

Pandemic Influenza

Good Medical Practice

Responsibilities of doctors in a national pandemic

Withdrawn November 2009

Good Medical Practice

Guidance for doctors

The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
 - Keep your professional knowledge and skills up to date
 - Recognise and work within the limits of your competence
 - Work with colleagues in the ways that best serve patients' interests
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- Treat patients as individuals and respect their dignity
 - Treat patients politely and considerately
 - Respect patients' right to confidentiality
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- Work in partnership with patients
 - Listen to patients and respond to their concerns and preferences
 - Give patients the information they want or need in a way they can understand
 - Respect patients' right to reach decisions with you about their treatment and care
 - Support patients in caring for themselves to improve and maintain their health
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- Be honest and open and act with integrity
 - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
 - Never discriminate unfairly against patients or colleagues
 - Never abuse your patients' trust in you or the public's trust in the profession.
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You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Doctors' Roles and Responsibilities in a Pandemic

Introduction

Doctors will play a vital role in helping the country deal with a pandemic. The UK Health Departments will implement contingency plans when a pandemic virus is identified. The response to the pandemic will intensify as significant milestones or Alert Levels are reached. The WHO has defined six phases for global readiness for dealing with a pandemic¹. In the UK, the government has agreed four alert levels:

- UK alert level 1 No cases in the UK
- UK alert level 2 Virus isolated in the UK
- UK alert level 3 Outbreak(s) in the UK
- UK alert level 4 Widespread activity across the UK

If the pandemic reaches Alert level 3 there will be a need for doctors in the designated area to work flexibly to provide assistance to the public where and how it is most needed. They will need to keep up to date with and follow local and national plans, and work constructively with colleagues in the provision of care.

Doctors may be asked to work outside their normal scope of practice, and some doctors who have retired, or who are not working in the profession, may be asked to return to work. We strongly encourage doctors to respond positively to such requests. Arrangements are being made to ensure that the GMC can register doctors promptly, where that is appropriate². Although it will be necessary to suspend some routine health care services in a pandemic, some patients may be in the course of treatment, or may become ill or injured for other reasons during a pandemic. It is important that, as far as possible, care is provided to these patients, as well as to those with influenza.

It is clear that compromises on the normal high standards of practice in the UK may need to be made. Equally, it is important that patients are not put at unnecessary risk. The Government has agreed a framework of ethical principles, which must inform the provision of health services in a pandemic³. Each of the UK Governments is also preparing more detailed guidance which is available on their websites.

Doctors need to feel confident that they are working within agreed standards and principles of practice, and will not be subject to criticism because of the difficult decisions they are forced to make, or the standards of care provided during a pandemic.

¹ http://www.who.int/csr/disease/avian_influenza/phase/en/

² **Section 18A** of the Medical Act 1983 (as amended) provides powers for 'Temporary registration with regard to emergencies involving loss of human life or human illness etc' http://www.gmc-uk.org/about/legislation/medical_act.asp#18

³

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080751

To help doctors be clear about what the GMC will regard as good practice during a pandemic, we have prepared a revised version of Good Medical Practice. We expect doctors to continue to work normally unless and until the impact of an outbreak of pandemic flu makes it impractical to do so. We expect such situations to arise when a UK Alert Level 3 is declared.

In this version of Good Medical Practice, some of the usual requirements – such as participating in appraisal and performance review - have been lifted⁴. Other requirements, such as the duties to act honestly, are unchanged. In many cases, we have recognised the pressures and restrictions that may accompany a pandemic by adding qualifying clauses to the guidance, recognising that constraints on time and other resources may limit doctors' ability to provide detailed information or help for patients. Additions to *Good Medical Practice* 2006 are shown in italics. This guidance should be read in conjunction with the detailed advice and guidelines issued by each of the UK Health Departments:

<http://www.dh.gov.uk/en/Publichealth/Flu/PandemicFlu/index.htm>

<http://www.dhsspsni.gov.uk/pandemicflu>

<http://www.scotland.gov.uk/Topics/Health/health/AvianInfluenza/PandemicFlu>

<http://wales.gov.uk/topics/health/protection/communicabledisease/flu/?lang=en>

⁴ A list of paragraphs removed from GMP is available from the GMC on request. Please contact standards@gmc-uk.org

| For use when UK Level 3 of an influenza pandemic is announced

About Good Medical Practice

Good Medical Practice sets out the principles and values on which good practice is founded; these *principles have been reviewed to describe what the GMC expects of doctors in a pandemic.*

We have provided links to other guidance and information which illustrate how the principles in Good Medical Practice apply in practice, and how they may be interpreted in other contexts; for example, in undergraduate education, in revalidation, or in our consideration of a doctor's conduct, performance or health through our fitness to practise procedures. There are links to:

- supplementary guidance and other information from the GMC; *doctors are expected to follow the guidance in these booklets where it is practical to do so.*
- external (non-GMC) sources of advice and information.

You can access all these documents on our website, or order printed versions of the GMC documents by contacting publications@gmc-uk.org (phone: 0161 923 6315).

About Good Medical Practice

How Good Medical Practice applies to you

The guidance that follows describes what is expected of all *registered doctors in a pandemic.* It is your responsibility to be familiar with Good Medical Practice and to follow the guidance it contains. It is guidance, not a statutory code, so you must use your judgement to apply the principles *as far as you are able in a pandemic.* You must be prepared to explain and justify your decisions and actions.

In Good Medical Practice the terms 'you must' and 'you should' are used in the following ways:

- 'You must' is used for an overriding duty or principle. 'You should' is used when we are providing an explanation of how you will meet the overriding duty.
- 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can comply with the guidance.

Serious or persistent failure to follow this guidance will put your registration at risk.

See GMC guidance on the meaning of fitness to practise

Good Doctors

1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues*, are honest and trustworthy, and act with integrity.

* Those a doctor works with, whether or not they are also doctors.

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Providing good clinical care

2. Good clinical care must include:

(a) adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views and where necessary *and practical, and in accordance with UK, national or local arrangements for managing patients during a pandemic* examining the patient.

(b) providing or arranging advice, investigations or treatment where necessary *and practical, and in accordance with UK, national or local arrangements for managing patients during a pandemic*.

(c) referring a patient to another practitioner, when this is in the patient's best interests, *and where it is possible to do so. You should follow detailed guidance from UK Health Departments about the management of patients with influenza.*

3 In providing care you must:

(a) recognise and work within the limits of your competence. *When a pandemic reaches UK alert level 3, the pandemic will be regarded as an emergency situation. If you are asked to work outside your usual area of practice, or to return to work after a significant period out of practice, you should follow the guidance in paragraph 11.*

(b) prescribe drugs or treatment, including repeat prescriptions, only when you are satisfied that the drugs or treatment serve the patient's needs. *Where appropriate, you should follow UK Health Departments' guidance on prescribing during a pandemic.*

(c) provide effective treatments based on the best available evidence

(d) take steps to alleviate pain and distress whether or not a cure may be possible

(f) keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment

(g) make records at the same time as the events you are recording or as soon as possible afterwards

(h) be readily accessible when you are on duty

(i) consult and take advice from colleagues, when appropriate

(j) make good use of the resources available to you.

Supporting self-care

4 You should encourage patients and the public to take an interest in their health and to take action to improve and maintain it. *In a pandemic this will involve encouraging patients to follow national guidance on access to care, on the care of patients with influenza and on limiting transmission of infection.*

Avoid treating those close to you

5 Wherever possible, you should avoid *prescribing* for anyone with whom you have a close personal relationship.

Raising concerns about patient safety

6 If you have good reason to think that patient safety is or may be seriously compromised by inadequate premises, equipment, or other resources, policies or systems, you should put the matter right if that is possible. *In a pandemic, services may be under extreme pressure and insufficient in-patient services may be available to provide the usual standards of good care. Those managing services will be aware of this, and there is no duty to report such concerns formally, nor to take independent action, other than in exceptional circumstances.*

Decisions about access to medical care

7 The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options. *However, in a pandemic it may not be possible to respond fully to patients' preferences or priorities, for example availability of in-patient services may be limited. In such cases, you should take into account patients' preferences as far as is practicable within the constraints of the resources available and national guidelines.* You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. You must treat your patients with respect whatever their life choices and beliefs. You must not unfairly discriminate against them by allowing your personal views⁵ to affect adversely your professional relationship with them or the treatment you provide or arrange. *It will be particularly important to ensure that decisions you make in relation to provision of care are fair and based on clinical need and the patient's capacity to benefit, and not simply on grounds of age, race, social status or other factors which may introduce discriminatory access to care.* You should challenge colleagues if their behaviour does not comply with this guidance.

8 If carrying out a particular procedure or giving advice about it conflicts with your religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and tell them they have the right to see another doctor. You must be satisfied that the patient has sufficient information to enable them to exercise that right. If it is not practical for a patient to arrange to see another doctor, you must ensure that arrangements are made for another suitably qualified colleague to take over your role.

9 You must give priority to the investigation and treatment of patients on the basis of clinical need, *and on the patient's likely capacity to benefit*, when such decisions are within your power.

⁵ This includes your views about a patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.

10 All patients are entitled to care and treatment to meet their clinical needs. You must not refuse to treat a patient because their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making suitable alternative arrangements for treatment. *In a pandemic, many doctors will have legitimate concerns about the risks of infection they face, or the additional risks to which they may expose their family, particularly if family members are identified as being in an 'at-risk' group. At the same time, the public has a legitimate expectation of receiving medical advice and help from the profession during a pandemic. The balance between protecting individual doctors and their families from harm, and ensuring patients are not put at unnecessary risk, is best addressed at local level, taking into account the principle that those who place themselves at additional risk should be supported in doing so and the risks and burdens minimized as far as possible. You should discuss with your employing or contracting body any concerns you have about health and safety for yourself or your family. You should do this, if possible, in advance of UK alert level 3 being declared..*

Treatment in emergencies

11 In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options for care. *In a pandemic, this means that you may work outside your normal field of practice, either in providing care to patients with influenza, or patients with other conditions.*

Keeping up to date

12. You should be familiar with relevant guidelines and developments that affect your work. *In particular, you should keep up to date with the national guidelines on treating pandemic influenza.*

13 You must keep up to date with, and adhere to, the laws and codes of practice relevant to your work.

Maintaining and improving your performance

14 You must work with colleagues and patients to maintain and improve the quality of your work and promote patient safety.

In particular, you must:

- (d) take part in systems of quality assurance and quality improvement *wherever relevant and practical*
- (g) contribute to confidential inquiries and adverse event recognition and reporting, to help reduce risk to patients, *where practical*
- (h) report suspected adverse drug reactions in accordance with the relevant reporting scheme
- (i) co-operate with legitimate requests for information from organisations monitoring public health – when doing so you must follow the guidance in Confidentiality: Protecting and providing information.

Teaching and Training, Appraising and Assessing

17 You must make sure that all staff for whom you are responsible, including locums and students, are properly supervised, *as far as is practical in the circumstances.*

19 You must provide only honest, justifiable and accurate comments when giving references for, or writing reports about, colleagues. When providing references you must do so promptly and include all information that is relevant to your colleague's competence, performance or conduct.

The doctor-patient partnership

20 Relationships based on openness, trust and good communication will enable you to work in partnership with your patients to address their individual needs.

21 To fulfil your role in the doctor-patient partnership you must:

- (a) be polite, considerate and honest
- (b) treat patients with dignity
- (c) treat each patient as an individual
- (d) *as far as possible* respect patients' privacy and right to confidentiality
- (e) support patients in caring for themselves to improve and maintain their health
- (f) encourage patients who have knowledge about their condition to use this when they are making decisions about their care.

Good communication

22 To communicate effectively you must, *as far as possible within the time available*:

- (a) listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences
- (b) share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including associated risks and uncertainties
- (c) respond to patients' questions and keep them informed about the progress of their care
- (d) make sure that patients are informed about how information is shared within teams and among those who will be providing their care.

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23 You must make sure, wherever practical, that arrangements are made to meet patients' language and communication needs.

Children and young people

24 The guidance that follows in paragraphs 25–27 is relevant whether or not you routinely see children and young people as patients. You should be aware of the needs and welfare of children and young people when you see patients who are parents or carers, as well as any patients who may represent a danger to children or young people.

25 You must, *as far as possible*, safeguard and protect the health and well-being of children and young people. *However, children should not be given automatic priority over adult patients. Prioritising care should be based on clinical need and the patient's likely capacity to benefit.*

26 You should offer assistance to children and young people if you have reason to think that their rights have been abused or denied.

27 When communicating with a child or young person you must, *as far as possible within the time available*:

- (a) treat them with respect and listen to their views
- (b) answer their questions to the best of your ability
- (c) provide information in a way they can understand.

28 The guidance in paragraphs 25–27 is about children and young people, but the principles also apply to other vulnerable groups.

Relatives, carers and partners

29 *As far as possible within time constraints*, you must be considerate to relatives, carers, partners and others close to the patient, and be sensitive and

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responsive in providing information and support, including after a patient has died. In doing this you must follow the guidance in Confidentiality: Protecting and providing information.

Being open and honest with patients if things go wrong

30 If a patient under your care has suffered harm or distress, you must act immediately to put matters right, if that is possible. You should offer an apology and explain fully to the patient what has happened, and the likely short-term and long-term effects. *Planned changes, for example delays in providing elective care, are not regarded as falling under this heading. Nonetheless, doctors should explain the reasons for delays or other matters which cause patients [harm or] distress during a pandemic.*

31 Patients who complain about the care or treatment they have received have a right to expect an open, constructive and honest response including an explanation and, if appropriate, an apology, *as promptly as possible in the circumstances*. You must not allow a patient's complaint to affect adversely the care or treatment you provide or arrange.

Maintaining trust in the profession

32 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.

33 You must not express to your patients your personal beliefs, including political, religious or moral beliefs, in ways that exploit their vulnerability or that are likely to cause them distress.

34 You must take out adequate insurance or professional indemnity cover for any part of your practice not covered by an employer's indemnity scheme, in your patients' interests as well as your own.

35 You must be familiar with your GMC reference number. You must make sure you are identifiable to your patients and colleagues, for example by using your registered name when signing statutory documents, including prescriptions. You must make your registered name and GMC reference number available to anyone who asks for them.

Consent

36 You must be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. Usually this will involve providing information to patients in a way they can understand, before asking for their consent. You must follow the guidance in Seeking patients' consent: The ethical considerations, which includes advice on children and patients who are not able to give consent.

Confidentiality

37 Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential, including after a patient has died. If you are considering disclosing confidential information without a patient's consent, you must follow the guidance in Confidentiality: Protecting and providing information. *During a pandemic, staff working in health protection agencies will be part of the healthcare team and you should share information with them freely. In addition, you should provide the minimum necessary data for any additional public health monitoring or surveillance introduced during a pandemic.*

Ending your professional relationship with a patient

38 In rare circumstances, the trust between you and a patient may break down, and you may find it necessary to end the professional relationship. For example, this may occur if a patient has been violent to you or a colleague, has stolen from the premises, or has persistently acted inconsiderately or unreasonably. You should not end a relationship with a patient solely because of a complaint the patient has made

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about you or your team, or because of the resource implications* of the patient's care or treatment.

39 Before you end a professional relationship with a patient, you must be satisfied that your decision is fair and does not contravene the guidance in paragraph 7. You must be prepared to justify your decision. You should inform the patient of your decision and your reasons for ending the professional relationship, wherever practical in writing.

40 You must take steps to ensure that arrangements are made promptly for the continuing care of the patient, and you must pass on the patient's records without delay.

Working in teams

41 Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues.

You must:

- (a) respect the skills and contributions of your colleagues
- (b) communicate effectively with colleagues within and outside the team
- (c) make sure that your patients and colleagues understand your role and responsibilities in the team, and who is responsible for each aspect of patient care
- (e) *take all reasonable steps in the circumstances* to support colleagues who have problems with performance, conduct or health.

* If you charge fees, you may refuse further treatment for patients unable or unwilling to pay for services you have already provided. You must follow the guidance in paragraph 39.

42 If you are responsible for leading a team, you must follow the guidance in Management for doctors.

Conduct and performance of colleagues

43 You must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If you have concerns that a colleague may not be fit to practise, you must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary. This means you must give an honest explanation of your concerns to an appropriate person from your employing or contracting body, and follow their procedures. *Where a pandemic reaches UK alert level 3 doctors may be asked to work longer hours than is desirable. You should bear in mind, in relation to your own health and performance, and that of colleagues, the need to best protect patients' safety and needs, balancing additional risks which may be introduced by fatigue, against the alternative, for example, of patients receiving no care.*

44 If there are no appropriate local systems, or local systems do not resolve the problem, and you are still 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.

45 If you have management responsibilities you should make sure that systems are in place through which colleagues can raise concerns about risks to patients, and you must follow the guidance in *Management for doctors*.

Respect for colleagues

46 You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views*

* This includes your views about a colleague's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.

to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.

47 You must not make malicious and unfounded criticisms of colleagues that may undermine patients' trust in the care or treatment they receive, or in the judgement of those treating them.

Arranging cover

48 You must be satisfied that, when you are off duty, suitable arrangements have been made for your patients' medical care. These arrangements should include effective hand-over procedures, involving clear communication with healthcare colleagues. If you are concerned that the arrangements are not suitable, you should take steps to safeguard patient care and you must follow the guidance in paragraph 6.

Taking up and ending appointments

49 Patient care may be compromised if there is not sufficient medical cover. *If UK alert level 3 as been declared at a time when you are due to take up a new appointment, you should follow national guidance on movement of doctors' posts applicable at the time. If you have resigned from a post you must work your contractual notice period.*

Sharing information with colleagues

50 Sharing information with other healthcare professionals is important for safe and effective patient care.

51 When you refer a patient, you should provide all relevant information about the patient, including their medical history and current condition.

52 If you provide treatment or advice for a patient, but are not the patient's general practitioner, you should, *as far as possible within time and resource constraints*, 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. *For example, a patient discharged from hospital should normally be given a discharge summary, although it may not be practical to provide more detailed follow-up information.*

53 If a patient has not been referred to you by a general practitioner, you should ask for the patient's consent to inform their general practitioner before starting treatment, except in emergencies or when it is impractical to do so. If you do not inform the patient's general practitioner, you will be responsible for providing or arranging all necessary after-care.

Delegation and referral

54 Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied, *as far as possible*, that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need.

55 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 that is outside your competence. You must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment. If they are not, the transfer of care will be regarded as delegation, not referral. This means you remain responsible for the overall management of the patient, and accountable for your decision to delegate.

Being honest and trustworthy

56 Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism.

57 You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession.

58 You must inform the GMC without delay if, anywhere in the world, you have accepted a caution, been charged with or found guilty of a criminal offence, or if another professional body has made a finding against your registration as a result of fitness to practise procedures.

59 If you are suspended by an organisation from a medical post, or have restrictions placed on your practice you must, without delay, inform any other organisations for which you undertake medical work and any patients you see independently.

Providing and publishing information about your services

60 If you publish information about your medical services, you must make sure the information is factual and verifiable.

61 You must not make unjustifiable claims about the quality or outcomes of your services in any information you provide to patients. It must not offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.

62 You must not put pressure on people to use a service, for example by arousing ill-founded fears for their future health.

Writing reports and CVs, giving evidence and signing documents

63 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.

64 You must always be honest about your experience, qualifications and position, particularly when applying for posts.

65 You must do your best to make sure that any documents you write or sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents, and that you must not deliberately leave out relevant information.

66 If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.

67 If you are asked to give evidence or act as a witness in litigation or formal inquiries, you must be honest in all your spoken and written statements. You must make clear the limits of your knowledge or competence.

68 You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure that applies to your work. You must disclose to anyone entitled to ask for it any information relevant to an investigation into your own or a colleague's conduct, performance or health. In doing so, you must follow the guidance in Confidentiality: Protecting and providing information.

69 You must assist the coroner or procurator fiscal in an inquest or inquiry into a patient's death by responding to their enquiries and by offering all relevant information. You are entitled to remain silent only when your evidence may lead to criminal proceedings being taken against you.

Research

70 Research involving people directly or indirectly is vital in improving care and reducing uncertainty for patients now and in the future, and improving the health of the population as a whole.

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71 If you are involved in designing, organising or carrying out research, you must:

- (a) put the protection of the participants' interests first
- (b) act with honesty and integrity
- (c) follow the appropriate national research governance guidelines and the guidance in Research: The role and responsibilities of doctors.

If you are running a research programme involving patients or healthy volunteers when UK Alert Level 3 is declared you should consider whether to continue or interrupt your research. If you decide to continue, you should regularly review your decision. Your decision should be made on the basis of patient safety and best interests, taking into account the practical problems you or your patient group may face in providing and accessing care.

Financial and commercial dealings

72 You must be honest and open in any financial arrangements with patients. In particular:

- (a) you must inform patients about your fees and charges, wherever possible before asking for their consent to treatment
- (b) you must not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services
- (c) you must not encourage patients to give, lend or bequeath money or gifts that will directly or indirectly benefit you
- (d) you must not put pressure on patients or their families to make donations to other people or organisations
- (e) you must not put pressure on patients to accept private treatment

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(f) if you charge fees, you must tell patients if any part of the fee goes to another healthcare professional.

73 You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular:

(a) before taking part in discussions about buying or selling goods or services, you must declare any relevant financial or commercial interest that you or your family might have in the transaction

(b) if you manage finances, you must make sure the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances.

Conflicts of interest

74 You must act in your patients' best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat or refer patients. You must not offer such inducements to colleagues.

75 If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients.

76 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 healthcare purchaser.

Health

77 You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.

78 You should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.

79 If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients. *If you are developing symptoms indicative of pandemic influenza, you should follow national guidelines on its management. Exposure to people with influenza is not a sufficient basis for seeking advice on the risk you pose to patients.*

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