

GPC

General Practitioners
Committee

Good Medical Practice for General Practitioners

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Synopsis	3
Introduction	4
<u>Section 1. Good clinical care</u>	
1. Clinical care	7
2. Keeping records and keeping your colleagues informed	10
3. Access and availability	12
4. Treatment in emergencies	14
5. Providing care out of hours; using locums, co-operatives and deputising services	16
6. Making effective use of resources	18
<u>Section 2. Maintaining good medical practice</u>	
7. Keeping up to date, and maintaining your performance	20
<u>Section 3. Good relations with patients</u>	
8. Providing information about your services	23
9. Professional relationships with patients - maintaining trust	25
10. Avoiding discrimination and prejudice	28
11. If things go wrong	30
<u>Section 4. Working with colleagues</u>	
12. Working with colleagues and working in teams	33
13. Referring patients	36
14. Responsibilities of specialists when patients are referred	38
15. Accepting posts	40
<u>Section 5. Teaching and training</u>	
16. Teaching and training	41
<u>Section 6. Probity</u>	
17. Research	43
18. Abusing your professional position	46
19. Financial and commercial dealings	48
20. Providing references	51
<u>Section 7. The performance of other doctors</u>	
21. Protecting patients when a doctor's health, conduct, or performance puts them at risk	52
Appendix 1. Cross-referencing to the GMC's <i>Good Medical Practice</i>	55
Appendix 2. Membership of the RCGP <i>Good Medical Practice</i> working party	57
Appendix 3. List of organisations and individuals consulted	58
Appendix 4. Glossary	59

Synopsis

Periodic revalidation of doctors aims to give the public confidence that their doctors provide a high standard of care. This document has been written to contribute to the process of revalidation by describing what is expected of a general practitioner (GP).

Starting from the General Medical Council's *Good Medical Practice*, the document describes why each particular aspect of care is important for GPs. These are described under the seven broad headings of:

- Good clinical care
- Maintaining good medical practice
- Good relations with patients
- Working with colleagues
- Teaching and training
- Probity
- The performance of other doctors

We have 'anchored' these general descriptions by summarising under each heading some points which describe an 'excellent GP' and some that describe an 'unacceptable GP'.

We do not believe that any GP can be expected to provide care described under all the descriptors of the 'excellent GP' all the time. We suggest that an excellent GP meets the 'excellent GP' criteria all or nearly all of the time; a good GP meets most of the 'excellent GP' criteria most of the time; and a poor GP consistently or frequently provides care described by the 'unacceptable GP' criteria.

Revalidation aims to ensure that all GPs are working to an acceptable minimum standard. Revalidation procedures therefore focus on the examples of unacceptable practice which are given in this document. It is recognised that all GPs will on occasion provide care that may appear to be unacceptable by these standards. Only those GPs whose care falls consistently or frequently below the standards expected will be at risk of failing revalidation.

Introduction

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.

GMC Good Medical Practice, paragraph 1

General practice lies at the heart of medicine in the United Kingdom. Indeed, it is one of the great successes of the National Health Service (NHS). This is shown by the fact that countries all over the world are currently developing systems of medical care based on the UK model of general practice.

It is, and always has been, a professional responsibility to provide a high standard of care. However doctors in the United Kingdom are increasingly expected to be able to demonstrate their fitness to practise. In line with other professional groups and public services, there is an increasing expectation of transparency and public accountability in the delivery of medical care.

The General Medical Council (GMC) has described the duties of a doctor as follows:

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.

Why has *Good Medical Practice for General Practitioners* been written?

Periodic revalidation of doctors has been developed in order to demonstrate to the public that doctors provide a high standard of care. Revalidation is

designed to promote high standards across the profession as a whole, and to provide better support for those doctors who need it. This document has been written to contribute to the process of revalidation by describing what is expected of a GP.

The GMC has described in general terms what is required of a doctor. This guidance is contained within the booklet *Good Medical Practice*, which sets out the standards which the GMC expects of doctors and the principles against that the GMC assesses doctors when their performance is questioned. As part of the development of revalidation, the GMC asked Royal Colleges and specialist societies to describe in greater detail what 'good medical practice' means for their discipline –hence the title *Good Medical Practice for General Practitioners*. The Royal College of General Practitioners (RCGP), working with members of the General Practitioners' Committee of the British Medical Association (GPC) and other organisations, undertook this work for general practice.

The document was written by a working party convened by the RCGP; the members are listed in Appendix 2. A wide range of organisations were consulted; they are listed in Appendix 3. In November 1999, a draft was sent to all GPs in the United Kingdom for comment. Approximately two thousand replies were received. This document now incorporates the feedback received during this consultation exercise.

What standards are expected of a GP?

In seeking to define good medical practice for general practitioners, we used the GMC's *Good Medical Practice* as our starting point. Extracts from the GMC's document are reproduced in italics at the start of each subsection. In each subsection, we have described why that particular aspect of care is important for GPs. We have then anchored these general descriptions by summarising under each heading some points which describe an 'excellent GP' and some that describe an 'unacceptable GP'. While the issues we discuss are intended to cover all the aspects of care provided by GPs, the individual bullet points are not intended to be exhaustive.

An excellent GP meets the 'excellent GP' criteria all or nearly all of the time.

A good GP meets most of the 'excellent GP' criteria most of the time.

A poor GP consistently or frequently provides care described by the 'unacceptable GP' criteria.

We do not believe that any GP can be expected to provide the care specified for the 'excellent GP' all the time – though he or she will aspire to that. Likewise, we recognise that good GPs will, on occasion, provide care that appears to be 'unacceptable' by these standards. Sometimes this may be due to lack of resources. Where standards are not met, it may not always be the fault of the doctor. GPs may find it difficult, or impossible, to meet patients' increasing expectations in the absence of an increase in resources.

In setting standards for performance, the GMC, or any other assessing body, is looking for consistent inability to meet acceptable standards of practice. Just as the RCGP looks for consistent patterns of high standard care for its awards, so the GMC looks for consistent patterns of poor performance before calling a doctor's fitness to practise into question. Moreover, a doctor's practice cannot be called into question unless there is evidence of seriously deficient performance, serious professional misconduct, or serious physical or mental impairment.

To whom does this document apply?

The document applies to all GPs, whether or not they are principals, and whether or not they are working in the NHS. However, some points apply only to GPs who are NHS principals.

Good medical practice needs to be interpreted in the context of each individual doctor's practice. GPs practise in very different circumstances – the needs of patients vary greatly, resources are unevenly spread, and the support that individual practices have to call on varies greatly. While all GPs aspire to provide the best care to all their patients, what they can achieve may depend on the circumstances in which they find themselves. Revalidation will take into account the circumstances of each individual doctor applying for revalidation.

We hope that the document will be used to guide GPs, as well as those with responsibility for assessing their performance, those considering how revalidation of GPs might be approached, and those involved in the various quality-assessment schemes operated by the RCGP. It will also help patients to know what standards they can expect of their GP.

Section 1: Good clinical care

1. Clinical care

Good clinical care must include:

- *an adequate assessment of the patient's condition, based on the history and clinical signs and, if necessary, an appropriate examination;*
- *providing or arranging investigations or treatment where necessary; taking suitable and prompt action when necessary;*

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;*

GMC Good Medical Practice, paragraphs 2.1–2.3, 3.1–3.3

Providing competent assessment and treatment is at the heart of good medicine. As a GP, you need to be skilful in acquiring information that relates to your patient and his or her presenting problem. Where possible, you should allow enough time so that you can assess problems that may underlie the presenting problem.

You should have consulting skills which elicit sufficient clinical information for diagnosis and management, achieving coverage of important areas including difficult and sensitive ones. Your consulting style should be responsive to individual patients' needs, involving them in decisions about management.

You should carry out appropriate physical examinations. This does not mean that every patient needs to be examined, or that patients need to be examined on every occasion. However, you do need to put yourself in a position in which you would be able to identify an important problem if one was there. You should be particularly careful when assessing problems and giving advice on the telephone, when serious problems are potentially more easily missed or misdiagnosed.

You should involve your patient in defining the aims of treatment, arrangements for follow up and long-term plans for care. You should give your patient the available treatments he or she needs, and avoid giving treatments that are unnecessary. Sometimes this may involve time-consuming negotiation with the patient.

You need to practise in premises that contain basic medical equipment which will enable you to assess and manage problems appropriately. In addition to keeping such equipment, you need to maintain it in a condition which is safe (e.g. adequately sterilised) and know how to use it. You need to understand and be able to meet the requirements of current health and safety legislation.

You should undertake appropriate investigations and referral with attention to timing and pacing. Both under-investigation and over-investigation, and under-referral and over-referral, can expose patients to risk.

The management of a problem includes giving patients up-to-date information on acute and chronic health problems, on prevention and lifestyle, and on self-care. You should be aware of and have access to a variety of ways in which patients can get this information. These might include patient leaflets, personalised information sheets, and addresses and telephone numbers of self-help groups and other health and social services organisations.

You must maintain adequate knowledge and skills as a GP. You also need to be aware of your level of competence, so that you can decide when a problem needs to be referred to another doctor.

The excellent GP

- maintains his or her knowledge and skills, and is aware of his or her limits of competence
- takes time to listen to patients, and allows them to express their own concerns
- considers relevant psychological and social factors as well as physical ones
- uses clear language appropriate for the patient
- is selective but systematic when examining patients
- performs appropriate skilled examinations with consideration for the patient
- has access to necessary equipment and is skilled in its use
- uses investigations when they will help management of the condition
- knows about the nature and reliability of investigations requested and understands the results

- makes sound management decisions which are based on good practice and evidence
- has a structured approach for managing long-term health problems and preventive care.

The unacceptable GP

- has limited competence, and is unaware of where his or her limits of competence lie
- consistently ignores, interrupts, or contradicts his or her patients
- fails to elicit important parts of the history
- is unable to discuss sensitive and personal matters with patients
- fails to use the medical records as a source of information about past events
- fails to examine patients when needed
- undertakes inappropriate, cursory, or inadequate examinations
- does not explain clearly what he or she is going to do or why
- does not possess or fails to use appropriate diagnostic and treatment equipment
- consistently undertakes inappropriate investigations
- shows little evidence of a coherent or rational approach to diagnosis
- draws illogical conclusions from the information available
- gives treatments that are inconsistent with best practice or evidence
- has no way of organising care for long-term problems or for prevention

2. Keeping records and keeping your colleagues informed

In providing care, you must

- *keep clear, accurate, 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;*

GMC Good Medical Practice, paragraphs 3.4, 3.5

Keeping good records of the clinical encounter enables you or other doctors to remember and/or understand the care that the patient has been given, and provides the basis for future care. They are the main way to share information with other members of the practice team who may be providing care for a patient. They are also documents which may be needed for legal purposes.

Medical records include both written ones and ones held on computer. Your paper records should be legible and entered sequentially, with hospital reports, laboratory reports and x-ray reports filed in date order. Records of consultations should include the presenting problems, results of examinations or investigations undertaken, and an indication of the management plan. The records of patients on long-term therapy should include a clear summary of medication. Important information in records should be easily accessible; for example, as part of a summary.

Records should contain factual information and opinions which have some bearing on diagnosis or treatment. You should remember that patients are entitled to read their records. They may also legitimately ask that you do not record some things that they tell you.

Members of your practice team need information about patients in order to provide care for them. However, patients may sometimes assume that no-one else has access to the information they have given you. You should therefore be careful not to share information which you believe the patient might wish to be private. You may need to check with the patient about what can be shared with colleagues. You must always respect the patient's wishes except where this would put someone else at risk of serious harm.

If you see a patient outside your practice setting (e.g. in a walk-in centre or an out-of-hours co-operative), you should inform the patient's GP about the care you give, unless the patient objects.

Communication with specialists to whom you refer is discussed in subsections 13 and 14.

The excellent GP

- records appropriate information for all contacts including telephone consultations
- respects the patient's right to confidentiality and provides information to colleagues in a manner appropriate to their level of involvement in the patient's care
- ensures that letters are legible and copies kept on file
- files GP notes, hospital letters, and investigation reports in date order

The unacceptable GP

- keeps records which are incomplete or illegible, and contain inaccurate data or gratuitously derogatory remarks
- does not keep records confidential
- does not take account of colleagues' legitimate need for information
- keeps records that cannot readily be followed by another doctor
- consistently consults without records

3. Access and availability

You must do your best to make sure that the whole team understands the need to provide a polite, responsive and accessible service and to treat patient information as confidential

GMC Good Medical Practice, paragraph 31.2

Patients place a high priority on having good access to GPs. There is a range of issues that relate to access and availability. These include access to written information (e.g. practice leaflet), being able to get through on the telephone, having an appointment system which meets the needs of your patients, providing appointments for particular doctors (i.e. providing continuity of care), having a system which identifies urgent problems, and providing access for disabled patients.

Patients appreciate being able to contact the surgery throughout the working day, though this is sometimes not possible to arrange in smaller practices. Your practice leaflet should say when the surgery is open and when the phones are answered. You need to have enough lines for your patients.

Patients value being able to talk to a doctor or nurse on the phone, and this can often avoid the need for a surgery consultation or visit. Your practice leaflet should make it clear whether you have arrangements for patients to talk to a doctor or nurse on the phone.

Difficulty getting appointments and long waiting times at the surgery are common sources of complaints and dissatisfaction. Your appointment system should recognise the needs of your population; for example, those whose first language is not English may have difficulty with a complicated appointment system, and patients in deprived areas may be more likely to attend without appointments. A flexible system with both booked appointments and open access may be best in some areas.

Being able to see a particular doctor is one of the most important features of general practice for patients – higher levels of continuity of care are consistently associated with higher levels of patient satisfaction. Sometimes commitments outside the practice, holidays, and so on make it difficult for a doctor to provide continuity of care; under these circumstances, you should ensure that adequate continuity is provided within the team.

You need to establish a system for distinguishing and managing requests for emergency, urgent, and routine appointments – this will normally be in the hands of a receptionist or a nurse. You need to ensure that your receptionists are trained to be able to operate the system correctly, and, if you are

employing staff, you must accept final responsibility for the working of the appointment system.

As practice staff are often the first point of contact with a GP's surgery, they need to understand the importance of confidentiality in their dealings with patients.

The excellent GP

- has opening hours which meet the needs of the patient population and are clearly stated
- monitors how the appointments system works
- has a system for receiving or returning phone calls from patients
- has an effective system to identify and respond to emergencies, and a system to deal with requests for same-day appointments
- has a clear policy which encourages continuity of care where patients wish
- ensures that practice staff understand and respect the need for confidentiality

The unacceptable GP

- has very restricted opening hours
- does not have adequate arrangements for patients to contact the practice by phone
- provides no opportunity for patients to talk to a doctor or a nurse on the phone
- pays no regard to the training and support of employed staff
- places little value on patient confidentiality

4. Treatment in emergencies

In an emergency, you must offer anyone at risk the treatment you could reasonably be expected to provide

GMC Good Medical Practice, paragraph 4

Medical emergencies – such as cardiac chest pain, acute dyspnoea, and severe trauma – are uncommon in general practice. However, when they occur they require high levels of technical skill. It is your responsibility to ensure that both you and your team are confident and competent to provide medical care for the emergencies that are likely to arise in your area. This is particularly important if you do not have easy access to an accident and emergency department.

You need to be able to respond rapidly to a medical emergency if you are on call. You should also have available, and be able to use, the necessary equipment and drugs to enable you to respond appropriately to medical emergencies. You should arrange appropriate short- and long-term follow up for patients who have required emergency care, including referral to other health professionals when necessary. You should consider the needs of the family and friends of patients who have required emergency care.

If you are present when a person needs emergency care – for example, if a person collapses or is injured in a public place – you should provide any treatment or assistance which is within your professional competence.

The excellent GP

- responds rapidly to emergencies
- has policies that all team members are familiar with for the organisation and management of medical emergencies
- arranges appropriate training for practice staff in managing emergencies
- has up-to-date emergency equipment and drugs and ensures that they are available for any doctor, e.g. a locum, working in the practice
- works effectively with the emergency services
- gives consideration to the broader implications of a medical emergency for the patient's family and friends
- reviews the care of emergency cases as part of clinical meetings, using techniques such as significant event auditing

The unacceptable GP

- cannot be contacted in an emergency or does not respond quickly
- provides ineffective or erratic care in emergencies
- provides no support to practice staff in managing emergencies
- has insufficient emergency drugs or equipment, or has drugs which are out of date, and does not maintain his or her resuscitation skills
- does not appropriately follow up patients who have experienced a medical emergency

5. Providing care out of hours; using locums, co-operatives, and deputising services

You must be readily accessible to patients and colleagues when you are on duty.

You must be satisfied that, when you are off duty, suitable arrangements are made for your patients' medical care. These arrangements should include effective handover procedures and clear communication between doctors.

If you are a general practitioner 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. A deputising doctor is accountable to the GMC for the care of patients while on duty.

GMC Good Medical Practice, paragraphs 12.11, 34, 35

When you are on call, you must ensure that you can be contacted easily. You need to ensure that equipment such as a mobile phone is working and, where appropriate, there should be a back-up system such as a pager. You also need to be accessible to colleagues, and other agencies such as the ambulance service or social services. In addition to being accessible when on duty, you must also ensure that your response to requests for help is appropriate; for example, responding rapidly in an emergency situation.

Twenty-four-hour cover for patients in general practice is increasingly provided by GP co-operatives and deputising services. It is your responsibility to ensure that a system is in place which will check that any doctor who stands in for you has the necessary qualifications, experience, knowledge, and skills to perform the duties for which they will be responsible. This is also important when you employ locums in your own practice. For out-of-hours care, you need to ensure that there is a system for transferring information concerning out-of hours consultations to the patient's usual doctor. You should assume full responsibility for any relevant information about your patients that is handed over by another health professional.

The excellent GP

- can always be contacted when on duty and arranges immediate action in an emergency situation
- only uses out-of-hours cover arrangements where high standards of care are provided
- checks the registration of locums with the GMC and only employs a locum who has provided a JCPTGP certificate (or a curriculum vitae if he or she

entered practice before such certificates were issued) and two references from previous employers, and who has attained a high standard of practice (e.g. possession of the MRCGP)

- can demonstrate an effective system for transferring and acting on information from other doctors about patients

The unacceptable GP

- cannot be contacted when on duty, takes a long time to respond to calls, or does not take rapid action in an emergency situation
- has no knowledge of the qualifications of locums employed in the practice or ignores doubts about their ability
- has no system for transferring information about out-of-hours consultations to the patient's usual doctor
- does not follow up relevant information about his or her patients that has been provided by another health professional

6. Making effective use of resources

In providing care you must:

- *pay due regard to efficacy and the use of resources;*
- *prescribe only the treatment, drugs, or appliances that serve the patient's needs.*

You should seek to give priority to the investigation and treatment of patients on the basis of need

GMC Good Medical Practice, paragraphs 3.6, 3.7, 37

There is a tension between the needs of a GP's individual patients and the needs of the population as a whole. The NHS cannot provide all treatments from which patients might benefit, and the needs of individual patients have to be balanced against those of society. Good GPs are aware of this tension and seek to balance the needs of their patients and of society.

Wasting resources means that there is less available for your patients and those of other doctors. So you should use resources in a cost-effective way. In both NHS and private care, you should avoid unnecessary or unnecessarily expensive treatments.

Some doctors have explicit responsibility for commissioning services for a wider population. When health care resources are limited, disadvantaged patients are particularly likely to suffer. Therefore, as far as possible, these doctors should ensure that resources are allocated and used to reduce inequalities in health.

However, your prime responsibility as a GP remains to your individual patient. Where adequate care is not given, as a result of poor professional performance, this should be identified and remedied. When adequate care cannot be given because of shortage of resources, this should be made explicit, both to the patient and to those who are in control of those resources.

The excellent GP

- only prescribes treatments which make an effective contribution to the patient's overall management
- takes cost into account when choosing between treatments of similar effectiveness

The unacceptable GP

- consistently prescribes unnecessary or ineffective treatments
- takes no note of cost when choosing between similar treatments
- refuses to register patients whose treatment may be costly

Section 2. Maintaining good medical practice

7. Keeping up to date, and maintaining your performance

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 develop your competence and performance

You must work with colleagues to monitor and maintain your awareness of the quality of the care you provide. 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 assessments and appraisals of your professional competence and performance.*

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.

GMC Good Medical Practice, paragraphs 5, 7, 6

New treatments are regularly introduced to general practice, and old ones are superseded. You need to keep yourself aware of the most significant of these changes across the full range of the problems that GPs see. As the gatekeeper to secondary care, you also need to be alert to changing practices in specialist care – detailed knowledge is not necessary, but it should be sufficient for you to make appropriate referrals to specialists.

You need to plan your continuing education with care, trying to identify and fill gaps in your knowledge and performance. Honest self-evaluation and audit of your own performance is emerging as the basis of personal development plans in general practice. Ways of doing this include a personal learning diary compiled during surgeries as well as assessment instruments such as the Phased Evaluation Programme (PEPcd), a self-assessment programme available from the RCGP. You also need to have ways of making sure that you act on problems which you find in your own care or that provided by your practice team.

For doctors working in the NHS, national and local priorities will increasingly influence this educational agenda. You will need to take account of these

priorities in planning your own education and the development of your practice. You should respond constructively when problems in your care are identified through peer review or audit.

You need to be critical about the quality and effectiveness of the education on which you rely to maintain your skills. You should ensure that the educational methods that you use are of high quality and are appropriate. You should beware of being over-dependent on sources of information and educational events that may be commercially biased (e.g. meetings sponsored by companies whose contents are dictated by the company's products).

The ways in which you maintain high-quality clinical care need to reflect the breadth and nature of the discipline. In maintaining good care you should therefore be aware of a range of ways of monitoring and improving care (e.g. audit, significant event analysis, risk management) and involve all your team members in maintaining and improving the quality of care which your practice provides. Clinical governance provides a framework which may help you do this.

Another part of keeping up to date is keeping up to date with the law. Many areas of general practice are influenced by statute. Important aspects of law influencing clinical practice include child welfare, mental health, controlled drug prescribing, provision of medical certificates for sickness benefits, fitness to drive and death certification. If these are relevant to your areas of clinical practice, you must ensure that your knowledge of the regulations remains current.

If you employ staff or provide public access to your premises, you have additional responsibilities to be aware of and respond to. These include employment law, health and safety law and related matters, and regulations governing access to premises (e.g. by disabled people, both patients and employees).

The excellent GP

- is up to date with developments in clinical practice and regularly reviews his or her knowledge and performance
- uses these reviews to develop practice and personal development plans
- uses a range of methods to monitor different aspects of care and to meet his or her educational needs
- has information available on laws relating to general practice
- has a named person in the practice who is responsible for employment matters and Health and Safety at work, and ensures compliance with them

The unacceptable GP

- has little knowledge of developments in clinical practice
- has limited insight into the current state of his or her knowledge or performance
- selects educational opportunities which do not reflect his or her learning needs
- does not audit care in his or her practice, or does not feed the results back into practice
- is hostile to external audit or advice
- does not understand or respond to the law relating to general practice
- where employing staff, neither understands nor meets his or her responsibilities as an employer
- has unsafe premises, e.g. hazardous chemicals or sharp instruments are inadequately protected

Section 3. Good relations with patients

8. Providing information about your services

If you publish or broadcast information about 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. If you publish information about specialist services, you must still follow the guidance in paragraphs 42 and 43 [section 14].

The information you publish must not make claims about the quality of your services nor compare your services with those your colleagues provide. It must not, in any way, offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.

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.

GMC Good Medical Practice, paragraphs 44, 45, 47

Providing information to patients is an important and positive part of practice. Patients want to know what services are provided in the practice, which ones can only be used on your recommendation, and which ones they can access directly. They need to know about your arrangements for out-of-hours care. This applies both to written information (e.g. your practice leaflet) and to recorded telephone information. Where you leave a message on your answerphone, it should be clear to callers when they can next speak to practice staff.

The information in your practice literature needs to be accurate and factual, and avoid making unfavourable comparisons with others. Your responsibilities are to provide information for your own patients and to those thinking about registering with your practice. You should not go out and canvass or entice patients to join your practice. Detailed guidance on the acceptable limits of advertising is available from the GMC.

The excellent GP

- has a clear, accurate and up-to-date practice leaflet, containing information about services provided
- leaves clear messages if an answerphone is used

The unacceptable GP

- does not have a practice leaflet, or has one which is untrue or self-promoting
- uses vague or incomplete messages on the answerphone
- visits or phones prospective patients to encourage them to join the practice

9. Professional relationships with patients – maintaining trust

Successful relationships between doctors and patients depend on trust. To establish and maintain that trust you must:

- *listen to patients and respect their views*
- *treat patients politely and considerately*
- *respect patients' privacy and dignity*
- *treat information about patients as confidential. If in exceptional circumstances you feel you should pass on information without a patient's consent, or against a patient's wishes, you should follow our guidance on confidentiality and be prepared to justify your decision;*
- *give patients the information they ask for or need about their condition, its treatment and prognosis. You should provide information to those with parental responsibility where patients are under 16 years old and lack the maturity to understand what their condition or its treatment may involve, provided you judge it to be in the child's best interests to do so;*
- *give information to patients in a way they can understand;*
- *be satisfied that, wherever possible, the patient has understood what is proposed, and consents to it, before you provide treatment or investigate a patient's condition;*
- *respect the right of patients to be fully involved in decisions about their care;*
- *respect the right of patients to decline treatment or decline to take part in teaching or research;*
- *respect the right of patients to a second opinion;*

GMC Good Medical Practice, paragraph 12.1–12.10

Paragraph 12 is one of the longest in *Good Medical Practice*. This reflects just how fundamental trust is to the practice of medicine. A great diversity of individual patients come to consult their GP, and you have a responsibility to

strive to gain and retain the trust of each one. Trust can only be built if you are committed to identifying and empathising with your patients' predicament and needs, and respecting their integrity and values. There is no place for personal bias or discrimination within a trusting relationship.

Trust is not a separate part of being a good doctor. Trust is earned by practising to the standards implied by other sections of this booklet – by maintaining your clinical competence, by taking patients seriously, by listening to them carefully, by examining them sensitively, by guarding confidential information and so on. Nevertheless, the GMC believes that trust is so fundamental to the successful practice of medicine that some of these aspects are repeated under this heading. Poor practice organisation also undermines trust – for example, loss of records, failing to write letters, and so on. Patients also need to trust that you will refer them for a specialist opinion when it is necessary. In general, you should respect a patient's request for referral for a second opinion, although there may be circumstances in which you judge it not to be in the patient's best interests to be referred.

For children under 16, you may need to judge the child's ability to understand about their care; where a child is capable of understanding the relevant issues, then he or she is entitled to confidentiality. This means that there will be circumstances where you should not disclose information about a child to his or her parents.

Trust is necessary if patients are to follow your advice. Mistakes are more likely to result in a formal complaint when they occur in a relationship where the patient has already lost trust in his or her doctor. We expand on what to do when things go wrong in Section 3.11.

The excellent GP

- treats patients politely and with consideration
- focuses his or her full attention on the patient
- takes care for the patient's privacy and dignity, especially during physical examinations
- obtains informed consent to treatment
- respects the right of patients to refuse treatments or tests
- gives patients the information they need about their problem, in a way they can understand
- involves patients in decisions about their care
- keeps patients' information confidential – including consulting in private to make sure that confidential information is not overheard

The unacceptable GP

- consistently ignores, interrupts, or contradicts his or her patients
- is careless of the patient's dignity, and assumes his or her willingness to submit to examination without seeking permission
- makes little effort to ensure that the patient has understood his or her condition, its treatment, and prognosis
- is careless with confidential information
- fails to obtain patients' consent to treatment
- consistently dismisses patients' requests for a second opinion

10. Avoiding discrimination and prejudice

The investigations or treatment you provide or arrange must be based on your clinical judgment of the patient's needs and the likely effectiveness of the treatment. You must not allow your views about a patient's lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social status, or perceived economic worth to prejudice the treatment you provide or arrange.

If you feel that your beliefs might affect the treatment you provide, you must explain this to patients, and tell them of their right to see another doctor

You must not refuse or delay treatment because you believe that patients' actions have contributed to their condition, or because you may be putting yourself at risk. If a patient poses a risk to your health or safety you may take reasonable steps to protect yourself before investigating their condition or providing treatment.

GMC Good Medical Practice, paragraphs 13–15

Our society provides health care through the NHS for all its citizens. Every one of those citizens is entitled to equal access to effective health care according to his or her needs. You have a responsibility to assist patients to get appropriate access.

Your own personal beliefs must not colour your treatment of patients, for example, by discriminating on grounds of age, sex, religion, culture, or ethnic group. You should try to arrange interpreting services for patients who are not fluent in English, so that you do not have to use relatives to translate – the latter pays insufficient regard to the patient's dignity and his or her right to confidentiality.

At the same time, some patients are difficult to look after, and some may pose a threat to you and your staff. In general, you share with colleagues an overall responsibility to ensure that all patients have access to medical care if you are working in the NHS. Where you are providing care for a patient who might be dangerous, you must plan their care in order to minimise risk to you and other members of your practice. Although NHS regulations specify that violent patients must not be excluded from receiving general medical services, they also recognise that the behaviour of some patients 'compromises their right to access general medical services in normal locations'.

If you have a conscientious objection to a particular form of treatment, you should explain this in a non-judgemental manner to the patient, and refer the patient to an appropriate colleague without delay.

The excellent GP

- treats all patients equally and ensures that some groups are not favoured at the expense of others
- discusses racism and promotes equal opportunities within the practice team
- is aware of how his or her personal beliefs could affect the care offered to the patient, and does not impose his or her own beliefs and values
- takes measures to protect the practice team from patients who might pose a threat

The unacceptable GP

- provides better care to some patients than others as a result of his or her own prejudices
- pressures patients to act in line with his or her own beliefs and values
- refuses to register certain categories of patients, such as the homeless, the severely mentally ill, or those with problems of substance or alcohol misuse
- refuses to make arrangements to see patients who pose a threat, or carelessly puts at risk members of the practice who are seeing such patients

11. If things go wrong

Patients who complain about the care or treatment they have received have a right to expect a prompt and appropriate response. As a doctor you have a professional responsibility to deal with complaints constructively and honestly. You should co-operate with any complaints procedure which applies to your work. You must not allow a patient's complaint to prejudice the care or treatment you provide or arrange for that patient.

If a patient under your care has suffered serious harm, through misadventure or for any other reason, you should act immediately to put matters right, if that is possible. You should explain fully 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 under 16 and lacks the maturity to consent to treatment, you should explain the situation honestly to those with parental responsibility for the child.

If a patient under 16 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 or next of kin, unless you know that the patient would have objected.

Subject to your right not to provide evidence which may lead to criminal proceedings being taken against you, you must co-operate fully with any formal inquiry into the treatment of a patient. You should not withhold relevant information. Similarly, you must assist the coroner or procurator fiscal when an inquest or inquiry is held into a patient's death.

In your own interests and those of your patients, you must obtain adequate insurance or professional indemnity cover for any part of your work not covered by your employer's indemnity scheme.

You must do your best to establish and maintain a relationship of trust with your patients. Rarely, there may be circumstances in which you find it necessary to end a professional relationship with a patient. You must be satisfied your decision is fair and does not contravene the guidance in paragraph 13; you must be prepared to justify your decision if called on to do so. In such cases you should usually tell the patient why you have made this decision. You must also take steps to ensure that arrangements are made quickly for the continuing care of the patient. You should hand over records or other information to the patient's new doctor as soon as possible.

GMC Good Medical Practice, paragraphs 16–21

Not everything goes as planned in general practice. GPs must take great care to avoid doing anything that might damage their patients' health. However, sometimes GPs make mistakes despite trying to do their very best. When this happens, your patients have a right to expect a prompt, appropriate, honest and constructive response to their complaints. You must not allow the patient's complaint to prejudice your care of them. The NHS requires you to have a practice-based complaints procedure to help when things go wrong. You should make sure that it operates effectively.

Mistakes may occur in the diagnosis, treatment, or management of the patient or in the way the service is provided. When a mistake has arisen, even before a complaint is made, you should act immediately to put matters right, if you can. You should apologise if you or your practice team are at fault, and explain fully what has gone wrong.

If a patient has died you should explain matters to the family to the best of your ability, unless you know that the deceased would have objected to this. If a patient is under 16, then the circumstances of the death should be explained to the parents or legal guardians.

Doctors do not always handle mistakes well. Patients often find that doctors and their staff are extremely defensive when things go wrong. Often matters proceed to a formal complaint simply because a doctor will not admit that something went wrong. Patients do expect you to do your best to avoid mistakes; however they do not like cover ups when things have gone wrong.

When things have gone wrong, you must try to establish and to maintain a relationship of trust with your patient. Rarely, this relationship will break down to the point that you should cease to be the patient's GP, in both your and his or her interests. When this has happened, you should explain to the patient why you feel he or she should seek help elsewhere. You should be able to justify your decision if asked to do so. You should look after him or her until another GP is ready to take over care and then you should hand over the records promptly.

When you are deciding how to handle a mistake, you should think about how serious it was, whether it could have been avoided, whether it could be put right for this patient, how it could be prevented in future, and whether you or the practice need to change to prevent it happening again. Discussing mistakes frankly within the practice team is always helpful. You should support colleagues who have made mistakes; this includes acknowledging that a mistake has occurred and helping the person to find the best way forward both for the patient and your colleague.

The excellent GP

- contacts the patient soon after it is apparent that a mistake has occurred
- apologises for himself or herself or for the practice staff
- tells the patient what has happened and how it can be put right
- co-operates with any investigation arising from the complaint
- tries to maintain a relationship with the patient or family when a mistake has occurred

The unacceptable GP

- does not acknowledge or attempt to rectify any mistakes that occur
- does not make appropriate apologies
- has no procedure for dealing with complaints
- hinders or obstructs a complaint or investigation
- allows a complaint to influence his or her care of the patient adversely
- strikes a patient off the practice list solely because a complaint has been made or is likely

Section 4. Working with colleagues

12. Working with colleagues and working in teams

Health care is increasingly provided by multi-disciplinary teams. You are expected to work constructively within teams and to respect the skills and contributions of colleagues. Make sure that your patients and colleagues understand your role and responsibilities in the team, your professional status and specialty.

If you lead the team, you must:

- *take responsibility for ensuring that the team provides care which is safe, effective and efficient.*
- *do your best to make sure that the whole team understands the need to provide a polite, responsive and accessible service and to treat patient information as confidential.*
- *if necessary, work to improve your skills as a team leader.*

When you work in a team, you remain accountable for your professional conduct and the care you provide

If you disagree with your team's decision, you may be able to persuade other team members to change their minds. If not, and you believe that the decision would harm the patient, tell someone who can take action. As a last resort, take action yourself to protect the patient's safety or health.

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

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

You must not make any patient doubt a colleague's knowledge or skills by making unnecessary or unsustainable comments about them.

All GPs work in teams. These exist within the practice (the practice team), and there is also the wider primary care team which includes attached staff. Within your own practice, you will often be the employer and will have a leadership role. As primary care teams expand, you will increasingly need to have ways of working effectively with colleagues who come from other teams. You have a responsibility to treat your colleagues fairly, and not to harass or bully them.

Patient care is enhanced when there is good team working, so you should monitor and, where necessary, try to improve the way in which your practice team functions. When relationships within the team break down, patient care usually suffers. Therefore ensuring good communication within your team is an important part of being a good GP. Primary care teams contain a wide diversity of individuals, each of whom contributes to the work and achievements of the team. Each has the right to be valued and treated fairly. There can be no place for any form of discrimination within the working of the team.

Good team-working includes respecting colleagues both personally and professionally. It cannot take place unless you know about the abilities of the staff with whom you work, and have established channels of communication. You should ensure that these channels exist among your own staff, and try to establish satisfactory channels of communication with staff outside the practice. Your role in giving support, guidance, inspiration, and confidence to colleagues is a key part of developing a successful practice team.

Most GPs are employers or have responsibilities to manage staff. This gives you legal as well as leadership responsibilities. You must ensure that people you employ or manage are competent and trained for their jobs. Your responsibility for training means having some way of finding out what their training needs are, and arranging to meet those needs, provided adequate resources are available. A stand-in or locum GP also needs to be aware of the identity and role of other team members; it is the responsibility of principals to ensure good communication with locum doctors they employ.

As primary care teams become gradually larger, care is increasingly delegated to other health professionals. It is your responsibility to ensure that the person to whom you are delegating has the ability to provide the care required. Patients have a right to expect a high standard of care, whichever member of the team they see. Increasingly, patients may go directly to other team members without a direct referral on each occasion. For example, practice nurses may provide ongoing care for patients with asthma with only

occasional discussions with the GP. In cases where a member of your staff is the first point of contact for patients, it is particularly important to ensure he or she has the training to provide the necessary care, and knows the limits of his or her competence.

Sometimes the boundary between delegation and referral is blurred. Where delegation or referral is to a health professional with his or her own statutory regulatory authority or line management (e.g. clinical psychologist or community psychiatric nurse), then you are not responsible for care provided by that professional. However, even in these circumstances you retain overall responsibility for the patient's care if, for example, a patient's problem becomes more urgent while they are waiting for treatment.

Practice teams have an increasing responsibility to work collaboratively with other agencies; for example, social services and voluntary agencies. Good working relationships with other agencies will enhance the care you can give to your patients.

Patients may need to know who is responsible for what, and whom they should talk to if there is a problem. This can be made clear in the practice leaflet.

The excellent GP

- has effective systems for communication within the practice
- holds regular meetings with members of the practice team
- knows how to contact individual primary care team members outside meetings
- understands the health needs of the local population, and tries to ensure that the primary care team has the skills to meet those needs
- aims to develop an organisation which offers personal and professional development opportunities to its staff

The unacceptable GP

- does not meet members of the primary care team (e.g. district nurses or health visitors), or even know who they are
- does not know how to contact primary care team members
- does not know what skills team members have
- delegates tasks to other members of the team for which they do not have appropriate skills
- does not encourage staff to develop new skills and responsibilities.
- bullies or harasses his or her colleagues

13. Referring patients

Good clinical care must include referring the patient to another practitioner, when indicated.

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. If you are a general practitioner and refer patients to specialists, you should know the range of specialist services available to your patients

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 such health care workers are 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.

When you refer a patient, you should provide all relevant information about the patient's history and current condition. Specialists who have seen or treated a patient should, unless the patient objects, tell the general practitioner the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient.

GMC Good Medical Practice, paragraphs 2.4, 38, 40, 41

One of the strengths of general practice in the UK is the ability of GPs to provide the majority of care for patients, and to be responsible for their ongoing care when care is being shared with specialists. You need to know your strengths and limitations; these vary quite widely between individual GPs. So this subsection is about knowing the limits of your own competence.

Communication is a key part of referral to a specialist or to another health professional, and can be poor (in both directions). If you supply inadequate information, then the other health professional may provide inappropriate treatment to the patient or, at the very least, waste valuable time. It is important to make clear in a referral what you hope a hospital specialist will do. GPs have sometimes felt it inappropriate to state this in the past, but hospital specialists are very clear that they want to know what you expect from a referral, including what continuing role you expect him or her to take in the ongoing care of your patient. Likewise, it may be appropriate for you to

feed back to a specialist if you feel that the outcome of a referral has not been the best for your patient.

There may be times when there is information which your patient would not want passed on to a specialist. If you think this may be the case, you should discuss this with the patient first.

The excellent GP

- can, within his or her team, provide the types of care usually provided by GPs
- makes appropriate judgements about patients who need referral
- chooses specialists to meet the needs of individual patients
- accompanies referrals with the information needed by the specialist to make an appropriate and efficient evaluation of the patient's problem
- where appropriate, feeds back to specialists views on the quality of their care

The unacceptable GP

- does not refer patients when specialist care is necessary
- consistently refers patients for care which would normally be regarded as part of general practice
- does not provide information in a referral that enables the specialist to give appropriate care

14. Responsibilities of specialists when patients are referred

Doctors practising in most specialties should usually accept patients only with a referral from a general practitioner or other appropriate health care professional. However, in some areas of practice, for example, accident and emergency, genito-urinary medicine, contraception and abortion services and refraction, there may be good reasons for specialists to accept patients without a referral. Similarly, occupational health physicians, police surgeons and other doctors with dual responsibilities may accept patients for assessment or screening without a referral.

If you accept a patient without a referral from the patient's general practitioner, you must keep the general practitioner informed, provided you have the patient's consent. If sensitive information is involved, you should encourage patients to allow information to be passed to their general practitioners, but you must not disclose information to a general practitioner unless the patient agrees. Except in emergencies or when it is impracticable, you should inform the general practitioner before starting treatment. If you do not tell the patient's general practitioner, before or after providing treatment, you will be responsible for providing or arranging all after care which is necessary until another doctor agrees to take over.

Information published about specialist services should include advice that patients cannot usually be seen or treated by specialists, either in the NHS or private practice, without a referral, usually from a general practitioner. If you are a specialist you should do all that you can to see that a similar statement is included in any advertisement for specialist services issued by an organisation which you are associated with.

GMC *Good Medical Practice*, paragraphs 42, 43, 46

These GMC paragraphs outline what you should expect from specialists involved in the care of your patients, apart from a high standard of clinical care – which is described in other parts of *Good Medical Practice*. However, they are also relevant to private GPs, and may become more relevant to general practice if cross-referral between practices becomes more common. In general, if you are seeing a patient whom you know is registered with another GP, for example, if you are a private doctor, you should inform the patient's GP if you are making a referral, unless the patient objects. There may, however, be some circumstances (e.g. police surgeons referring for urgent hospital care) where this is impracticable.

Although these paragraphs discuss information that the patient may not wish to be given to you as the GP, you also need to be aware of sensitive information that the patient may not wish to be sent to other health care professionals. If in doubt, you should seek the patient's consent before giving sensitive information to another health professional.

15. Accepting posts

If you have formally accepted any post, including a locum post, you must not then withdraw unless the employer will have time to make other arrangements.

GMC Good Medical Practice, paragraph 36

General practitioners understand more than most doctors the importance of continuity of care and of access to primary care services for all patients. Once accepted, you must never compromise service to patients by withdrawing from a post until alternative arrangements can be made. Likewise, if you engage someone's services, you should not subsequently unilaterally cancel the arrangement.

The excellent GP

- provides the care that he or she has agreed to provide

The unacceptable GP

- holds no personal responsibility for care that he or she has agreed to provide

Section 5. Teaching and training

16. Teaching and training

The GMC encourages you to help the public to be aware of and understand health issues and to contribute to the education and training of other doctors, medical students and colleagues.

If you have special 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.

You must be honest and objective when assessing the performance of those you have supervised or trained. Patients may be put at risk if you confirm the competence of someone who has not reached or maintained a satisfactory standard of practice.

GMC Good Medical Practice, paragraphs 8–10

Teaching students and young doctors is an important professional activity. The GMC encourages you to be involved in teaching, either by organising and carrying it out or by supporting teaching by others in your practice. However, if you have responsibilities for teaching, you need to ensure that you have appropriate teaching skills and that you continue to develop them.

As a teacher, you are in a position to inspire your students through personal example. The attributes of a good teacher include delivering high-quality care. Developing an environment where your practice team is involved in teaching will create an environment where excellence in clinical care can flourish.

However, if you have special responsibility for teaching you must also ensure that patient care is protected. The degree of supervision you exercise over a learner will depend on his or her experience and skills. Students or doctors in training must not be expected to see patients alone until you are satisfied that they have the appropriate skills, as well as access to advice, support, and supervision.

When teaching, you need to ensure that the appropriate facilities are available. Where the teaching commitment involves significant attendance in the practice (e.g. in vocational training), these facilities will include access to sources of information; for example, a well-equipped library and electronic access to other sources of information, and video and/or audio recording equipment. Directors of Postgraduate General Practice Education and university departments will let you know what they expect of their

postgraduate and undergraduate teachers. This will include protected time for teaching.

You should tell patients if there is an observer (student or doctor in training) in their consultation, and give them an open opportunity to refuse consent before and during the consultation. Patients consulting with a GP registrar or other registered doctor in training should be informed of the doctor's training status (e.g. through practice leaflets or relevant notices), and have the opportunity to see a fully trained practitioner at an appropriate time if they ask.

Formative assessment of students and doctors in training is an important part of a teacher's role. You should share serious problems identified through formative assessment with the educational organiser and the learner. You should also assist where requested in interim and summative assessment of students and doctors in training. Such assessments must be conducted with equity and accuracy. The assessments you make of the learner must honestly reflect that person's performance as you see it.

The excellent GP teacher

- has a personal commitment to teaching and learning, and shows a willingness to develop further through education, audit, and peer review
- understands the principles and theory of education, and uses teaching methods appropriate to the educational objectives
- ensures that patients are not put at risk when seeing students or doctors in training
- uses formative assessment and constructs educational plans
- assists in making honest summative assessment of learners

The unacceptable GP teacher

- puts patients at risk by allowing the learner to practise beyond the limits of his or her competence
- does not take teaching responsibilities seriously
- offers no personal and educational support to the learner, and does not have appropriate teaching skills
- uses inappropriate teaching methods and does not use formative assessment to identify learning needs
- makes biased or prejudiced judgements when assessing learners
- fails to take appropriate action when the performance of a learner is inadequate

Section 6. Probity

17. Research

If you take part in clinical drug trials or other research involving patients or volunteers, you must make sure that the individual has given written consent to take part in the trial and that the research is not contrary to the individual's interests. You should always seek further advice where your research involves adults who are not able to make decisions for themselves. You may also benefit from additional advice where your research involves children. You must check that the research protocol has been approved by a properly constituted research ethics committee.

You have an absolute duty to conduct all research with honesty and integrity:

- *you must follow all aspects of the research protocol; you may accept only those payments approved by a research ethics committee;*
- *your conduct must not be influenced by payments or gifts;*
- *you must always record your research results truthfully and maintain adequate records;*
- *when publishing results you must not make unjustified claims for authorship;*
- *you have a duty to report evidence of fraud or misconduct in research to an appropriate person or authority.*

GMC Good Medical Practice, paragraphs 56, 57

Many activities which extend the foundation of knowledge and wisdom on which the discipline of general practice is based may be viewed as research. However, as a GP, you may also take part in more formal research, either as a collaborator or an investigator. These roles carry obligations and responsibilities.

When you collaborate in research for others, you should be satisfied that the research has been approved by a research ethics committee, and that you will not compromise the care of your patients by taking part in the study. If you are doing research for others, the financial rewards involved should be an appropriate reimbursement of your time and resources, and not an excessive

influence on your or your practice's agreement to collaborate in the research. Particular care should be taken when participating in research conducted by commercial companies.

The consent form and patient information leaflet you are asked to use should set out the purpose of the research, what it entails, and what the patient is agreeing to. Risks and potential benefits should be explained. Patients must be clearly informed that participation is voluntary, that they have the right to withdraw from the study at any time, and that withdrawal will not prejudice their continuing medical care. Adequate time should be allowed for patients to decide whether they do or do not wish to participate in the study.

Where research involves adults who are not able to make decisions for themselves or children, further advice on the research methods and ethical decisions may be needed. Such research should only be undertaken after careful reflection and consultation.

You need to be particularly careful about patient confidentiality. Normally patient consent is required for researchers to have access to medical records. In exceptional circumstances where this is not the case, it needs to be clear that the research method has the approval of the ethics committee and complies with current law, which may change as a result of current legal debate.

Once you have agreed to take part in a study, you should make reasonable attempts to comply fully with the agreed research protocol. You must be sure that the data being gathered for the research are, as far as possible, accurate and complete. Falsifying research data is regarded as a serious disciplinary issue by the GMC. If you suspect fraud or misconduct, you must communicate with a responsible person in the researcher's institution or the chairman of your local ethics committee.

Authorship of the research must not be unreasonably requested or offered. It is not normal for a GP to be offered authorship if he or she is helping to recruit patients and collect data, but has no role as investigator. However, acknowledgement is often appropriate.

Sometimes, you may carry out your own research. This carries additional obligations and responsibilities.

If you are a GP investigator, you must ensure that you and your co-researchers have the resources, knowledge, and skills to carry out the research effectively. It is unethical to involve patients in research which is unlikely to answer the research question.

If you carry out research from your practice base, it is useful to have a research group with whom you can consult and share ideas. This group can help to ensure that the protocol is of a high standard and that appropriate ethics committee approval has been sought. You will usually find it valuable to seek expert advice at points during both the design and execution phase of your study.

The excellent GP

- ensures that research carried out in his or her practice is done to a high standard
- protects patients' rights, and makes sure that they are not disadvantaged by taking part in research
- provides accurate data
- preserves patients' confidentiality

The unacceptable GP

- ignores his or her responsibility to protect patients during research studies
- does not obtain consent from patients before entering them in research studies
- provides inaccurate or false data
- is motivated primarily by personal gain when deciding whether to take part in research

18. Abusing your professional position

You must not abuse your patients' trust. You must not, for example:

- *use your position to establish improper personal relationships with patients or their close relatives;*
- *put pressure on your patients to give or lend money or other benefits to you or other people;*
- *improperly disclose or misuse confidential information about patients;*
- *give patients, or recommend to them, an investigation or treatment which you know is not in their best interests;*
- *deliberately withhold appropriate investigation, treatment or referral;*
- *put pressure on patients to accept private treatment;*
- *enable anyone who is not registered with the GMC to carry out tasks that require the knowledge and skills of a doctor.*

GMC Good Medical Practice, paragraph 22

As a GP, you are uniquely placed to influence your patients by virtue of a clinical relationship that extends over long periods, and of intimate knowledge of the dynamics of family and personal relationships.

This position of trust must never cross the boundary between friendship and intimacy, especially when you see patients or their close relatives in vulnerable situations such as marital breakdown, bereavement, and, most especially, clinical consultation. When you see danger in a relationship with a patient you should immediately seek advice from colleagues, or advise the patient to change doctors. You should always arrange for a chaperone to be present when intimate clinical examinations are carried out in situations which are vulnerable to misinterpretation.

You will often acquire information about patients' personal or family finances. Your position of trust must never be abused to your personal advantage and you must never accept any financial reward outside the normal framework of professional fees, put pressure on a patient to provide a personal loan, or seek any bequest in a patient's will.

The context of your work within a defined community means that confidentiality is of exceptional importance. An understanding of the importance of confidentiality must extend to other members of the primary care team that you lead. If your practice gains a reputation of being careless with patients' confidences, this will destroy clinical relationships and damage trust in all doctors. Confidentiality is therefore an individual and practice responsibility.

If you are a NHS principal you will derive a significant proportion of your income from item of service payments. You must never undertake a clinical procedure or investigation involving personal reward unless it is clearly in the patient's best interest. Similarly, as a gatekeeper to secondary health care, you are trusted to recommend only appropriate investigations or treatments regardless of any potential personal inducement; for example, from the pharmaceutical industry or the private secondary sector.

The excellent GP

- does not abuse the trust that patients have in him or her
- is aware of the possibility of personal advantage accruing from a close clinical relationship, and avoids situations where personal and professional interests might be in conflict
- ensures that treatment is based on need and not inducements from third parties
- does not seek or accept financial rewards from patients outside the normal framework of professional fees
- takes care to keep information about patients confidential

The unacceptable GP

- exploits relationships with patients to his or her own advantage
- uses his or her position of professional trust with patients to his or her advantage, and has inappropriate financial or personal relationships with patients
- is careless with confidential information
- ignores the patient's best interests when deciding about treatment or referral

19. Financial and commercial dealings

You must be honest in financial and commercial matters relating to your work. In particular:

- *if you charge fees, you must tell patients if any part of the fee goes to another doctor;¹*
- *if you manage finances, you must make sure that the funds are used for the purpose they were intended for and are kept in a separate account from your personal finances;*
- *you must not defraud patients or the service or organisation you work for;*
- *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.*

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 judgment. You should not offer such inducements to colleagues.

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.

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.

Treating patients in an institution in which you 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 your 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

¹ Sharing a fee with another doctor does not in this setting include pooling income between the partners of a general practice

the patient asks you to do so or there are no alternatives. If you do this, you must be prepared to justify your decision.

You should not ask for or accept any material gifts or loans, except those of insignificant value, from companies that sell or market drugs or appliances. You must not ask for or accept fees for agreeing to meet sales representatives.

You may accept personal travel grants and hospitality from companies for conferences or educational meetings, as long as the main purpose of the event is educational. The amount you receive must not be more than you would normally spend if you were paying for yourself.

Registered medical practitioners have the authority to sign a variety of documents, such as death certificates, on the assumption that they will only sign statements they believe to be true. This means that you must take reasonable steps to verify any statement before you sign a document. You must not sign documents which you believe to be false or misleading.

GMC Good Medical Practice, paragraphs 48–55

These paragraphs in *Good Medical Practice* outline in some detail what is required of doctors. Most GPs are independent contractors and operate small businesses. They are sometimes at greater risk than other doctors of straying into areas where their personal interests may conflict with their professional ones. Your professional standards must therefore be and be seen to be honest in all financial matters.

Examples of unprofessional conduct in financial and commercial dealings include:

- accepting a fee from a specialist or clinic for a referral without informing the patient;
- abuse of funds provided for practice expenses or patient treatment;
- defrauding the NHS or any organisation you work for; and
- exerting pressure on patients to enter a nursing home which you own.

Your decisions about the treatment of patients must always be based on their best interests. Financial inducements, gifts, or hospitality must not colour those decisions. Avoiding a conflict of interest is particularly important where

you (or your close relatives) have an interest in treatment facilities such as nursing or care homes for the elderly or in commercial companies with an interest in pharmaceuticals or related products. You must arrange your affairs so that there can be no suspicion of such impropriety.

Accepting gifts and lavish hospitality is an area of danger. You should not accept gifts other than trivial ones and you must never demand fees to see sales representatives. Drug company sponsorship of educational events is acceptable, but the level of that sponsorship should not be capable of misinterpretation.

If you dispense drugs to your patients, you should not accept inducements that might influence your prescribing.

As a GP you are frequently asked to sign or countersign forms and certificates. Even though they are often considered a chore, you must always fill these in or append your signature with care, and verify the information they contain.

You must carry out your practice in an atmosphere of professionalism that is beyond reproach and incapable of misinterpretation by any outside audit or scrutiny. Where you encounter areas of doubt you should consult colleagues with knowledge and experience, or a medical defence organisation.

The excellent GP

- is an example of financial probity in society
- ensures that his or her financial affairs are capable of withstanding searching outside audit
- never seeks inappropriate personal gain in the pursuit of practice
- provides truthful and honest information on certificates and other documents

The unacceptable GP

- carelessly attaches his or her name to documents or certificates
- knowingly provides false information on such documents
- seeks personal financial gain from his or her patients other than the normal remuneration expected from his or her job

20. Providing references

When providing references for colleagues your comments must be honest and justifiable; you must include all relevant information which has a bearing on the colleague's competence, performance, reliability and conduct.

GMC Good Medical Practice, paragraph 11

GPs usually work within partnerships and come to know their colleagues well. If asked to provide a reference, you may be in a uniquely privileged position to pass on information when colleagues and members of your staff apply for new positions as either partners or employees.

Just as you expect to receive honest information about a doctor that you intend taking on as a partner or members of staff you are considering employing, you should give full and honest information on those who leave. When a partnership has not been easy, you must resist the temptation to give a glowing reference through misplaced loyalty to a colleague or in order to facilitate the end of an unhappy partnership. Likewise, when you have had a difficult personal relationship with a partner or member of staff, you must try to be objective about their abilities.

References that do not fulfil these criteria damage professional credibility and may put future patients at risk either from a doctor's poor performance or from dysfunction in a new place of work. Changes to the Data Protection Act now mean that people have a legal right to see references which you have written about them.

The excellent GP

- takes care with references, bearing in mind his or her responsibility to future partners or employers and, most importantly, to a doctor's future patients
- is honest and objective in comments made in references, and does not miss out important information

The unacceptable GP

- gives dishonest, untrue, or biased references
- omits important information from references
- includes comments in references (favourable or unfavourable) which are based largely on personal prejudice

Section 7. The performance of other doctors

21. Protecting patients when a doctor's health, conduct or performance puts them at risk

You must protect patients when you believe that a doctor's or other colleague's health, conduct or performance is a threat to them.

Before taking action, you should do your best to find out the facts. Then, if necessary, you must follow your employer's procedures or tell an appropriate person from the employing authority, such as the director of public health, medical director, nursing director or chief executive, or an officer of your local medical committee, or a regulatory body. Your comments about colleagues must be honest. If you are not sure what to do, ask an experienced colleague or contact the GMC for advice. The safety of patients must come first at all times.

If you have a serious condition which you could pass on to patients, or if your judgment or performance could be significantly affected by a condition or illness, 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.

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 advice given to you by a suitably qualified colleague about necessary treatment and/or modifications to your clinical practice.

You will find more advice on what to do when you believe that you or a colleague (including a health worker for whom you are providing medical care) may be placing patients at risk in our booklets 'Maintaining Good Medical Practice' and 'Serious Communicable Diseases'.

GMC Good Medical Practice, paragraphs 23–27

Protecting patients is not simply important, it is one of the prime directives of medicine. Patients have a right to compassionate, competent, and safe treatment from doctors. The safety of patients must therefore come first at all times.

You have a responsibility to do something if patients are being put at risk through poor performance or because the doctor is ill. This applies both to your own care, and to that of other doctors. You must seek advice if you think

your own health may be putting patients at risk. Equally, if you are concerned about another doctor, you need to take some action. It used to be regarded as unprofessional to 'tell' on a colleague. You now risk an allegation of misconduct if you know a doctor is unsafe and you do nothing about it. There are now local procedures for dealing both with minor problems that can be simply resolved at local level and with more serious problems that may need to be referred to the GMC.

Ill health can lead to patient risk, either from the condition itself or by its effect on the performance of the individual concerned – for example, dependence on alcohol or drugs seriously limits a doctor's ability to function effectively. Over-stressed or 'burnt-out' doctors often feel pressurised into continuing at work, and may need help from others to recognise that there is a problem.

If you are in doubt, take advice. Sometimes this will be from one of your partners. Outside the practice, you can talk to your Local Medical Committee chairman or secretary, or to your defence society. Health authorities and boards also now have panels to address poor performance by GPs – you could speak to the chairman of your local panel. If you are concerned about a hospital colleague, you can talk to the medical director of the NHS trust, and GMC staff are always happy to give confidential advice to doctors who are concerned about themselves or a colleague.

If an issue is too serious for local action, you should have no hesitation in referring the matter to the GMC. However, when you have done this, you have a duty to provide further information which may be requested to enable the GMC to conduct their enquiries. The GMC will take no action under any of its fitness to practise procedures until the matter has been considered fully by experienced medically qualified members.

The excellent GP

- is aware when a colleague's performance, conduct, or health might be putting patients at risk
- quickly, and discreetly, ascertains the facts of the case, takes advice from colleagues, and, if appropriate, refers the colleague for medical advice or local remedial action
- provides positive support to colleagues who have made mistakes or whose performance gives cause for concern
- realises when his or her own performance is unsafe, e.g. through illness
- seeks advice from a suitable colleague and follows that advice, taking any action required to reduce patient risk

The unacceptable GP

- ignores his or her own or a colleague's unsafe behaviour
- takes no advice, nor offers any to the colleague concerned
- denies or actively conceals his or her own ill health

Appendix 1

Cross-referencing to the GMC's *Good Medical Practice*

	GMC paragraph in <i>Good Medical Practice</i>
<u>Section 1. Good clinical care</u>	
	1
1. Introduction	
1. Clinical care	2.1–2.3, 3.1–3.3
2. Keeping records and keeping your colleagues informed	3.4, 3.5
3. Access and availability	31.2
4. Treatment in emergencies	4
5. Providing care out of hours; using locums, co-operatives, and deputising services	12.11, 34, 35
6. Making effective use of resources	3.6, 3.7, 37
<u>Section 2. Maintaining good medical practice</u>	
7. Keeping up to date, and maintaining your performance	5–7
<u>Section 3. Good relations with patients</u>	
8. Providing information about your services	44, 45, 47
9. Professional relationships with patients – maintaining trust	12.1–12.10
10. Avoiding discrimination and prejudice	13–15
11. If things go wrong	16–21
<u>Section 4. Working with colleagues</u>	
12. Working with colleagues and working in teams	28–33 exc. 31.2, 39
13. Referring patients	2.4, 38, 40, 41
14. Responsibilities of specialists when patients are referred	42, 43, 46
15. Accepting posts	36
<u>Section 5. Teaching and training</u>	
16. Teaching and training	8–10
<u>Section 6. Probity</u>	
17. Research	56, 57
18. Abusing your professional position	22
19. Financial and commercial dealings	48–55
20. Providing references	11
<u>Section 7. The performance of other doctors</u>	
21. Protecting patients when a doctor's health, conduct, or performance puts them at risk	23–27

Paragraph in GMC's <i>Good Medical Practice</i>	Subsection in <i>Good Medical Practice for GPs</i>
1	Introduction
2.1–2.3	1
2.4	13
3.1–3.3	1
3.4–3.5	2
3.6, 3.7	6
4	4
5–7	7
8–10	16
11	20
12.1–12.10	9
12.11	5
13–15	10
16–21	11
22	18
23–27	21
28–33 exc. 31.2	12
31.2	3
34, 35	5
36	15
37	6
38	13
39	12
40, 41	13
42, 43	14
44, 45	8
46	14
47	8
48–55	19
56, 57	17

Appendix 2

Membership of the RCGP *Good Medical Practice* working party

Professor Martin Roland (Chair)	GP, Manchester
Dr Tina Ambury	GP (non-principal), Bushey and Watford
Dr Maureen Baker	GP, Nottingham, Hon. Secretary RCGP from November 1999
Professor Richard Baker	GP, Leicester
Dr Laurence Buckman	GP, London, representing GPC
Dr Iona Heath	GP, London
Eileen Hutton, OBE	Representing RCGP Patients' Liaison Group
Dr Brian Keighley	GP, Stirlingshire, representing GPC
Dr Mayur Lakhani	GP, Loughborough
Dr Martin Marshall	GP, Exeter
Dr Joe Neary	GP, Wisbech
Professor Mike Pringle	GP, Nottingham, Chairman of Council, RCGP
Dr Bill Reith	GP, Aberdeen, Hon. Secretary RCGP to November 1999
Dr David Snadden	GP Dundee, representing Directors of General Practice Postgraduate Education
Professor Dame Lesley Southgate	GP, London

Appendix 3. List of organisations and individuals consulted

Academy of Medical Royal Colleges

Association of Community Health Councils for England and Wales

Association of General Practice in Urban Deprived Areas

Association of University Departments of General Practice

Committee of General Practice Education Directors (COGPED)

Community Practitioners and Health Visitors Association

General Medical Council

Dr Susan Horsewood-Lee

Joint Committee on Postgraduate Training for General Practice

National Association of GP Tutors UK

National Association of Non-Principals

National Health Service Executive

Overseas Doctors Association

Patients' Association

Patients' Liaison Group (RCGP)

Royal College of Nursing

Royal College of Paediatrics and Child Health

Royal College of Physicians of Edinburgh

Small Practices Association

Appendix 4. Glossary

Clinical governance	A framework through which health care organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.
GMC	General Medical Council – the body that has statutory responsibility for determining whether a doctor is fit to practice.
GP Registrar	A doctor undertaking vocational training for general practice. GP registrars are fully qualified doctors, and have usually undertaken several years of supervised work in hospitals.
GPC	General Practitioners' Committee of the British Medical Association
item of service payment	Payment to a GP for a specific service provided (e.g. a minor surgical procedure) under the terms of his or her contract with the NHS.
JCPTGP	Joint Committee on Postgraduate Education for General Practice
Locum	A doctor who is employed on a temporary basis to work in a GP's practice.

MRCGP	Membership of the Royal College of General Practitioners
NHS	National Health Service
PEPcd	Phased Evaluation Programme
Principal	The technical term for a GP who has his or her own list of patients and is in contract with the local health authority to provide care for those patients. The majority of GPs are principals, although an increasing number have other types of working arrangement.
RCGP	Royal College of General Practitioners
Revalidation	A set of procedures being developed which will lead to periodic assessment of every doctor's fitness to practise.