Writing references - guidance for doctors

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1. In our core guidance for doctors, *Good Medical Practice* we advise that:

   o 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. (Paragraph 19)

   o 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. (Paragraph 65)

In *Management for Doctors* we also say that:

   o You must be honest and objective when appraising or assessing colleagues’ performance and when providing references. The safety of patients and the public could be at risk if you make false, exaggerated or incomplete comments about another professional’s competence or experience. (Paragraph 39)

2. This supplementary guidance is intended to provide more detail about how to comply with these principles. It also explains to candidates what they can expect to be included in any references written about them.

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

4. Prospective employers use references to obtain information about a candidate’s qualifications, employment history and assist in the assessment of their suitability for the post in question. They also provide both employers and candidates with an opportunity to verify the information supplied in an application. References should, therefore, be written in a way that is fair to both the candidate and the prospective employer.

5. Employers need to be confident that they can rely on the information in references, particularly when they are employing healthcare professionals. Candidates also need to be confident that references written about them are accurate and reliable. A reference that presents an inaccurate picture of a prospective employee, could lead either to the appointment of an unsuitable candidate or the most suitable not being appointed. In some
cases this will put patients at risk of serious harm and it may undermine trust in the profession.

6. You should usually provide a reference if you are the person best placed to do so. When providing a reference you should state the basis upon which you are making your assessment of the candidate, such as how long you have known the candidate and in what capacity.

7. When assessing whether information is relevant you should consider whether its inclusion, or omission, could mislead an employer\(^3\) about either a specific issue, or the overall suitability of a candidate. If you agree to provide a reference you must:

   a. Only provide comments which you are able to substantiate.
   b. Provide comments which are objective, fair and unambiguous.
   c. Not base comments on your personal views\(^4\) about a candidate which have no bearing on the candidate’s suitability.

8. You should include all information you are aware of that is relevant to a candidate’s professional competence and be prepared to provide evidence to support this, where appropriate.

9. You should provide information about a candidate’s conduct, including matters that might affect patient trust in the individual candidate or the public’s trust in the profession as a whole.

10. You should draw attention to any other issues that could put patients at risk. This may include information relating to unresolved, outstanding or past complaints, where you judge that this is relevant to the candidate’s suitability. You should take reasonable steps to verify the information you provide. Where this is not practical, or the information is incomplete, you should make this clear.

11. Personal information about a candidate, for example in relation to their health, should not usually be included in a reference. However a situation may arise where you are aware of confidential information about a candidate, which will have a direct bearing on their suitability for the particular post in question. In such circumstances you should seek consent to disclose the information. If this is impractical or consent is withheld, you should consider whether the benefits, to individual patients or the public, of disclosing would outweigh the possible harm to the individual candidate. For example, including health information may be justified where that is necessary to protect patients from risk of serious harm. Further guidance on disclosures in the public interest can be found in 22-27 of Confidentiality: Protecting and Providing Information.\(^5\)

12. If a candidate asks for a copy of the reference, you should usually provide them with one, though you are not required to do so.\(^6\)

13. If you are unsure about whether to include information in a reference you should consider seeking advice from your medical defence body or a professional association such as the British Medical Association.

Footnotes

1. If you have general concerns about a candidate’s fitness to practise, whether in relation to their conduct, performance or health, you should follow the advice at paragraphs 43-45 of Good Medical Practice.

2. Spring v Guardian Assurance plc and others [1994]


4. 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.
5. You should also consider the impact of the Data Protection Act 1998 on the disclosure of sensitive personal data. Further advice can be sought from the Information Commissioner.

6. See Data Protection Good Practice Note: Subject access and employment references, Information Commissioners Office, 2005 (pdf)