

Good Medical Practice (2001)

This guidance was withdrawn in **November 2006** and is no longer in effect. It is provided here for information only.

Good Medical Practice

GENERAL
MEDICAL
COUNCIL

*Protecting patients,
guiding doctors*



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.

Good Medical Practice
May 2001

Duties and responsibilities of doctors

This booklet describes the principles of good medical practice and standards of competence, care and conduct expected of you in all aspects of your professional work.

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

Good Medical Practice

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

Providing a good standard of practice and care

2. Good clinical care must include:
 - an adequate assessment of the patient's conditions, based on the history and symptoms 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, legible 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;
 - provide the necessary care to alleviate pain and distress whether or not curative treatment is possible;
 - prescribe drugs or treatment, including repeat prescriptions, only where you have adequate knowledge of the patient's health and medical needs. You must not give or recommend to patients any investigation or treatment which you know is not in their best interests, nor withhold appropriate treatments or referral;
 - report adverse drug reactions as required under the relevant reporting scheme, and co-operate with requests for information from organisations monitoring the public healthⁱ;
 - make efficient use of the resources available to you.
4. If you have good reason to think that your ability to treat patients safely is seriously compromised by inadequate premises, equipment, or other resources, you should put the matter right, if that is possible. In all other cases you should draw the matter to the attention of your Trust, or other employing or contracting body. You should record your concerns and the steps you have taken to try to resolve them.

ⁱ

In making these disclosures you must follow our guidance *Confidentiality: Protecting and Providing Information*

Decisions about access to medical care

5. The investigations or treatment you provide or arrange must be based on your clinical judgement of patients' needs and the likely effectiveness of the treatment. You must not allow your views about patients' lifestyle, culture, beliefs, race, colour, gender, sexuality, disability, age, or social or economic status, to prejudice the treatment you provide or arrange. You must not refuse or delay treatment because you believe that patients' actions have contributed to their condition.
6. If you feel that your beliefs might affect the advice or treatment you provide, you must explain this to patients, and tell them of their right to see another doctor.
7. You must try to give priority to the investigation and treatment of patients on the basis of clinical need.
8. You must not refuse to treat a patient because you may be putting yourself at risk. If patients pose a risk to your health or safety you should take reasonable steps to protect yourself before investigating their condition or providing treatment.

Treatment in emergencies

9. In an emergency, wherever it may arise, you must offer anyone at risk the assistance you could reasonably be expected to provide.

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 maintain and further develop 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 the quality of the care you provide and maintain a high awareness of patient safety. 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 the outcome of reviews, assessments or appraisals of your performance;
 - take part in confidential enquiries and adverse event recognition and reporting to help reduce risk to patients.

Teaching and training, appraising and assessing

Making assessments and providing references

13. You must be honest and objective when appraising or assessing the performance of any doctor including those you have supervised or trained. Patients may be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice.
14. You must provide only honest and justifiable comments when giving references for, or writing reports about, colleagues. When providing references you must include all relevant information which has any bearing on your colleague's competence, performance, and conduct.

Teaching and training

15. You should be willing to contribute to the education of students or colleagues.
16. If you have 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.

Relationships with patients

Obtaining consent

17. You must respect the right of patients to be fully involved in decisions about their care. Wherever possible, you must be satisfied, before you provide treatment or investigate a patient's condition, that the patient has understood what is proposed and why, any significant risks or side effects associated with it, and has given consent. You must follow the guidance in our booklet *Seeking Patients' Consent: The Ethical Considerations*.

Respecting confidentiality

18. You must treat information about patients as confidential. If in exceptional circumstances there are good reasons why you should pass on information without a patient's consent, or against a patient's wishes, you must follow our guidance *Confidentiality: Protecting and Providing Information* and be prepared to justify your decision to the patient, if appropriate, and to the GMC and the courts, if called on to do so.

Maintaining trust

19. Successful relationships between doctors and patients depend on trust. To establish and maintain that trust you must:
 - be polite, considerate and truthful;
 - respect patients' privacy and dignity;
 - respect the right of patients to decline to take part in teaching or research and ensure that their refusal does not adversely affect your relationship with them;
 - respect the right of patients to a second opinion;
 - be readily accessible to patients and colleagues when you are on duty.
20. You must not allow your personal relationships to undermine the trust which patients place in you. In particular, you must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them.

Good Communication

21. 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 and beliefs;
 - giving patients the information they ask for or need about their condition, its treatment and prognosis, in a way they can understand, including, for any drug you prescribe, information about any serious side effects and, where appropriate, dosageⁱⁱ;
 - sharing information with patients' partners, close relatives or carers, if they ask you to do so, having first obtained the patient's consent. When patients cannot give consent, you should share the information which those close to the patient need or want to know, except where you have reason to believe that the patient would object if able to do so.
22. If a patient under your care has suffered harm, through misadventure or for any other reason, you should act immediately to put matters right, if that is possible. You must explain fully and promptly 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 an adult who lacks capacity, the explanation should be given to a person with responsibility for the patientⁱⁱⁱ, or the patient's partner, close relative or a friend who has been involved in the care of the patient, unless you have reason to believe the patient would have objected to the disclosure. 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.

ii

for further guidance see our booklet *Seeking Patients' Consent: The Ethical Considerations*.

iii

A person appointed under the Adults with Mental Incapacity Scotland Act, 2000

23. If a child under your care 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, close relative or a friend who has been involved in the care of the patient, unless you have reason to believe that the patient would have objected.

Ending professional relationships with patients

24. 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 the trust between you and the patient has been broken and you find it necessary to end a professional relationship with a patient. In such circumstances, you must be satisfied your decision is fair and does not contravene the guidance in paragraph 5; you must be prepared to justify your decision if called on to do so. 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 treatment on your practice^{iv}.
25. You should inform the patient, orally or in writing, why you have decided to end the professional relationship. You must also take steps to ensure that arrangements are made quickly for the continuing care of the patient, and hand over records to the patient's new doctors as soon as possible.

^{iv} If you charge fees, you may refuse to provide further treatment for patients unable or unwilling to pay for services already provided. The obligations in paragraph 25 will still apply.

Dealing with problems in professional practice

Conduct or performance of colleagues

26. You must protect patients from risk of harm posed by another doctor's, or other health care professional's, conduct, performance or health, including problems arising from alcohol or other substance abuse. The safety of patients must come first at all times. Where there are serious concerns about a colleague's performance, health or conduct, it is essential that steps are taken without delay to investigate the concerns, to establish whether they are well-founded, and to protect patients.
27. If you have grounds to believe that a doctor or other healthcare professional may be putting patients at risk, you must give an honest explanation of your concerns to an appropriate person from the employing authority, such as the medical director, nursing director or chief executive, or the director of public health, or an officer of your local medical committee, following any procedures set by the employer. If there are no appropriate local systems, or local systems cannot resolve the problem, and you remain concerned about the safety of patients, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defence body, a professional organisation or the GMC for advice.
28. If you have management responsibilities you should ensure that mechanisms are in place through which colleagues can raise concerns about risks to patients. Further guidance is provided in our booklet *Management in Health Care: The Role of Doctors*.

v Section 35 of the Medical Act 1983 (as amended) 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 professional conduct, professional performance or fitness to practise functions. In addition, where a decision has been taken to investigate a doctor's conduct, performance or health through our formal procedures, the Act requires us to obtain from that doctor the names of his or her employers or bodies for whom he or she contracts to provide services.

Complaints and formal inquiries

29. Patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response. This will include an explanation of what has happened, and where appropriate, an apology. You must not allow a patient's complaint to prejudice the care or treatment you provide or arrange for that patient.
30. You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure which applies to your work. You must give, to those who are entitled to ask for it, any relevant information in connection with an investigation into your own, or another health care professional's, conduct, performance or health.
31. If you are suspended from a post, or have restrictions put on your practice because of concerns about your performance or conduct, you must inform any other organisations for whom you undertake work of a similar nature. You must also inform any patients you see independently of such organisations, if the treatment you provide is within the area of concern to which the suspension or restriction relates.
32. Similarly, you must assist the coroner or procurator fiscal, by responding to inquiries, and by offering all relevant information to an inquest or inquiry into a patient's death. Only where your evidence may lead to criminal proceedings being taken against you are you entitled to remain silent.

Indemnity insurance

33. 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.

Working with Colleagues

Treating colleagues fairly

34. You must always treat your colleagues fairly. In accordance with the law, you must not discriminate against colleagues, including those applying for posts, on grounds of their sex, race or disability. And you must not allow your views of colleagues' lifestyle, culture, beliefs, colour, gender, sexuality, or age to prejudice your professional relationship with them.
35. 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

36. Healthcare is increasingly provided by multi-disciplinary teams. Working in a team does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you must:
 - respect the skills and contributions of your colleagues;
 - maintain professional relationships with patients;
 - communicate effectively with colleagues within and outside the team;
 - make sure that your patients and colleagues understand your professional status and specialty, your role and responsibilities in the team and who is responsible for each aspect of patients' care;
 - participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies;
 - be willing to deal openly and supportively with problems in the performance, conduct or health of team members.

Leading teams

37. If you lead a team, you must ensure that:

- medical team members meet the standards of conduct and care set in this guidance;
- any problems that might prevent colleagues from other professions following guidance from their own regulatory bodies are brought to your attention and addressed;
- all team members understand their personal and collective responsibility for the safety of patients, and for openly and honestly recording and discussing problems;
- each patient's care is properly co-ordinated and managed and that patients know who to contact if they have questions or concerns;
- arrangements are in place to provide cover at all times;
- regular reviews and audit of the standards and performance of the team are undertaken and any deficiencies are addressed;
- systems are in place for dealing supportively with problems in the performance, conduct or health of team members.

38. Further advice on working in teams is provided in our booklets *Maintaining Good Medical Practice* and *Management in Health Care - The Role of Doctors*.

Arranging cover

39. 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.
40. If you arrange cover for your own practice, 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. Deputising doctors and locums are directly accountable to the GMC for the care of patients while on duty.

Taking up appointments

41. You must take up any post, including a locum post, you have formally accepted, unless the employer has adequate time to make other arrangements.

Sharing information with colleagues

42. 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.
43. You should ensure that patients are informed about how information is shared within teams and between those who will be providing their care. If a patient objects to such disclosures you should explain the benefits to their 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*.

44. When you refer a patient, you should provide all relevant information about the patient's history and current condition.
45. If you provide treatment or advice for a patient, but are not the patient's general practitioner, you 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, unless the patient objects. If the patient has not been referred to you by a general practitioner, you should inform the general practitioner before starting treatment, except in emergencies or when it is impracticable to do so. If you do not tell the patient's general practitioner, before or after providing treatment, you will be responsible for providing or arranging all necessary after-care until another doctor agrees to take over.

Delegation and referral

46. 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.
47. 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 any health care professional to whom you refer a patient is 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.

Probity

Providing information about your services

48. If you publish information about the 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.
49. The information you publish must not make unjustifiable claims about the quality of your services. It must not, in any way, offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.
50. 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

51. 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

52. 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 and that patients have given consent. You must conduct all research with honesty and integrity^{vi}.

Financial and commercial dealings

53. 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, lend or bequeath money or gifts which will directly or indirectly benefit you. You must not put pressure on patients or their families to make donations to other people or organisations;
 - 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.
54. You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular:
- if you manage finances, you must make sure that the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances;
 - 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

55. 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

56. 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.
57. 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.
58. Treating patients in an institution in which you or members of your immediate family 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 the 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.

Health

If your health may put patients at risk

59. If you know that you have a serious condition which you could pass on to patients, or that your judgement or performance could be significantly affected by a condition or illness, or its treatment, 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.

60. 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.

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.

Further information is available on our website **www.gmc-uk.org**
To request publications please contact our publications department:
Tel **020 7915 3507**-the Publications Order Line
Fax **020 7915 3685**, E-mail **publications@gmc-uk.org**

Index

Note: Numbers refer to paragraphs

- accepting posts 41
- access to medical care, priorities 5-8
- advertising 48-50
- adverse event recognition 12
- assessment, performance 12

- bequests 53
- biomedical companies, financial interests in 56

- care, providing a good standard 1-9
- certificates, signing 51
- clinical audit 12
- clinical care 2-4
- codes of practice 11
- colleagues:
 - accessibility to 19
 - comments about 35
 - consultation 3
 - discrimination against 34
 - gifts or inducements from or to 55
 - illness 27
 - putting patients at risk 26-8
 - references for 14
 - sharing care with 3
 - supervision 15, 16
 - in teams 36-8
 - working with 34-47
- commercial dealings 53
- commercial interests 53, 56-8
- communicable disease:
 - risk to patients 26-7, 59-60
- communication 21-3
- competence: 1
 - assessment and appraisal 13
 - limits of 3
- complaints 29-32
- confidentiality 18, 43
- confidential enquiries 12
- conflicts of interest 55, 58

- consent:
 - to take part in research 52
 - to sharing information 18, 21
 - to treatment 17
- continuing education 10
- cover arrangements 39-40

- delegation 46
- deputising services 40
- diagnosis 3
- documents, signing 51
- drug reactions 3

- education, continuing 10
- emergency treatment 9
- ending relationships with patients 24-5
- ethical obligations 1

- fees 53
- financial dealings 53
- financial interests 53-4, 56-7
- financial management 53

- general practitioners:
 - referral 44, 47
 - role of 42
- gifts 53, 55
- giving evidence 51
- good medical practice 10-2

- health care workers, illness 26-7
- honesty 53
- hospitality 55
- hospitals, financial interests in 56-8

- illness in medical staff, risks to patients 26-7
- improper personal relationships with patients 20
- indemnity cover 33
- inducements 55
- information about services, publication 48-50
- inquests 32
- inquiries, co-operation with 30, 32
- insurance 33

- investigations: 2
 - and clinical need 5, 7
 - not in patient's interest 3
 - withholding 22
- knowledge, maintenance of 10
- laws affecting practice 11
- leading teams 37-8
- loans 53
- locums 40, 41
- medical audit 12
- misadventure 22
- multi-disciplinary teams 36-8
- nursing homes, financial interests in 56-8
- pain relief 3
- parental responsibility 22, 23
- patients:
 - accessibility to 19
 - assessment of condition 2
 - consent to treatment 17
 - contribution to condition 5
 - death of 23
 - discrimination against 5-6, 29
 - duty to protect 26-8
 - ending relationship with 24-5
 - giving information to 21
 - improper personal relationships with 20
 - involvement in decisions about care 17
 - professional relationships with 19-20
 - putting at risk 26-8
 - refusal to take part in teaching and research 19
 - right to privacy and dignity 19
 - safety 26
- performance, assessment and appraisal 12
- personal beliefs 6
- pharmaceutical companies:
 - financial interests in 56
 - gifts or inducements from 55
 - practice, providing a good standard 1-9
 - prescribing 3
 - private treatment 53
 - probity 48-58
 - professional indemnity cover 33
 - public health 3
- quality of care, monitoring and maintenance 12
- records 3
- reports 51
- references for colleagues 14
- referral: 3, 44-5, 47
 - withholding 3
- research 52
- resource:
 - inadequate 4
 - use 3
- second opinions 19
- skills, maintenance of 10
- students:
 - delegation to 46
 - supervision 15, 16
 - training 16
- substance abuse 26
- suspension 31
- teaching 15-6
- teamwork 36-8
- training 12, 15, 16
- treatment: 2-3
 - and clinical need 7
 - not in patient's interest 3
 - patient's refusal of 17
 - withholding 8
- trust:
 - abuse of 20
 - maintenance of 19-20

Geranium

General Medical Council
Protecting patients, guiding doctors

178 Great Portland Street London W1W 5JE
telephone: 020 7580 7642
www.gmc-uk.org