

---

# Management in Health Care – The Role of Doctors

December 1999

## 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 practise;
- 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.

## Introduction

1. Doctors make an important contribution to the management of health services. All doctors have some responsibilities for the use of resources; many will also lead teams or be involved in the supervision of colleagues. Recent changes in the NHS such as clinical governance, will make doctors' roles as managers more extensive and better defined.

2. This guidance has been prepared in the light of these developments and recent cases considered by the Professional Conduct Committee".<sup>1</sup> It makes clear that doctors who undertake management tasks are expected to meet the standards set by the GMC and explains what those standards are.

3. The guidance which follows responds to the questions and problems which doctors most frequently face when carrying out management responsibilities. It starts from the premise that the principal concern of everyone involved in the delivery of health services must be the care, treatment and safety of patients. Registered medical practitioners continue to have a responsibility for the care of patients when they work as managers and remain professionally accountable to the GMC for their decisions.

4. The advice in *Good Medical Practice* establishes the fundamental principles which should underpin the practice of all doctors. The guidance which follows does not repeat the material in *Good Medical Practice*. It is essential therefore that doctors have a working knowledge of the principles set out in *Good Medical Practice* and in the other booklets which make up our guidance *Duties of a Doctor*, and apply them in all aspects of their work.<sup>2</sup>

5. The principles and ethical standards described in this booklet are consistent with those set by the British Association of Medical Managers, the Institute of Health

---

<sup>1</sup> The determination of the PCC on the case against the chief executive of United Bristol Healthcare Trust, 18 June 1998 is available from our offices. Tel: 0171 915 3603; Fax: 0171 915 3642; E-mail: [pbartonhan@gmc-uk.org](mailto:pbartonhan@gmc-uk.org); website: [www.gmc-uk.org](http://www.gmc-uk.org).

<sup>2</sup> The booklets in the Duties of a Doctor pack are: *Good Medical Practice*; *Confidentiality: Providing and Protecting Information*; *Seeking Patients' Consent: The Ethical Considerations*; and *Serious Communicable Diseases*. Copies are available from the GMC 0171 915 3507 and our web site – [www.gmc-uk.org](http://www.gmc-uk.org)

### **Managers' responsibilities - what takes priority when they conflict?**

6. When they act as managers, doctors have a duty toward patients, to the wider community, the organisation in which they work, and their colleagues. The first consideration for all managers must be the interests and safety of patients.

7. Conflicts may arise when doctors are called upon to make decisions about the use of resources and about patients' care, when the needs of an individual patient and the needs of a population of patients cannot both be fully met. Dilemmas of this kind have no simple solution. When taking such decisions, doctors should take into account the priorities set by Government and the NHS and/or their employing or funding body. But they must also be clear about their own role. As clinicians, doctors must make the care of their patients their first concern, bearing in mind the effects of their decisions on the resources and choices available for other patients. As managers, doctors must allocate resources in the way that best serves the interests of a community or population of patients. In both roles, doctors should use evidence from research and audit to make the optimum use of the resources available.

### **When are doctors held accountable for management decisions?**

8. Doctors who take part in corporate decisions making, for example by serving on a hospital trust board, or boards of primary care groups, are not accountable to the GMC for corporate or board decisions. They remain accountable, however, for their own conduct.

### **Protecting patients from serious harm**

9. Doctors must take action if they believe that patients are at risk of serious harm. Doctors should follow the guidance in our booklets *Good Medical Practice* and *Maintaining Good Medical Practice* if they have good reason to believe that a colleague's<sup>3</sup> conduct, performance or health may be putting patients at risk. Further advice can be obtained from experienced colleagues, from defence societies and professional associations and from the GMC.

10. Concerns about patient safety may arise from the results of critical incident reporting, clinical or medical audit, complaints from patients, or information provided by colleagues. Doctors who receive such information have a duty to act on it. The action they take will depend on their role in the organisation. Those with management responsibility will need to investigate the issues to establish the facts before taking action themselves; others will need to report their concerns to an appropriate person such as their manager, the medical director or senior partner.

11. If, while serving as board members, doctors are concerned that a decision made by the board would put patients at risk of serious harm, they must make their

---

<sup>3</sup> Throughout this guidance the word colleague is used to refer to all those with whom doctors work including those in other health care professions.

objections known and ensure they are recorded by the board. If doctors remain concerned that patients are being placed at serious risk they should consider taking further action, for example raising the matter with their Director of Public Health, or an appropriate local or national body with responsibilities for standards of care.

12. If, having taken all the appropriate actions described above, doctors have good grounds to believe that patients continue to be at risk of serious harm, they may consider making their concerns public. The GMC regards such decisions, as a matter for individual conscience, provided that patient confidentiality is not breached. Doctors are advised to consult a defence body or a professional association before taking decisions of this kind.

### **Dealing with colleagues - The Role of Managers**

13. Doctors with responsibilities for managing colleagues must be prepared to discuss constructively and sympathetically problems faced by colleagues in their professional practice and development, and take action if serious problems emerge.

14. They should ensure that mechanisms for raising and dealing with concerns about the organisation and about individuals are in place and are publicised to all staff. They should encourage colleagues to discuss with them or another appropriate member of the management staff, any concerns they may have about the safety of patients, including the risks that may be posed by colleagues. Doctors must take such concerns seriously and investigate them without delay. If they conclude that the concerns are well-founded and patient care is being compromised, they should take action to protect patients, after discussion with senior managers and other colleagues.

15. Doctors who are asked to deal with problems of this kind must do their best to protect colleagues who express concerns from harmful criticisms or actions<sup>4</sup>. They must also be alert to the possibility that concerns are not always well-founded and should therefore ensure that facts are established as quickly as is practicable.

### **Public health**

16. Public health physicians must make the health of their population their first concern. They must base the advice they provide to the public, to health authorities and trusts and to their colleagues on what is in the best interests of the population they serve. When deciding how and when to deliver advice to both their health authorities and the public, public health physicians may need to take into account responsibilities to their employers and the best means of effecting change.

### **Occupational health**

17. Similarly doctors who work in occupational medicine have responsibilities to their employing authorities, to groups, such as employees, and to individual patients. They will need to take into account responsibilities to their employer and the best

---

<sup>4</sup> Doctors should be aware of the terms of Public Interest Disclosure Act 1998 which offers protection to people who raise concerns about health and safety issues.

means of effecting change, in deciding how and when to deliver advice to both their employer and their patients. Further advice on responsibilities to patients and on dealing with such conflicts is provided by the Faculty of Occupational Medicine.

## **Standards of practice**

18. Doctors who work in management roles should make sure that they are able to fulfil their responsibilities competently. They should review their own performance and participate in professional development and education activities relevant to their management responsibilities.

## **Management practice**

19. *Good Medical Practice* places a duty on all doctors to provide a good standard of practice and care. Managers should contribute to providing an environment in which all their colleagues - including colleagues from other disciplines - are able to fulfil their professional duties so that standards of practice and care are maintained and improved

20. It is not possible to set out all the responsibilities which doctors may undertake as managers. However, all doctors who have management roles should do their best to ensure that, for the teams for which they are responsible:

- Care is provided and supervised only by staff who have appropriate skills, experience and training.
- Safe working practices are followed and working methods and the working environment conform to health and safety legislation.
- Systems are in place for investigating complaints promptly, fairly and thoroughly. Doctors should seek advice from an experienced colleague if they are setting up procedures for the first time.
- Their fellow registered medical practitioners are aware of, and follow, the guidance in *Good Medical Practice* and other guidance from the GMC.
- Colleagues in other professions are aware of the codes of conduct and guidance issued by their professional or regulatory bodies and are encouraged to meet the standards of conduct they establish.

- Mechanisms are in place to identify the education and training needs of staff, including locums, so that the best use is made of the time and resources available for keeping knowledge and skills up to date. Doctors must participate regularly in educational activities and in systematic audit.
- Information on clinical effectiveness is disseminated and implemented appropriately.
- Colleagues have appropriate supervision.
- Appraisal systems for doctors and other staff are established and maintained and mechanisms are in place for dealing with any problems which appraisals bring to light.

21. Healthcare is increasingly provided by multi-disciplinary teams. Such collaboration brings benefits to patient care, but problems can arise when communication is poor or responsibilities are unclear. Doctors who manage teams should promote good communication, ensuring that:

- Each member of the team knows where responsibility lies for clinical and managerial issues and who is leading the team.
- Systems are in place to facilitate collaboration and communication between team members.
- Systems are in place to monitor, review and, if appropriate, improve the quality of the team's work.
- Teams are appropriately supported and developed, and are clear about their objectives.

### **Honesty in financial matters**

22. It is essential that doctors in management roles maintain the highest standards of probity in financial matters. In particular doctors must do their best to ensure that there are adequate systems to maintain and monitor good practice in financial

dealings, including the awarding of contracts, and that they and their colleagues use these systems.

**Doctors must always be prepared to explain and justify their decisions.**

**A short selection of publications available for doctors in management:**

**Good Medical Practice**

GMC, 1998, GMC 178 Great Portland Street, London W1N 6JE [www.gmc-uk.org](http://www.gmc-uk.org)  
tel: [REDACTED] (publications line)

**Maintaining Good Medical Practice**

GMC, 1998, GMC 178 Great Portland Street, London W1N 6JE ) [www.gmc-uk.org](http://www.gmc-uk.org)  
tel: [REDACTED] (publications line)

**Textbook of Management for Doctors**

Ed Tony White, 1996, Royal Society of Medicine, 1 Wimpole Street  
London W1M 8AE  
[www.roysocmed.ac.uk](http://www.roysocmed.ac.uk)  
Tel: [REDACTED]

**Helping Doctors Who Manage**

Judith Riley, 1996, Kings Fund, 11-13 Cavendish Square  
London W1M 0AN [www.kingsfund.org.uk](http://www.kingsfund.org.uk)  
Tel: [REDACTED] Fax: [REDACTED]

**Resource Allocation within Health Authorities**

Gwyn Bevan, 1998, Kings Fund 11-13 Cavendish Square  
London W1M 0AN [www.kingsfund.org.uk](http://www.kingsfund.org.uk)  
Tel: [REDACTED] Fax: [REDACTED]

**Health and Safety at Work: Guidance for General Practitioners**

Richard Moore and Stephen Moore, Royal College of General Practitioners 14  
Princes Gate London SW7 1PU. [www.rcgp.org.uk](http://www.rcgp.org.uk)  
Tel: [REDACTED] Fax: [REDACTED]

**Principles into Practice**

Institute of Health Services Management (with BAMM, BMA and RCN), 1998,  
[www.ihsm.co.uk](http://www.ihsm.co.uk)

**How to Handle Complaints**

Institute of Health Services Management, 1998, Institute of Health Services  
Management 7-10 Chandos Street, London W1M 9DE,  
[www.ihsm.co.uk](http://www.ihsm.co.uk) .

Tel: 0171 460 7654

Reporting Unfitness to Practice – Information for Employers and Managers  
UKCC, 1996, UKCC, 23 Portland Place, London, W1N 3AF  
[www.ukcc.org.uk](http://www.ukcc.org.uk)  
Tel: [REDACTED]

Guidance for developing the role of Clinical Directors and Guidance for developing  
the role of Medical Directors Produced by the Central Consultants and Specialists  
Committee, BMA  
BMA House, Tavistock Square, London WC1H 9JP. [www.bma.co.uk](http://www.bma.co.uk)  
Tel: [REDACTED]

When Things Go Wrong – Practical Steps for Dealing with the Problem Doctor  
Association of Trust Medical Directors, 1997, British Association of Medical  
Managers, Barnes Hospital, Hingsway Cheadle, Cheshire, SK8 2NY.  
Handling Difficult Colleagues, R Gourlay, 1992, Mercia Publications

Withdrawn - February 2006