library, London