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Ending your professional relationship with a patient

1 In *Good medical practice*¹ we say:

- 62 You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient.

2 In this guidance, we explain how doctors can put this principle into practice. Serious or persistent failure to follow this guidance will put your registration at risk.

Things to consider

3 In rare circumstances, the trust between you and a patient may break down, for example, if the patient has:

- been violent, threatening or abusive to you or a colleague²
- stolen from you or the premises³
- persistently acted inconsiderately or unreasonably
- made a sexual advance⁴ to you.

4 You should not end a professional relationship with a patient solely because of a complaint the patient has made about you or your team, or because of the resource implications of the patient's care or treatment.

Before you end the relationship

5 Before you end a professional relationship with a patient you should:

- a warn the patient that you are considering ending the relationship
- b do what you can to restore the professional relationship
- c explore alternatives to ending the professional relationship
- d discuss the situation with an experienced colleague or your employer or contracting body

and you must be satisfied that your reason for wanting to end the relationship is fair and does not discriminate against the patient (see paragraph 59 of *Good medical practice*).

When you've made a decision to end the relationship

- 6 If you decide to end your professional relationship with a patient you must:
- a make sure the patient is told of your decision to end the professional relationship, and your reasons for doing so; where practical, the patient should be told in writing
 - b follow relevant guidance⁵ and regulations
 - c record your decision to end the professional relationship – information recorded in the patient's records must be factual and objective, and should not include anything that could unfairly prejudice the patient's future treatment
 - d make sure arrangements are made promptly for the continuing care of the patient, and you must pass on the patient's records without delay⁶
 - e be prepared to justify your decision.

Closing or relocating your practice

- 7 If you are closing or relocating your practice, you should:
- a give advance notice
 - b make sure that arrangements are made for the continuing care of all your current patients, including the transfer (or appropriate management) of all patient records.

Further sources of information and advice

England

Department of Health

Health service circular 2000/001 *Tackling violence towards GPs and their staff*

www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4003798

British Medical Association – General Practitioners Committee (GPC)

Removal of patients from GP lists

www.bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Doctors%20as%20managers/gpremovepats0405.pdf

Medical Protection Society

Removing patients from the practice list (see also factsheets for all four UK countries)

www.medicalprotection.org/uk/your-practice-december-2012/removing-patients-from-the-practice-list

Medical Defence Union

www.the-mdu.com

Parliamentary and Health Service Ombudsman

Listening and Learning: the Ombudsman's review of complaint handling by the NHS in England 2011–12

<https://www.ombudsman.org.uk/publications/listening-and-learning-ombudsmans-review-complaint-handling-nhs-england-2011-12>

Case studies on removal from lists

<https://www.ombudsman.org.uk/about-us/how-our-casework-makes-difference/case-summaries/1023>

Case studies from the Ombudsman's review of complaint handling in England

<https://www.ombudsman.org.uk/about-us/how-our-casework-makes-difference/case-summaries>

Medical and Dental Defence Union of Scotland (MDDUS)

Risk alert – think before removing patients (30 November 2011)

www.mddus.com/risk-management/risk-alerts/2011/november/think-before-removing-patients

Northern Ireland

The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 – part two covers removal from GP lists in a range of scenarios

www.dhsspsni.gov.uk/no140_gms_contract_regs_bm3.pdf

Scotland

Medical and Dental Defence Union of Scotland (MDDUS)

Risk alert – think before removing patients (30 November 2011)

www.mddus.com/risk-management/risk-alerts/2011/november/think-before-removing-patients

Scottish Online Appraisal Resource (SOAR) for GPs in Scotland

Section on relationships with patients including removal of patients from GP lists

[www.scottishappraisal.scot.nhs.uk/toolkit/relationships-with-patients-\(gp-scot-1c\).aspx](http://www.scottishappraisal.scot.nhs.uk/toolkit/relationships-with-patients-(gp-scot-1c).aspx)

Endnotes

- 1 General Medical Council (2013) *Good medical practice* London, GMC.
- 2 See Health Service Circular 2001/18 *Withholding treatment from violent and abusive patients in NHS Trusts*.
- 3 If you decide to inform the police about a patient you must follow our guidance on confidentiality. General Medical Council (2017) *Confidentiality: good practice in handling patient information* London, GMC.
- 4 You must also follow our guidance on maintaining a professional boundary between you and your patient (see paragraph 7). General Medical Council (2013) *Maintaining a professional boundary between you and your patient* London, GMC.
- 5 See *Listening and Learning: the Ombudsman's review of complaint handling by the NHS in England 2010-11*.
- 6 General Medical Council (2013) *Good medical practice* London, GMC, paragraph 44.