



Royal College of  
General Practitioners

GPC

General Practitioners  
Committee

# Good Medical Practice for General Practitioners

July 2008



# Good Medical Practice for General Practitioners

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July 2008

**The Royal College of General Practitioners was founded in 1952  
with this object:**

‘To encourage, foster and maintain the highest possible standards in general practice and for that purpose to take or join with others in taking steps consistent with the charitable nature of that object which may assist towards the same.’

**Among its responsibilities under its Royal Charter the College is entitled to:**

‘Diffuse information on all matters affecting general practice and issue such publications as may assist the object of the College.’

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## Preface

Revalidation will be a major challenge for the profession over the next few years, and it is something to which we must all commit as it will improve and demonstrate the quality of care we provide to our patients.

*Good Medical Practice for General Practitioners* is the central document underpinning the process and supporting GPs through it. Jointly owned by the profession – the Royal College of General Practitioners and the General Practitioners Committee – it is endorsed by the General Medical Council (GMC) and is mapped to the GMC's *Good Medical Practice*.

We acknowledge the excellent work of Professor Mike Pringle and his team in producing the document and hope you will find it useful now and over the coming years. We look forward to working with all GPs to guarantee that all our patients can have the utmost confidence and trust in general practice and general practitioners.



Steve Field  
*Chairman*  
Royal College  
of General Practitioners



Laurence Buckman  
*Chairman*  
General Practitioners Committee

July 2008

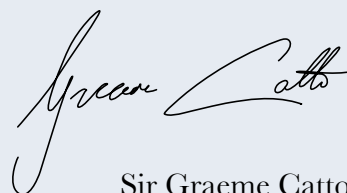


## Foreword

Medicine in the UK has a high international reputation. Despite recent controversies the vast majority of doctors are achieving good standards in the practice of medicine. Until the first edition of *Good Medical Practice* was published by the General Medical Council (1995) there was, however, no clear statement of what was meant by good standards in medical practice.

*Good Medical Practice*, now in its third edition, is a generic document for all doctors. Over 50,000 of those doctors are general practitioners. It is important that they, like all specialists, understand what *Good Medical Practice* means in their working environment. It is also important that patients, colleagues and managers know what standards they should expect of general practitioners.

As we enter a world in which we can be confident that all doctors, including all general practitioners, are up to date and fit to practise, we need to base our statements of good practice on realistic and achievable standards. Appraisal and, in time, revalidation need transparent and clear standards of practice. For general practitioners this elaboration of *Good Medical Practice* is an important step towards this goal.



Sir Graeme Catto  
*President*  
General Medical Council

July 2008



## Background

The first version of *Good Medical Practice for General Practitioners*<sup>1</sup> was published in 2002. This revised version is required for several reasons. Not only has the context and delivery of general practice moved on, but also the General Medical Council's (GMC) *Good Medical Practice*<sup>2</sup> itself has been revised. The original document was set in the context of imminent regular revalidation; after a sustained period of debate and reflection, revalidation is now to be introduced in a modified form,<sup>3,4</sup> and *Good Medical Practice for General Practitioners* (2008) needed to reflect those changes.

The concept of revalidation now encompasses two activities – relicensure and recertification. All doctors registered with the GMC and wishing to work in the UK will be required to hold a licence to practise in the near future. This licence will need to be renewed (relicensure) at least every five years. Those doctors working unsupervised within specialties have been issued with certificates and appear on either the GMC's specialist or general practitioner (GP) registers. In order to continue to be on these registers doctors will need, within a few years, to renew their certificates every five years (recertification). The requirements for revalidation will include those for both recertification and relicensure so that one process will cover both outcomes.

The purpose of revalidation (recertification and relicensure) is to ensure that licensed doctors are up to date and fit to practise. Revalidation has three elements:

1. To confirm that licensed doctors practise in accordance with the GMC's generic standards (relicensing)
2. For doctors on the specialist register or GP register, to confirm that they meet the standards appropriate for their specialty (recertification)
3. As a backstop, to identify for further investigation, and remediation where appropriate, doctors whose practice is impaired, or may be impaired.

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<sup>1</sup> Royal College of General Practitioners. *Good Medical Practice for General Practitioners* London: RCGP, 2002, [www.rcgp.org.uk/PDF/Corp\\_GMP06.pdf](http://www.rcgp.org.uk/PDF/Corp_GMP06.pdf).

<sup>2</sup> General Medical Council. *Good Medical Practice* London: GMC, 2006, [www.gmc-uk.org/guidance/good\\_medical\\_practice/GMC\\_GMP.pdf](http://www.gmc-uk.org/guidance/good_medical_practice/GMC_GMP.pdf).

<sup>3</sup> Chief Medical Officer for England. *Good Doctors, Safer Patients* London: Department of Health, 2006, [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4137276.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4137276.pdf).

<sup>4</sup> Secretary of State for Health (England). *Trust, Assurance and Safety: the regulation of health professionals in the 21<sup>st</sup> century* London: Stationery Office, 2007, [www.official-documents.gov.uk/document/cm70/7013/7013.pdf](http://www.official-documents.gov.uk/document/cm70/7013/7013.pdf).

To deliver this purpose in the context of general practice, the objectives of revalidation are:

|                      |   |
|----------------------|---|
| Primary objective    | To demonstrate that doctors on the GP register continue to meet the standards that apply to the discipline of general practice  |
| Secondary objectives | To promote continuing professional development among GPs<br>To encourage improvement in the quality of care, patient safety, team-working, communications and appropriate behaviour of GPs<br>To identify GPs, as far as is practicable, for whom there are significant concerns about their fitness to practise and to detect early signs of deteriorating performance<br>To reassure, as far as is possible, individual patients, the public, colleagues and the NHS that individual GPs are up to date and fit to practise |

The importance of the 2008 *Good Medical Practice for General Practitioners* in this process is that, by elaborating on the GMC's *Good Medical Practice*, it provides important guidance to GPs on the expectations of their peers and the public as to their standards of care and behaviour.

This document, therefore, is based on the structure and text of the GMC's *Good Medical Practice*. Each section quotes the GMC's *Good Medical Practice*, offers some context for general practice, and then has some points that describe an 'exemplary GP' and some that describe an 'unacceptable GP'. These are not intended to be exhaustive, but indicative.

The statements in this document will inform the standards expected in revalidation. The 'exemplary GP' statements will inform the formative discussions in GP annual appraisals while the descriptors of an 'unacceptable GP' and the requirements for revalidation will inform an appraiser's judgements.

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Revalidation will have three phases:

- the first is the preparation, over a period of no longer than five years, of evidence, which will be discussed at annual appraisals
- the second will be the submission and assessment of that evidence to ensure it meets the standards for revalidation. The RCGP will lead on this second phase, but the GMC will approve the standards and quality-assure the process
- the third phase only involves those GPs in respect of whom it is not possible to make a recommendation that they be revalidated. For these GPs the GMC will assess their performance through its fitness to practise processes before their certificate is put at risk.

A doctor's certificate and registration cannot be restricted or removed, except through due process, under the GMC's fitness to practise rules and where there is evidence of impaired practice.

Although the focus of this document is on the standards for established GPs it has to be read in the wider contexts of the RCGP curriculum<sup>5</sup> – which sets out the competences and knowledge for becoming a GP – and *Being a General Practitioner*, which describes how those competences can be mastered.<sup>6</sup>

## Purpose of this document

*Good Medical Practice for General Practitioners* elaborates on *Good Medical Practice*, which was published by the GMC for all doctors. The purposes of *Good Medical Practice for General Practitioners* are:

- to place the statements in *Good Medical Practice* into the context of the working lives of GPs
- to assist patients and the public, GPs, colleagues and employers to better understand what to expect as exemplary or unacceptable practice
- to guide GPs when planning their continuing professional development
- to act as a source document for GPs in preparing for appraisals or revalidation
- to inform the framework within which a GP will be appraised and recommended for revalidation.

It is envisaged that the statements in this document will be linked to electronic recording systems, such as the RCGP ePortfolio revised for revalidation purposes, which will be used by GPs to build up folders of evidence for their continuing professional development, appraisals and revalidation.

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<sup>5</sup> Royal College of General Practitioners Curriculum and Assessment Site, [www.rcgp-curriculum.org.uk](http://www.rcgp-curriculum.org.uk).

<sup>6</sup> Royal College of General Practitioners. *Being a General Practitioner* (curriculum statement 1) London: RCGP, 2007, [www.rcgp-curriculum.org.uk](http://www.rcgp-curriculum.org.uk).



# Introduction

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

(GMC, Good Medical Practice, 2006)

General practice lies at the heart of medicine in the United Kingdom. It is cost-effective and achieves high levels of patient satisfaction. It is, and always has been, a professional responsibility of doctors 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 expectation of transparency and public accountability in the delivery of medical care.

The GMC describes the duties of a doctor as follows:

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

- *Make the care of your patient your first concern*
- *Protect and promote the health of patients and the public*
- *Provide a good standard of practice and care*
  - *Keep your professional knowledge and skills up to date*
  - *Recognise and work within the limits of your competence*
  - *Work with colleagues in the ways that best serve patients' interests*
- *Treat patients as individuals and respect their dignity*
  - *Treat patients politely and considerately*
  - *Respect patients' right to confidentiality*
- *Work in partnership with patients*
  - *Listen to patients and respond to their concerns and preferences*
  - *Give patients the information they want or need in a way they can understand*
  - *Respect patients' right to reach decisions with you about their treatment and care*
  - *Support patients in caring for themselves to improve and maintain their health*

- *Be honest and open and act with integrity*
  - *Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk*
  - *Never discriminate unfairly against patients or colleagues*
  - *Never abuse your patients' trust in you or the public's trust in the profession.*

*You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.*

## **What standards are expected of a GP?**

In seeking to define good medical practice for GPs, the GMC's *Good Medical Practice* was used as the starting point. Extracts from the 2006 edition of the GMC's document are reproduced in italics at the start of each section. In each section 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 that describe an 'exemplary 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 'exemplary GP' criteria all or nearly all of the time.**

**A good GP meets most of the 'exemplary GP' criteria most of the time.**

**A poor GP seriously or frequently exhibits the 'unacceptable GP' criteria.**

No GP can be expected to provide the care described under the headings of the 'exemplary 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. Where standards are not met, it may not always be the fault of the doctor. Sometimes this may be due to lack of resources beyond the influence of the doctor, and GPs may find it difficult to meet patients' increasing expectations in the absence of appropriate resources.

In many settings, such as some RCGP assessments, trainer accreditation, clinical audit and GP appraisal, aspiration to higher standards of care are sought and encouraged. Other forms of evaluation, such as revalidation, expect acceptable standards of practice to be demonstrated. The RCGP will work with the GMC and other royal colleges to define how 'acceptable standards' can be evaluated for revalidation.

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## To whom does this document apply?

In general this document applies to all GPs, whether or not they are partners, salaried or locums, working in clinical practice. If a doctor is engaged in clinical general practice, even if only very part-time, their patients should expect that they should aspire to the exemplary standards of a GP as set out here.

Some points apply only to GPs working in the National Health Service (NHS), and would not be appropriate to those in private practice or working overseas. Many statements do not apply to GPs who are not in active clinical practice, such as those in full-time management or on a career break, although the generic behavioural statements should still be achieved.

The contents of this document need 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 may aspire to provide the best care to all their patients, what they can achieve may depend on the circumstances in which they find themselves.

Some GPs have special interests and provide some services either within a secondary care team or as a service to other primary care colleagues. The tasks carried out by these GPs may sometimes be equivalent to some of those carried out by a specialist. GPs providing such services must be properly trained, accredited and supported in the work that they do and be working in a clearly defined role. Audits must demonstrate, for example, that they provide an appropriate service of sufficient quality to achieve the role's objectives. The work that these doctors do falls outside that normally done by a GP. However, the statements from the GMC's *Good Medical Practice* apply to all doctors, and therefore need to be interpreted in the light of the work that each doctor is doing. All doctors will be revalidated for what they do in their everyday practice.

This document will inform: GPs; those with responsibility for assessing GP performance; GP appraisers; those involved in the various quality assessment schemes operated by the RCGP; and those involved in trainer accreditation and revalidation. It will also help patients to know what standards they can expect of their GP.

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## Good clinical care

### **Providing good clinical care**

2. *Good clinical care must include:*
  - a) *adequately assessing the patient's conditions, taking account of the history (including the symptoms and psychological and social factors), the patient's views, and where necessary examining the patient*
  - b) *providing or arranging advice, investigations or treatment where necessary*
  - c) *referring a patient to another practitioner, when this is in the patient's best interests.*
3. *In providing care you must:*
  - a) *recognise and work within the limits of your competence*
  - b) *prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs*
  - c) *provide effective treatments based on the best available evidence*
  - d) *take steps to alleviate pain and distress whether or not a cure may be possible*
  - e) *respect the patient's right to seek a second opinion*
  - f) *keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment*
  - g) *make records at the same time as the events you are recording or as soon as possible afterwards*
  - h) *be readily accessible when you are on duty*
  - i) *consult and take advice from colleagues, when appropriate*
  - j) *make good use of the resources available to you.*

### **Supporting self-care**

4. *You should encourage patients and the public to take an interest in their health and to take action to improve and maintain it. This may include advising patients on the effects of their life choices on their health and well-being and the possible outcomes of their treatments.*

### **Avoiding treating those close to you**

5. *Wherever possible, you should avoid providing medical care to anyone with whom you have a close personal relationship.*

### **Raising concerns about patient safety**

6. *If you have good reason to think that patient safety is or may be seriously compromised by inadequate premises, equipment, or other resources, policies or systems, you should put the matter right if that is possible. In all other cases you should draw the matter to the attention of your employing or contracting body. If they do not take adequate action, you should take independent advice on how to take the matter further. You must record your concerns and the steps you have taken to try to resolve them.*

(GMC, Good Medical Practice, 2006)

## **Providing good clinical care and supporting self-care**

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 that 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 and giving advice on the telephone or by email, when serious problems are potentially more easily missed or misdiagnosed. You should also exercise particular care when performing intimate or potentially embarrassing examinations, explicitly gaining consent and offering a chaperone whenever it is appropriate.

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

You need to practise in premises that are fit for purpose and contain basic medical equipment that will enable you to assess and manage problems appropriately. In addition to keeping such equipment, you need to maintain it in a condition that is safe (e.g. adequately sterilised) and know how to use it in a safe working environment. This includes ensuring that you and your staff are adequately trained to use such equipment. 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. It is good practice to explain to a patient any potential risks, adverse reactions and complications of undertaking investigations, and to obtain their consent.

All medical treatments are associated with a risk of adverse reaction. It is important both for good patient care and for the safety of others that any such incidents are appropriately reported. You should remain alert to the possibility of medical care having untoward effects and where appropriate report such events promptly.

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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, information on prescriptions, websites, personalised information sheets, and addresses and telephone numbers of self-help groups and other health and social services organisations.

The best outcome from such support is a patient who understands his or her condition, can make rational informed choices and takes a full role in a partnership of care with his or her healthcare professionals. The GP should be positive and supportive towards patients who take responsibility for their health decisions.

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 exemplary GP**

- takes time to listen to patients, and allows them to express their own concerns
  - maintains his or her knowledge and skills, and is aware of his or her limits of competence
  - considers relevant psychological and social factors as well as physical ones
  - uses clear language appropriate for the patient
  - encourages patients to become full partners in their care
  - 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 that are based on good practice and evidence
  - has a structured approach for managing long-term health problems and preventive care, and encourages self-care
  - makes arrangements for interpreters and chaperones where appropriate
  - obtains explicit informed consent to any invasive or intimate procedures.
-

### **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
  - is dismissive, patronising or unsupportive towards patients who wish to take a responsible role in caring for their own condition
  - has unsafe premises, e.g. hazardous chemicals or sharp instruments are inadequately protected.
-

## Keeping good records

Keeping good records of the clinical encounter enables you, other doctors and other clinical staff to understand the care that the patient has been given. Medical records provide the basis for future care and 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 that may be needed for legal purposes.

Medical records include both those on paper and on computer. If used, 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 relevant examinations or investigations undertaken, and an indication of the management plan, including expressed patient wishes. 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 that relate to 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 that you believe the patient might wish to be private. This may involve a discussion with the patient about the need to share some information in order to provide safe and effective care. You must always respect the patient's wishes about confidentiality except where this would put the patient or someone else at risk of serious harm. The GMC gives further guidance on confidentiality in its booklet: *Confidentiality: protecting and providing information*.<sup>7</sup>

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. In such a case you should try to persuade the patient of the benefits, so that continuity of care can be ensured and the completeness of his or her lifelong record can be maintained. In some cases you may need to accept the patient's wishes.

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<sup>7</sup> General Medical Council. *Confidentiality: protecting and providing information* London: GMC, 2004, [www.gmc-uk.org/guidance/current/library/confidentiality.asp](http://www.gmc-uk.org/guidance/current/library/confidentiality.asp).

### **The exemplary GP**

- keeps accurate, contemporaneous records sufficient for another clinician to effectively take over care of the patient
- records appropriate information for all contacts including telephone and email 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 that are incomplete or illegible, and contain inaccurate details 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
  - omits important information from a report that he or she has agreed to provide, or includes untruthful information in such a report.
-

## **Access, availability and providing care out of hours**

Patients place a high priority on having good access to GPs. A number of issues relate to access and availability. These include being able to get through on the telephone, having an appointment system that meets the needs of your patients, providing appointments with particular doctors in order to provide continuity of care, having a system that identifies urgent problems, and providing access for disabled patients.

Patients appreciate being able to contact the surgery throughout the working day. Your practice leaflet and website should say clearly when the surgery is open and when the phones are answered. The phone system should be adequate to meet the needs of your patients and your practice.

Patients value being able to talk to a doctor or nurse on the phone or consulting through email. This often avoids the need for a surgery consultation or visit. Your practice leaflet and website should make it clear whether you have arrangements for patients to talk to a doctor or nurse on the phone or accept emails from patients.

Difficulties with 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 impossible 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, and for appointments that fit with the circumstances of the patient's life – 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 without invasive questioning, 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 should receive formal in-house training in issues of confidentiality so that they understand the importance of confidentiality in their dealings with patients. The practice may consider the appointment of a member of staff as a 'confidentiality officer'. You must ensure that there is a robust system for checking that any doctor who stands in for you, for example as a locum, has the necessary qualifications, experience, knowledge and skills to perform the duties for which he or she will be responsible.

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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 that there is an appropriate system for taking messages. 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.

#### **The exemplary GP**

- has opening hours that meet the needs of the patient population and are clearly stated
- monitors how the appointments system or open-access 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 appropriate requests for same-day appointments
- can always be contacted when on duty and arranges immediate action in an emergency situation
- can demonstrate an effective system for transferring and acting on information from other doctors about patients.

#### **The unacceptable GP**

- has very restricted opening hours
  - does not have adequate arrangements for patients to contact the practice by phone
  - fails to adequately monitor patient access to his or her services
  - provides no opportunity for patients to talk to a doctor or a nurse on the phone
  - 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 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 healthcare professional.
-

## Making effective use of resources

There is a tension between the needs of a GP's individual patients and the needs of the population as a whole. No healthcare system can provide all possible 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 healthcare 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. This may be the practice partners, practice manager or Primary Care Organisation. You should record your concerns and, if no action is taken, consult with your Local Medical Committee.

### The exemplary GP

- only prescribes treatments that make an effective contribution to the patient's overall management and for which the GP has adequate knowledge of the treatment, the patient and the patient's needs
- takes resources into account when choosing between treatments of similar effectiveness
- brings to the attention of his or her Primary Care Organisation examples of patients or patient groups that appear to be receiving systematically poor treatment.

### The unacceptable GP

- consistently prescribes unnecessary or ineffective treatments
  - takes no note of resources when choosing between similar treatments
  - refuses to register patients whose treatment may be costly or who may create a high workload for him or her or the practice team.
-

**Decisions about access to medical care**

7. *The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. You must treat your patients with respect whatever their life choices and beliefs. You must not unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance.*
8. *If carrying out a particular procedure or giving advice about it conflicts with your religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and tell them they have the right to see another doctor. You must be satisfied that the patient has sufficient information to enable them to exercise that right. If it is not practical for a patient to arrange to see another doctor, you must ensure that arrangements are made for another suitably qualified colleague to take over your role.*
9. *You must give priority to the investigation and treatment of patients on the basis of clinical need, when such decisions are within your power. If adequate resources, policies or systems prevent you from doing this, and patient safety is or may be seriously compromised, you must follow the guidance in paragraph 6.*
10. *All patients are entitled to care and treatment to meet their clinical needs. You must not refuse to treat a patient because their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making suitable alternative arrangements for treatment.*

(GMC, Good Medical Practice, 2006)

**Decisions about access to medical care**

Our society provides most health care for its citizens through the NHS. 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 affect your treatment of patients, for example by discriminating on grounds of age, colour, culture, disability, ethnic or national origin, gender, sex, sexual orientation, lifestyle, marital or parental status, race, religion or beliefs, or social or economic status. However, it is reasonable to help patients access a GP or nurse of a particular gender if they express a preference. 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. In the NHS it is currently the responsibility of Primary Care Organisations to provide you and your patients with access to adequate interpretation services.

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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, and you should work with your Primary Care Organisation to ensure adequate arrangements for such difficult or violent patients. 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 to the patient, and ensure that they have sufficient information to exercise their right to see another doctor without delay.<sup>8</sup>

### **The exemplary GP**

- treats all patients equally and aims to ensure that some groups are not favoured at the expense of others
- discusses discrimination 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 is careful not to impose his or her own beliefs and values
- takes measures to protect him or herself and members of 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
- pressurises 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 appropriate arrangements to see patients who pose a threat, or carelessly puts at risk members of the practice who are seeing such patients.

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<sup>8</sup> General Medical Council. *Personal Beliefs and Medical Practice* London: GMC, 2008, [www.gmc-uk.org/guidance/ethical\\_guidance/personal\\_beliefs/personal\\_beliefs.asp](http://www.gmc-uk.org/guidance/ethical_guidance/personal_beliefs/personal_beliefs.asp).

***Treatment in emergencies***

*11. In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, and the availability of other options for care.*

*(GMC, Good Medical Practice, 2006)*

**Treatment in emergencies**

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 and a good understanding of local protocols and the roles of others, such as paramedics. 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 and, as far as possible, that staff and patients are aware when it is appropriate to call an ambulance. This is particularly important if you do not have ready access to an accident and emergency department.

You need to be able to respond rapidly to a medical emergency on your practice premises or if you are on call. You should 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-term and long-term follow-up for patients who have required emergency care, including referral to other healthcare 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 that is within your professional competence.

**The exemplary 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.
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**The unacceptable GP**

- cannot be contacted in an emergency or does not respond quickly
  - provides ineffective or erratic care in emergencies
  - does not follow local protocols, such as for chest pain, or unnecessarily delays calling a paramedic or ambulance
  - provides no support to practice staff in managing emergencies
  - has insufficient emergency drugs or equipment, or has drugs that are out of date
  - does not maintain his or her resuscitation skills
  - does not appropriately follow up patients who have experienced a medical emergency or their families.
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# 2

## Maintaining good medical practice

### ***Keeping up to date***

12. *You must keep your knowledge and skills up to date throughout your working life. You should be familiar with relevant guidelines and developments that affect your work. You should regularly take part in educational activities that maintain and further develop your competence and performance.*
13. *You must keep up to date with, and adhere to, the laws and codes of practice relevant to your work.*

### ***Maintaining and improving your performance***

14. *You must work with colleagues and patients to maintain and improve the quality of your work and promote patient safety. In particular, you must:*
  - a) *maintain a folder of information and evidence, drawn from your medical practice*
  - b) *reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation*
  - c) *take part in regular and systematic audit*
  - d) *take part in systems of quality assurance and quality improvement*
  - e) *respond constructively to the outcome of audit, appraisals and performance reviews, undertaking further training where necessary*
  - f) *help to resolve uncertainties about the effects of treatments*
  - g) *contribute to confidential inquiries and adverse event recognition and reporting, to help reduce risk to patients*
  - h) *report suspected adverse drug reactions in accordance with the relevant reporting scheme*
  - i) *co-operate with legitimate requests for information from organisations monitoring public health – when doing so you must follow guidance in Confidentiality: Protecting and providing information.*<sup>9</sup>

(GMC, Good Medical Practice, 2006)

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<sup>9</sup> GMC. *Confidentiality: protecting and providing information*,  
[www.gmc-uk.org/guidance/current/library/confidentiality.asp](http://www.gmc-uk.org/guidance/current/library/confidentiality.asp).

## **Keeping up to date, and maintaining and improving your performance**

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 one of the gatekeepers to a range of services including GPs with Special Interests, specialist nurses and consultants, you also need to be alert to changing specialist practice – detailed knowledge is not necessary, but you need to know enough to make appropriate referrals.

You need to plan your continuing education with care, trying to identify and fill gaps in your knowledge and performance. Audit of your own performance, honest self-evaluation and reflection are the basis of personal development plans in general practice.

Ways of doing this include a personal learning diary compiled during surgeries as well as proactively identifying and regularly reviewing, through significant event auditing, events that suggest the possibility of poor quality practice. Once problems are identified, you need to ensure that you take appropriate and prompt action to change your own practice or that provided by your practice team. You should, where possible, share your learning with colleagues.

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 external or comparative 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).

All healthcare professionals should take part in regular and systematic clinical audit, both quantitative audits of the care of groups of patients against defined criteria (with re-audit to demonstrate change) and auditing of individual cases (as in significant event auditing). You should join with members of your team in maintaining and improving the quality of care that your practice provides by taking part in a range of ways of monitoring and improving care (e.g. clinical governance, significant event auditing, risk management) and commit yourself to finding ways of improving your care where necessary. In doing so, you need to reflect the breadth and nature of your clinical practice.

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Annual appraisal provides an opportunity to demonstrate your commitment to keeping up to date and improving your own performance through honest self-evaluation and reflection. It will also provide, in time, a check on progress towards revalidation. You should prepare for, take part in and respond to your annual appraisal positively. You should be prepared to demonstrate the extent to which you meet, or do not meet, the statements for an exemplary or an unacceptable doctor in this document.

An important aspect of keeping up to date is the law. Many areas of general practice are influenced by statute. Important aspects of law influencing clinical practice include child welfare, mental health and mental capacity issues, controlled drug prescribing, provision of medical certificates for sickness benefits, fitness to drive and death certification. You must ensure that your knowledge of appropriate regulations remains current. Where necessary you should take advice from the British Medical Association (BMA) or a medical defence organisation.

#### **The exemplary GP**

- is up to date with developments in clinical practice and regularly reviews his or her knowledge and performance
- uses these reviews to develop personal and practice 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.

#### **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 that 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.
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## 3

## Teaching and training, appraising and assessing

### ***Teaching and training, appraising and assessing***

15. *Teaching, training, appraising and assessing doctors and students are important for the care of patients now and in the future. You should be willing to contribute to these activities.*
16. *If you are involved in teaching you must develop the skills, attitudes and practices of a competent teacher.*
17. *You must make sure that all staff for whom you are responsible, including locums and students, are properly supervised.*
18. *You must be honest and objective when appraising or assessing the performance of colleagues, including locums and students. Patients will be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice.*
19. *You must provide only honest, justifiable and accurate comments when giving references for, or writing reports about, colleagues. When providing references you must do so promptly and include all information that is relevant to your colleague's competence, performance or conduct.*

(GMC, Good Medical Practice, 2006)

### **Teaching and training**

Teaching is an important professional activity. This is a wide concept that includes supporting the professional development of GP colleagues, members of the multi-disciplinary practice team, students and young doctors. The GMC encourages doctors 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 clinical expertise, 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. Deans and 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, practice website and 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 assessment of students and doctors in training. Such assessments must be conducted fairly and accurately. They must honestly reflect that person's performance as you see it.

#### **The exemplary GP teacher**

- has a personal commitment to teaching and learning
- shows a willingness to develop both him or herself and other doctors or students, through education, audit and peer review
- ensures that patients are not put at risk when seeing students or doctors in training
- offers the patient an open opportunity, without pressure, to decide whether to take part in a teaching consultation
- understands the principles and theory of education, and uses teaching methods appropriate to the educational objectives
- uses formative assessment and constructs educational plans
- assists in making honest assessments 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.

## **Appraising**

Annual appraisals for GPs should be in place throughout the United Kingdom. Those being appraised, appraisees, have the obligation, as described earlier, to prepare thoroughly, to take part effectively and to act on the outcome.

Appraisers are other local primary care health professionals, usually GPs, who must be trained and supported in their task. They have two key roles. The first is to support the appraisee in improving and maintaining patient care and his or her professional standards. This leads, through reflection, to a personal development plan. The second task is to contribute to patient safety. This is accomplished by being alert to evidence of serious risk to patient care and responding appropriately (including by not signing off the appraisal if serious risk is found). In the future, the appraiser will need to be satisfied that the appraisee's revalidation folder is appropriate for the appraisee's stage in the revalidation cycle.

### **The exemplary GP appraiser**

- understands the importance of appraisal and his or her role in the process
- prepares fully for each appraisal
- explores the evidence submitted with the appraisee, encouraging reflection and improvement
- is alert to evidence that suggests any risk to patient safety
- encourages the writing of appropriate goals and their attainment
- over time, uses the appraisal to ensure the appraisee's preparation for revalidation
- is able to make a judgement about the extent and quality of the evidence of a GP's continuing professional development and learning.

### **The unacceptable GP appraiser**

- undertakes a perfunctory appraisal in which the appraisee does not have the opportunity to develop and improve care
  - sets inappropriate goals for the appraisee
  - offers inadequate support to the appraisee
  - does not seek or ignores evidence that patients are at risk.
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## 4

## Relationships with patients

***The doctor–patient partnership***

20. *Relationships based on openness, trust and good communication will enable you to work in partnership with your patients to address their individual needs.*
21. *To fulfil your role in the doctor–patient partnership you must:*
- be polite, considerate and honest*
  - treat patients with dignity*
  - treat each patient as an individual*
  - respect patients' privacy and right to confidentiality*
  - support patients in caring for themselves to improve and maintain their health*
  - encourage patients who have knowledge about their condition to use this when they are making decisions about their care.*

***Good communication***

22. *To communicate effectively you must:*
- listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences*
  - share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including associated risks and uncertainties*
  - respond to patients' questions and keep them informed about the progress of their care*
  - make sure that patients are informed about how information is shared within teams and among those who will be providing their care.*
23. *You must make sure, whenever practical, that arrangements are made to meet patients' language and communication needs.*

***Children and young people***

24. *The guidance that follows in paragraphs 25–27 is relevant whether or not you routinely see children and young people as patients. You should be aware of the needs and welfare of children and young people when you see patients who are parents and carers, as well as any patients who may represent a danger to children or young people.<sup>10</sup>*
25. *You must safeguard and protect the health and well-being of children and young people.*
26. *You should offer assistance to children and young people if you have reason to think that their rights have been abused or denied.*
27. *When communicating with a child or young person you must:*
- treat them with respect and listen to their views*
  - answer their questions to the best of your ability*
  - provide information in a way they can understand.*

<sup>10</sup> General Medical Council. *0–18 Years: guidance for all doctors* London: GMC, 2006, [www.gmc-uk.org/guidance/archive/GMC\\_0-18.pdf](http://www.gmc-uk.org/guidance/archive/GMC_0-18.pdf).

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

**Relatives, carers and partners**

29. *You must be considerate to relatives, carers, partners and others close to the patient, and be sensitive and responsive in providing information and support, including after a patient has died. In doing this you must follow the guidance in Confidentiality: Protecting and providing information.<sup>11</sup>*

**Maintaining trust in the profession**

32. *You must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them.*
33. *You must not express to your patients your personal beliefs, including political, religious or moral beliefs, in ways that exploit their vulnerability or that are likely to cause them distress.*
34. *You must take out adequate insurance or professional indemnity cover for any part of your practice not covered by an employer's indemnity scheme, in your patients' interests as well as your own.*
35. *You must be familiar with your GMC reference number. You must make sure you are identifiable to your patients and colleagues, for example by using your registered name when signing statutory documents, including prescriptions. You must make your registered name and GMC reference number available to anyone who asks for them.*

**Consent**

36. *You must be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. Usually this will involve providing information to patients in a way they can understand, before asking for their consent. You must follow the guidance in Seeking Patients' Consent: The ethical considerations,<sup>12</sup> which includes advice on children and patients who are not able to give consent.*

**Confidentiality**

37. *Patients have a right to expect that information about them will be held in confidence by their doctors. You must treat information about patients as confidential, including after a patient has died. If you are considering disclosing confidential information without a patient's consent, you must follow the guidance in Confidentiality: Protecting and providing information.<sup>13</sup>*

(GMC, Good Medical Practice, 2006)

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<sup>11</sup> GMC. *Confidentiality: protecting and providing information*, [www.gmc-uk.org/guidance/current/library/confidentiality.asp](http://www.gmc-uk.org/guidance/current/library/confidentiality.asp).

<sup>12</sup> General Medical Council. *Seeking Patients' Consent: the ethical considerations* London: GMC, 1998, [www.gmc-uk.org/guidance/current/library/consent.asp](http://www.gmc-uk.org/guidance/current/library/consent.asp).

<sup>13</sup> GMC. *Confidentiality: Protecting and providing information*, [www.gmc-uk.org/guidance/current/library/confidentiality.asp](http://www.gmc-uk.org/guidance/current/library/confidentiality.asp).

## The doctor–patient partnership

The length of the sections in *Good Medical Practice* (2006) that relate to relationships with patients reflect how fundamental this is to the practice of medicine. An essential element in successful partnerships with patients is the establishing and maintenance of trust. 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 partnership.

Trust is not a separate part of being a good doctor. Trust is earned by taking patients seriously, by listening to them carefully, by examining them sensitively, by guarding confidential information, by practising to the standards in this booklet and by maintaining your clinical competence. Poor practice organisation undermines trust – for example, loss of records or failing to write letters.

As a GP, you are uniquely placed to influence your patients through a clinical partnership that may extend over long periods and with detailed knowledge of the dynamics of your patient's 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 or bereavement. 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 if intimate clinical examinations are carried out in situations that are open to misinterpretation.

Particular care needs to be exercised when the patient is a child or vulnerable adult. You should aim to protect their interests, communicating with them appropriately and being alert for signs that they may be being abused by others.

You will often acquire information about patients' personal or family finances. Your position of trust must never be abused 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 for being careless with patients' confidences, this will destroy clinical relationships and damage trust in all doctors. Confidentiality is therefore an individual and practice responsibility, and non-clinical members of staff must receive comprehensive training about confidentiality issues.

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If you are a partner in an NHS practice you will derive a significant proportion of your income from contractual payments for undertaking certain activities. 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.

You owe the same duty of confidentiality to all your patients, regardless of age. Children and young people under 16 have the same rights to a confidential health service as adult patients. Even when they lack the maturity and understanding to make decisions on their own, you should still respect their confidences, unless there is a legal requirement to disclose, disclosure is justified in the public interest or when you judge that disclosure is in the best interests of the child. Children and young people also have same rights (under the Data Protection Act)<sup>14</sup> to access their own records when they understand what that means, and they can refuse access by others, including their parents.

You should share relevant information with welfare attorneys, advocates and others close to incapacitated patients, commensurate with their decision-making powers or their need for information to contribute to the assessment of such patients' best interests.

### **The exemplary GP**

- treats patients politely and with consideration
- 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 and treatment options, 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
- is aware of the possibility of personal advantage accruing from a close clinical relationship and avoids situations, or makes explicit, where personal and professional interests might be in conflict
- does not seek or accept financial rewards from patients outside the normal framework of professional fees
- contributes to professional and public debate about issues of ethical concern.

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<sup>14</sup> HMSO. *Data Protection Act 1998* London: HMSO, 1998.

**The unacceptable GP**

- exploits relationships with patients to his or her own advantage
  - ignores the patient's best interests when deciding about treatment or referral
  - 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
  - has inappropriate financial or personal relationships with patients.
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**Being open and honest with patients if things go wrong**

30. *If a patient under your care has suffered harm or distress, you must act immediately to put matters right, if that is possible. You should offer an apology and explain fully and promptly to the patient what has happened and the likely short-term and long-term effects.*
31. *Patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response including an explanation and, if appropriate, an apology. You must not allow a patient's complaint to affect adversely the care or treatment you provide or arrange.*

**Ending your professional relationship with a patient**

38. *In rare circumstances, the trust between you and a patient may break down, and you may find it necessary to end the professional relationship. For example, this may occur if a patient has been violent towards you or a colleague, has stolen from the premises, or has persistently acted inconsiderately or unreasonably. You should not end a relationship with a patient solely because of a complaint the patient has made about you or your team, or because of the resource implications<sup>15</sup> of the patient's care or treatment.*
39. *Before you end a professional relationship with a patient, you must be satisfied that your decision is fair and does not contravene the guidance in paragraph 7. You must be prepared to justify your decision. You should inform the patient of your decision and your reasons for ending the professional relationship, wherever practical in writing.*
40. *You must take steps to ensure that arrangements are made promptly for the continuing care of the patient, and you must pass on the patient's records without delay.*

(GMC, Good Medical Practice, 2006)

**Being open and honest with patients if things go wrong**

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, or adverse outcomes occur despite the GP's best efforts. When this happens your patients have a right to expect a prompt, appropriate, honest and constructive response to their concerns or complaints. You must not allow the patient's concerns or complaint to prejudice your care of them. NHS GPs are required to have a practice-based complaints procedure to help when things go wrong. You should make sure that it operates effectively.

Mistakes can occur in the diagnosis, treatment or management of the patient or in the way the service is provided. When a mistake has arisen, whether or not a complaint has been or may be made, you should act immediately to put matters right, if you can. You should apologise if a patient has suffered harm or distress, whether or not 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 years old, then the circumstances of the death should be explained to the parents or legal guardians.

<sup>15</sup> If you charge fees, you may refuse treatment for patients unable or unwilling to pay for services you have already provided. You must follow the guidance in paragraph 39.

Doctors do not always handle mishaps and mistakes well. Patients find that doctors and their staff are often defensive when things go wrong. Matters may proceed to a formal complaint simply because a doctor will not admit that something went wrong. Patients expect you to do your best to avoid mishaps and mistakes; however, they do not like cover-ups when things have gone wrong. When appropriate, an explanation of what happened or went wrong, an acceptance of responsibility and an apology can reassure patients and circumvent a formal complaint.

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, usually as a significant event audit, is always helpful. You should support colleagues who have made mistakes or experienced mishaps; this includes acknowledging that a mistake has occurred and helping to find the best way forward both for the patient and your colleague.

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 complete and up-to-date records promptly.

### **The exemplary GP**

- contacts the patient soon after it is apparent that a mishap or mistake has occurred
  - apologises for him or herself or for the practice staff
  - tells the patient what has happened and, where possible, how it can be put right
  - co-operates with any investigation arising from a complaint, and when appropriate instigates changes to prevent any recurrence
  - tries to maintain a relationship with the patient or family when a mishap or mistake has occurred; if the relationship is irretrievably harmed handles this professionally and ensures appropriate handover of care to another doctor
  - feeds back to the patient or family any action taken to prevent similar mishaps or mistakes in future.
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### **The unacceptable GP**

- does not acknowledge or attempt to rectify mishaps or 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
  - removes a patient from the practice list solely because a complaint has been made or is likely.
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## 5

## Working with colleagues

**Working in teams**

41. *Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues. You must:*
- respect the skills and contributions of your colleagues*
  - communicate effectively with colleagues within and outside the team*
  - make sure that your patients and colleagues understand your role and responsibilities in the team, and who is responsible for each aspect of patient care*
  - participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies*
  - support colleagues who have problems with performance, conduct or health.*
42. *If you are responsible for leading a team, you must follow the guidance in Management for Doctors.<sup>16</sup>*

**Conduct and performance of colleagues**

43. *You must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If you have concerns that a colleague may not be fit to practise, you must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary. This means you must give an honest explanation of your concerns to an appropriate person from your employing or contracting body, and follow their procedures.*
44. *If there are no appropriate local systems, or local systems do not resolve the problem, and you are still concerned about the safety of patients, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defence body, a professional organisation or the GMC for advice.*
45. *If you have management responsibilities you should make sure that systems are in place through which colleagues can raise concerns about risks to patients, and you must follow the guidance in Management for Doctors.<sup>17</sup>*

<sup>16</sup> General Medical Council. *Management for Doctors* London: GMC, 2006, [www.gmc-uk.org/guidance/current/library/management\\_for\\_doctors.asp](http://www.gmc-uk.org/guidance/current/library/management_for_doctors.asp).

<sup>17</sup> GMC. *Management for Doctors*, [www.gmc-uk.org/guidance/current/library/management\\_for\\_doctors.asp](http://www.gmc-uk.org/guidance/current/library/management_for_doctors.asp).

**Respect for colleagues**

46. *You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views<sup>18</sup> to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.*
47. *You must not make malicious and unfounded criticisms of colleagues that may undermine patients' trust in the care or treatment they receive, or in the judgement of those treating them.*

**Arranging cover**

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

(GMC, Good Medical Practice, 2006)

**Working in teams**

All GPs work in teams. These exist within the practice (the practice team), and there is also the wider primary care team that includes attached staff and other local independent contractors such as dentists, pharmacists and optometrists. As primary care teams expand, you will increasingly need to have ways of working effectively with, and learning from and with, colleagues who come from other teams.

At any one time leadership may be exercised by any team member. However, GPs often have special leadership responsibilities – as lead clinicians in the team, as co-ordinators of care and advocates for their patients, as employers, as advisers or post holders in their Primary Care Organisations and nationally.

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 unfair discrimination within the working of the team. You have a responsibility to treat your colleagues fairly, and not to harass or bully them.

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<sup>18</sup> This includes your views about a colleague's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.

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.

As primary care teams become larger, care is increasingly delegated to other healthcare professionals. It is your responsibility to ensure that the person to whom you are delegating has the ability and qualifications to provide the care required, and part of your leadership role is to ensure that patients do not fall through the net of care with nobody taking responsibility. 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. For example, practice nurses may provide triage and ongoing care for patients with chronic conditions, with only occasional discussions with the GP.

Sometimes the boundary between delegation and referral is blurred. Where delegation or referral is to a healthcare professional with his or her own statutory regulatory authority (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 he or she is 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. Sometimes, primary care teams outside your practice are dysfunctional because of lack of resources or a stable workforce. You cannot be held responsible for this, but you can still make sure that you maintain the best contact possible between yourself, your practice team and those members of the wider primary care team with whom you need to have a working professional relationship.

Cover for patients outside of normal general practice working hours is generally provided by out-of-hours services. It is your responsibility to ensure that a system is in place to hand over care for those likely to need it, such as those receiving terminal care. When delivering out-of-hours care, you need to ensure that there is an effective 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 patient that is handed over by another healthcare professional.

Patients need to know who they should talk to if there is a problem. This should be made clear in the practice leaflet and website.

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If you have concerns that a colleague's conduct or health may be putting patients at risk then you have a duty to act. It is always wise to seek advice from colleagues whom you trust – difficult decisions are usually best considered with others – and there will be local guidelines to assist you. It may be appropriate to raise your concerns directly with the colleague and have them allayed. You might use the practice's management system to raise your concerns. However, if your concerns are serious, you cannot raise them yourself or raising them does not protect patients, you must raise your concerns with the medical leader in your Primary Care Organisation as a 'recorded concern'. You may also then need to approach the GMC if your concerns are serious and unaddressed.

Where patient safety is found to be at risk through the failures of systems or where generalised learning can be achieved from specific events, you should make significant event audit reports available to your Primary Care Organisation and national patient safety organisations.

### **The exemplary GP**

- has effective systems for communication within the practice
- participates in regular meetings with members of the practice team
- knows how to contact and communicate with individual primary care team members outside meetings.

### **The unacceptable GP**

- does not attempt to 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
- bullies or harasses his or her colleagues.

### **The GP as employer or line manager**

Many GPs are employers or have responsibilities to manage staff. The employees of a GP practice include salaried GPs as well as those from other disciplines. 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. For example, 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. Your responsibility for training your employees means having some way of finding out what their training needs are and arranging to meet those needs provided adequate resources are available.

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By ensuring good employment practices within the practice and investing in your salaried GPs and your practice team your practice can be more effective, clinically and organisationally. Employees are, for most organisations, their greatest asset and it is therefore worth spending time and effort over them. This process should start at the earliest point of any employment relationship and strong recruitment processes are therefore essential.

A stand-in or locum GP whom you employ needs to be aware of the identity and role of other team members. It is the responsibility of GPs to ensure that there is good communication with the locum doctors they employ or who cover them, relevant information is available to locums in an easily accessible format, and locums' working conditions allow doctors to deliver an acceptable standard of care.

If you employ staff, or provide public access to premises you own, you have responsibilities to be aware of and respond to: employment law; health and safety law, and related matters; and regulations governing access to premises (e.g. by disabled people who are either patients or employees).

### **The exemplary GP**

- has established recruitment and employment processes and procedures
- aims to develop an organisation that offers personal and professional development opportunities to its staff
- understands the health needs of the local population, and tries to ensure that the primary care team has the skills to meet those needs
- ensures that the registration of locums on the GMC general practitioner register is checked through the online GMC list of registered medical practitioners, and thereby only employs a locum who has achieved such registration and who can demonstrate legitimate inclusion in a performers' list of a UK Primary Care Organisation
- has a named person in the practice who is responsible for health and safety at work, and employment matters, and ensures compliance with them.

### **The unacceptable GP**

- neither understands nor meets his or her responsibilities as an employer
  - does not encourage staff to develop new skills and responsibilities
  - does not demonstrate good employment practices with employees, including salaried doctors and locums.
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***Taking up and ending appointments***

49. *Patient care may be compromised if there is not sufficient medical cover. Therefore, you must take up any post, including a locum post, you have formally accepted, and you must work your contractual notice period, unless the employer has reasonable time to make other arrangements.*

(GMC, Good Medical Practice, 2006)

**Taking up and ending appointments**

GPs understand, more than most doctors, the importance of continuity of care and of access to primary care services for all patients. Once you have accepted a post, you must not compromise services to patients by withdrawing until alternative arrangements can be made unless doing so would place patients at risk. Likewise, if you engage someone's services, you should not subsequently unilaterally cancel the arrangement without appropriate notice.

**The exemplary 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.

***Sharing information with colleagues***

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

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

52. *If you provide treatment or advice for a patient, but are not the patient's general practitioner, you should tell the general practitioner the results of investigations, the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects.*

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

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### ***Delegation and referral***

54. *Delegation involves asking a colleague to provide treatment or care on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care or treatment involved. You must always pass on enough information about the patient and the treatment they need.*
55. *Referral involves transferring some or all of the responsibility for a patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment that is outside your competence. You must be satisfied that any healthcare professional to whom you refer a patient is accountable to a statutory regulatory body or employed within a managed environment. If they are not, the transfer of care will be regarded as delegation, not referral. This means you remain responsible for the overall management of the patient, and accountable for your decision to delegate.*

(GMC, Good Medical Practice, 2006)

## **Sharing information with colleagues and referring patients**

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 other healthcare professionals including specialists. You have a special role in advocating for the individual patient to get appropriate and equitable access to the skills and services that he or she needs. You need to know your strengths and limitations. These vary quite widely between individual GPs, so this subsection is partly about knowing the limits of your own competence.

Patients need to trust that you will refer them to another healthcare professional or for an opinion when it is necessary. In general, you should respect a patient's request for referral, although there may be circumstances in which you judge it not to be in the patient's best interests to be referred. In a perfect world a GP would only refer to colleagues whose competences are sufficient and relevant to the problem concerned. In recent years the pressures to refer to hospital-based teams has increased and it is often impossible to refer to an individual specialist. The quality of referral is enhanced by following protocols within pathways of care when these exist.

Communication is a key part of referral to a specialist or to another healthcare professional, and can be poor (in both directions). If you supply inadequate information, then the other healthcare professional may provide inappropriate treatment to the patient or, at the very least, waste the valuable time of the clinician and the patient. It is important to make clear in a referral what you hope a specialist will do. Most specialists want to know what you expect from a referral, including what continuing role you expect the specialist to take in the ongoing care of your patient. Likewise, it may be appropriate for you tactfully to feed back to a specialist if you feel that the outcome of a referral has not been the best for your patient.

After a referral has been made you should keep the specialist informed of significant changes in the health or care of the patient, particularly if related to the condition for which the specialist is caring. When advice is received from the specialist it should be acted on promptly, and mechanisms to ensure this happens should be in place within the practice. The specialist should be informed when the advice from the specialist has not been followed and the reasons for this should be communicated.

Specialists and GPs with Special Interests should normally only accept patients with a referral from the GP or another appropriate healthcare worker. Exceptions to this include accident and emergency, out-of-hours, walk-in clinics, genito-urinary medicine, addiction services, and contraception and abortion services. Similarly, occupational health physicians and police surgeons may see patients without a referral. In general, if you are referring on 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 first unless the patient objects. There may, however, be some circumstances (e.g. police surgeons referring for urgent hospital care) where this is impractical.

Sometimes, the patient may not wish information to be given to his or her GP. You also need to be aware of sensitive information that the patient may not wish to be sent to other healthcare professionals. You should seek the patient's consent before giving sensitive information to another healthcare professional.

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**The exemplary GP**

- provides, within his or her team, the full range of normal primary care services
- makes appropriate judgements about patients who need referral
- chooses specialists who 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, and shares the content of the referral letter with the patient
- where appropriate, feeds back to specialists their views on the quality of care provided
- monitors the outcomes from his or her referrals, reflecting on how to use referrals more effectively in future.

**The unacceptable GP**

- does not refer patients when specialist care is necessary
  - consistently dismisses patients' requests for a second opinion
  - consistently refers patients for care that would normally be regarded as part of general practice
  - does not provide information in a referral that enables the specialist to give appropriate care.
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## 6

## Probity

***Being honest and trustworthy***

56. *Probity means being honest and trustworthy and acting with integrity: this is at the heart of medical professionalism.*
57. *You must make sure that your conduct at all times justifies your patients' trust in you and the public's trust in the profession.*
58. *You must inform the GMC without delay if, anywhere in the world, you have accepted a caution, been charged with or found guilty of a criminal offence, or if another professional body has made a finding against your registration as a result of fitness to practise procedures.*
59. *If you are suspended by an organisation from a medical post, or have restrictions placed on your practice you must, without delay, inform any other organisation for which you undertake medical work and any patients you see independently.*

(GMC, Good Medical Practice, 2006)

**Being honest and trustworthy**

This is at the core of medical professionalism. Every GP should conduct him or herself in such a way as to earn and retain the trust of patients, colleagues and the public.

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 exemplary GP**

- understands the need to earn and retain the trust of his or her patients, colleagues and the public
- conducts him or herself in the appropriate way to maintain that trust.

**The unacceptable GP**

- risks or damages trust in him or herself or the profession.
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***Providing and publishing information about your services***

60. *If you publish information about your medical services, you must make sure the information is factual and verifiable.*
61. *You must not make unjustifiable claims about the quality or outcomes of your services in any information you provide to patients. It must not offer guarantees of cures, nor exploit patient's vulnerability or lack of medical knowledge.*
62. *You must not put pressure on people to use a service, for example by arousing ill-founded fears for their future health.*

(GMC, Good Medical Practice, 2006)

**Providing and publishing information about your services**

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 arrangements for out-of-hours care and when they will next be able to talk to a member of the practice team. This applies to written information (e.g. your practice leaflet), to your website and to any recorded telephone information.

The information in your practice literature or website needs to be accurate and factual, and should avoid making comparisons with others. It should be reviewed regularly and kept up to date. 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.

**The exemplary GP**

- has a clear, accurate and up-to-date practice leaflet containing information about services provided, and has a clear and accurate website.

**The unacceptable GP**

- does not have a practice leaflet or website, or has one that is untrue or self-promoting
  - does not give clear messages concerning out-of-hours arrangements and times when the practice is open
  - visits or phones prospective patients to encourage them to join the practice.
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### ***Writing reports and CVs, giving evidence and signing documents***

63. *You must be honest and trustworthy when writing reports and when completing or signing forms, reports and other documents.*
64. *You must always be honest about your experience, qualifications and position, particularly when applying for posts.*
65. *You must do your best to make sure that any documents you write or sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents, and that you must not deliberately leave out relevant information.*
66. *If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.*
67. *If you are asked to give evidence or act as a witness in litigation or formal inquiries, you must be honest in all your spoken and written statements. You must make clear the limits of your knowledge or competence.*
68. *You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure that applies to your work. You must disclose to anyone entitled to ask for it any information relevant to an investigation into your own or a colleague's conduct, performance or health. In doing so, you must follow the guidance in Confidentiality: Protecting and providing information.<sup>19</sup>*
69. *You must assist the coroner or procurator fiscal in an inquest or inquiry into a patient's death by responding to their enquiries and by offering all relevant information. You are entitled to remain silent only when your evidence may lead to criminal proceedings being taken against you.*

(GMC, Good Medical Practice, 2006)

### **Writing reports, giving evidence and signing documents**

In addition to the generic statements in the GMC's *Good Medical Practice* (2006), some additional emphasis is required for GPs. 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. In particular certificates with financial implications, such as sick certificates or insurance forms, require special care. When you agree to write a report based on the patient's notes, for example for a solicitor or an insurance company, you must complete it truthfully and factually.

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

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<sup>19</sup> GMC. *Confidentiality: protecting and providing information*,  
[www.gmc-uk.org/guidance/current/library/confidentiality.asp](http://www.gmc-uk.org/guidance/current/library/confidentiality.asp).

reference through misplaced loyalty to a colleague or in order to facilitate the end of an unhappy relationship. Likewise, when you have had a difficult personal relationship with a partner or member of staff, you must be objective about his or her 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. Under the Data Protection Act<sup>20</sup> people have a legal right to see references that you have written about them.

#### **The exemplary GP**

- provides truthful, honest and complete information on certificates and other documents
- 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**

- carelessly attaches his or her name to documents or certificates
- knowingly provides false information on such documents
- gives dishonest, untrue or biased references
- omits important information from references
- includes comments in references (favourable or unfavourable) that are based largely on personal prejudice.

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<sup>20</sup> HMSO. *Data Protection Act 1998*.

### **Research**

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

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

- a) put the protection of the participants' interests first*
- b) act with honesty and integrity*
- c) follow the appropriate national research governance guidelines and the guidance in*

*Research: The role and responsibilities of doctors.<sup>21</sup>*

*(GMC, Good Medical Practice, 2006)*

### **Research**

Many activities that extend the foundation of knowledge 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, has been approved by the local research governance processes 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 you or your practice's agreement to collaborate in the research. You may accept only those payments that have been approved by a research ethics committee and local research governance processes. Particular care should be taken when participating in research conducted by commercial companies and you should avoid any 'research' or survey that could be a marketing exercise to establish your patients on a particular drug.

The consent form and patient information leaflet you are asked to use should set out clearly 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 or children who are not able to make decisions for themselves further advice on the research methods and ethical decisions may be needed. Such research should only be undertaken after careful reflection and consultation, and with the approval of a research ethics committee.

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, follows local research governance processes and that it complies with the law.

<sup>21</sup> General Medical Council. *Research: the role and responsibilities of doctors* London: GMC, 2002, [www.gmc-uk.org/guidance/current/library/research.asp](http://www.gmc-uk.org/guidance/current/library/research.asp).

Once you have agreed to take part in a study you should 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 research 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 that is unlikely to answer the research question. You will usually find it valuable to seek expert advice at points during both the design and execution phase of your study.

If you carry out research from your practice base it is useful to join a research group with whom you can consult and share ideas. Increasingly there are local research networks using groups of practices to undertake research. Such networks can help practices to collaborate with confidence in high-quality research.

### **The exemplary 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
  - requests payments for participating in research that have not been approved by a research ethics committee.
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### **Financial and commercial dealings**

72. *You must be honest and open in any financial arrangements with patients. In particular:*
- a) *you must inform patients about your fees and charges, wherever possible before asking for their consent to treatment*
  - b) *you must not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services*
  - c) *you must not encourage patients to give, lend or bequeath money or gifts that will directly or indirectly benefit you*
  - d) *you must not put pressure on patients or their families to make donations to other people or organisations*
  - e) *you must not put pressure on patients to accept private treatment*
  - f) *if you charge fees, you must tell patients if any part of the fee goes to another healthcare professional.*
73. *You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular:*
- a) *before taking part in discussions about buying or selling goods or services, you must declare any relevant financial or commercial interest that you or your family might have in the transaction*
  - b) *if you manage finances, you must make sure the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances.*

### **Conflicts of interest**

74. *You must act in your patients' best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat or refer patients. You must not offer such inducements to colleagues.*
75. *If you have financial or commercial interests in organisations providing health care or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients.*
76. *If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the healthcare purchaser.*

(GMC, Good Medical Practice, 2006)

## **Financial and commercial dealings and conflicts of interest**

The relevant paragraphs in the GMC's *Good Medical Practice* (2006) outline in some detail what is required of doctors. Many GPs are independent contractors and operate small businesses. They are perhaps 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 such actions as: 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 placing pressure on patients to enter a nursing home that you own. If you are advising a patient on options for care and you have a role in a potential provider of such care, you should declare that role to the patient. If your interests in that provider are financial, you should ensure that the patient has access to independent advice.

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. If a patient offers you a gift, of whatever value, you must not accept it if you believe it might affect your professional judgement and lead you to treat the patient differently. 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 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 and should be announced at the meeting and disclosed in all papers relating to the meeting and the published proceedings.<sup>22</sup>

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

#### **The exemplary GP**

- ensures that his or her financial affairs, whether personal or practice, are capable of withstanding searching outside audit
- never seeks inappropriate personal gain in the operation of his or her practice.

#### **The unacceptable GP**

- seeks personal financial gain from his or her patients other than the normal remuneration expected from his or her job.

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<sup>22</sup> General Medical Council. *Conflicts of Interest* London: GMC, 2006, [www.gmc-uk.org/guidance/current/library/conflicts\\_of\\_interest.asp](http://www.gmc-uk.org/guidance/current/library/conflicts_of_interest.asp).

# 7

## Health

### **Health**

77. *You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.*
78. *You should protect your patients, your colleagues and yourself by being immunised against common serious communicable disease where vaccines are available.*
79. *If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients.*

(GMC, Good Medical Practice, 2006)

### **Health**

Protecting patients is not simply important, it is one of the prime tenets 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 or other healthcare professional is ill. This applies both to your own care, and to that of other doctors and other healthcare professionals. You must seek advice if you think your own health may be putting patients at risk. Equally, if you are concerned about another healthcare professional, you need to take some action. You potentially place your GMC registration at risk if you know a doctor or other healthcare professional 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.

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If you are in doubt, take advice. Sometimes this will be from one of your practice partners or your employer. Outside the practice, you can talk to the responsible officer in your Primary Care Organisation, your local medical committee chairman or secretary, to your medical defence organisation or to the National Clinical Assessment Service. Primary Care Organisations 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 responsible officer or 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 alone, you should have no hesitation in referring the matter to the GMC and in a criminal case to the police. However, when you have done this you have a duty to provide further information, which may be requested to enable the GMC or the police to conduct their enquiries.

#### **The exemplary 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 to the responsible officer in the primary care organisation for local investigation
- provides positive support to colleagues who are ill, who have made mistakes or whose performance gives cause for concern as part of agreed procedures
- realises when his or her own performance is unsafe, e.g. through illness, and seeks and follows advice from a suitable colleague, taking any action required to reduce patient risk.

#### **The unacceptable GP**

- ignores or condones 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.
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