



Good medical practice

General
Medical
Council

Regulating doctors
Ensuring good medical practice

The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

Knowledge, skills and performance

- Make the care of your patient your first concern.
- 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.

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork

- 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, 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.
- Work with colleagues in the ways that best serve patients' interests.

Maintaining trust

- Be honest and open and act with integrity.
- 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.

Good medical practice

This guidance has been edited for plain English.

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**General
Medical
Council**

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About this guidance

Good medical practice includes references to explanatory guidance. A complete list of explanatory guidance is at the end of the booklet.

All our guidance is available on our website, along with:

- learning materials, including interactive case studies which bring to life the principles in the guidance and show how they might apply in practice
- cases heard by fitness to practise panels, which provide examples of where a failure to follow the guidance has put a doctor's registration at risk.

Professionalism in action

- 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 and within the law.
- 2** Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.
- 3** *Good medical practice* describes what is expected of all doctors registered with the General Medical Council (GMC). It is your responsibility to be familiar with *Good medical practice* and the explanatory guidance[†] which supports it, and to follow the guidance they contain.
- 4** You must use your judgement in applying the principles to the various situations you will face as a doctor, whether or not you hold a licence to practise, whatever field of medicine you work in, and whether or not you routinely see patients. You must be prepared to explain and justify your decisions and actions.

* Colleagues include anyone a doctor works with, whether or not they are also doctors.

† You can find all the explanatory guidance on our website (www.gmc-uk.org/guidance).

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- 5 In *Good medical practice*, we use the terms 'you must' and 'you should' in the following ways.
- 'You must' is used for an overriding duty or principle.
 - 'You should' is used when we are providing an explanation of how you will meet the overriding duty.
 - 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.
- 6 To maintain your licence to practise, you must demonstrate, through the revalidation process, that you work in line with the principles and values set out in this guidance. Serious or persistent failure to follow this guidance will put your registration at risk.

Domain 1: Knowledge, skills and performance

Develop and maintain your professional performance

- 7** You must be competent in all aspects of your work, including management, research and teaching.^{1,2,3}
- 8** You must keep your professional knowledge and skills up to date.
- 9** You must regularly take part in activities that maintain and develop your competence and performance.⁴
- 10** You should be willing to find and take part in structured support opportunities offered by your employer or contracting body (for example, mentoring). You should do this when you join an organisation and whenever your role changes significantly throughout your career.
- 11** You must be familiar with guidelines and developments that affect your work.
- 12** You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.
- 13** You must take steps to monitor and improve the quality of your work.

Apply knowledge and experience to practice

- 14** You must recognise and work within the limits of your competence.
- 15** You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:
- a** adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient
 - b** promptly provide or arrange suitable advice, investigations or treatment where necessary
 - c** refer a patient to another practitioner when this serves the patient's needs.⁵
- 16** In providing clinical care you must:
- a** 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 needs⁶
 - b** provide effective treatments based on the best available evidence

- c** take all possible steps to alleviate pain and distress whether or not a cure may be possible⁷
 - d** consult colleagues where appropriate
 - e** respect the patient's right to seek a second opinion
 - f** check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications
 - g** wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.⁶
- 17** You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.^{2, 8, 9}
- 18** You must make good use of the resources available to you.¹

Record your work clearly, accurately and legibly

- 19** Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.
- 20** You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection requirements.¹⁰
- 21** Clinical records should include:
- a** relevant clinical findings
 - b** the decisions made and actions agreed, and who is making the decisions and agreeing the actions
 - c** the information given to patients
 - d** any drugs prescribed or other investigation or treatment
 - e** who is making the record and when.

Domain 2: Safety and quality

Contribute to and comply with systems to protect patients

- 22** You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:
- a** taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary
 - b** regularly reflecting on your standards of practice and the care you provide
 - c** reviewing patient feedback where it is available.
- 23** To help keep patients safe you must:
- a** contribute to confidential inquiries
 - b** contribute to adverse event recognition
 - c** report adverse incidents involving medical devices that put or have the potential to put the safety of a patient, or another person, at risk
 - d** report suspected adverse drug reactions
 - e** respond to requests from organisations monitoring public health.

When providing information for these purposes you should still respect patients' confidentiality.¹⁰

Respond to risks to safety

- 24** You must promote and encourage a culture that allows all staff to raise concerns openly and safely.^{1,11}
- 25** You must take prompt action if you think that patient safety, dignity or comfort is or may be seriously compromised.
- a** If a patient is not receiving basic care to meet their needs, you must immediately tell someone who is in a position to act straight away.
 - b** If patients are at risk because of inadequate premises, equipment* or other resources, policies or systems, you should put the matter right if that is possible. You must raise your concern in line with our guidance¹¹ and your workplace policy. You should also make a record of the steps you have taken.
 - c** If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or us. If you are still concerned you must report this, in line with our guidance and your workplace policy, and make a record of the steps you have taken.^{11,12}
- 26** You must offer help if emergencies arise in clinical settings or in the community, taking account of your own safety, your competence and the availability of other options for care.

* Follow the guidance in paragraph 23c (page 10) if the risk arises from an adverse incident involving a medical device.

- 27** Whether or not you have vulnerable* adults or children and young people as patients, you should consider their needs and welfare and offer them help if you think their rights have been abused or denied.^{13, 14}

Protect patients and colleagues from any risk posed by your health

- 28** If you know or suspect that you 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 follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.
- 29** You should be immunised against common serious communicable diseases (unless otherwise contraindicated).
- 30** You should be registered with a general practitioner outside your family.

* Some patients are likely to be more vulnerable than others because of their illness, disability or frailty or because of their current circumstances, such as bereavement or redundancy. You should treat children and young people under 18 years as vulnerable. Vulnerability can be temporary or permanent.

Domain 3: Communication, partnership and teamwork

Communicate effectively

- 31** You must listen to patients, take account of their views, and respond honestly to their questions.
- 32** You must give patients* the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.¹⁵
- 33** You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support.
- 34** When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.

* Patients here includes those people with the legal authority to make healthcare decisions on a patient's behalf.

Work collaboratively with colleagues to maintain or improve patient care

- 35** You must work collaboratively with colleagues, respecting their skills and contributions.¹
- 36** You must treat colleagues fairly and with respect.
- 37** You must be aware of how your behaviour may influence others within and outside the team.
- 38** Patient safety may be affected if there is not enough medical cover. So you must take up any post you have formally accepted, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements.

Teaching, training, supporting and assessing

- 39** You should be prepared to contribute to teaching and training doctors and students.
- 40** You must make sure that all staff you manage have appropriate supervision.

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- 41** You must be honest and objective when writing references, and when appraising or assessing the performance of colleagues, including locums and students. References must include all information relevant to your colleagues' competence, performance and conduct.¹⁶
 - 42** You should be willing to take on a mentoring role for more junior doctors and other healthcare professionals.¹
 - 43** You must support colleagues who have problems with their performance or health. But you must put patient safety first at all times.¹

Continuity and coordination of care

- 44** You must contribute to the safe transfer of patients between healthcare providers and between health and social care providers. This means you must:
 - a** share all relevant information with colleagues involved in your patients' care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers^{5, 10}
 - b** check, where practical, that a named clinician or team has taken over responsibility when your role in providing a patient's care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons.

- 45** When you do not provide your patients' care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient.⁵

Establish and maintain partnerships with patients

- 46** You must be polite and considerate.
- 47** You must treat patients as individuals and respect their dignity and privacy.¹²
- 48** You must treat patients fairly and with respect whatever their life choices and beliefs.
- 49** You must work in partnership with patients, sharing with them the information they will need to make decisions about their care,¹⁵ including:
- a** their condition, its likely progression and the options for treatment, including associated risks and uncertainties
 - b** the progress of their care, and your role and responsibilities in the team

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- c** who is responsible for each aspect of patient care, and how information is shared within teams and among those who will be providing their care
 - d** any other information patients need if they are asked to agree to be involved in teaching or research.⁹
 - 50** You must treat information about patients as confidential. This includes after a patient has died.¹⁰
 - 51** You must support patients in caring for themselves to empower them to improve and maintain their health. This may, for example, include:
 - a** advising patients on the effects of their life choices and lifestyle on their health and well-being
 - b** supporting patients to make lifestyle changes where appropriate.
 - 52** You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient's lifestyle, choices or beliefs. If it is not practical for a patient to arrange to see another doctor, you must make sure that arrangements are made for another suitably qualified colleague to take over your role.¹⁷

Domain 4: Maintaining trust

Show respect for patients

- 53** You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.¹²
- 54** You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.¹⁷
- 55** You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you should:
- a** put matters right (if that is possible)
 - b** offer an apology
 - c** explain fully and promptly what has happened and the likely short-term and long-term effects.

Treat patients and colleagues fairly and without discrimination

- 56** You must give priority to patients on the basis of their clinical need if these decisions are within your power. If inadequate resources, policies or systems prevent you from doing this, and patient safety, dignity or comfort may be seriously compromised, you must follow the guidance in paragraph 25b (see page 11).
- 57** The investigations or treatment you provide or arrange must be based on the assessment you and your 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 or lifestyle have contributed to their condition.
- 58** You must not deny treatment to patients 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 other suitable alternative arrangements for providing treatment.

- 59** You must not unfairly discriminate against patients or colleagues by allowing your personal views* to affect your professional relationships or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance, and follow the guidance in paragraph 25c (see page 11) if the behaviour amounts to abuse or denial of a patient's or colleague's rights.
- 60** You must consider and respond to the needs of disabled patients and should make reasonable adjustments† to your practice so they can receive care to meet their needs.
- 61** You must respond promptly, fully and honestly to complaints and apologise when appropriate. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange.
- 62** You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient.¹⁸
- 63** You must make sure you have adequate insurance or indemnity cover so that your patients will not be disadvantaged if they make a claim about the clinical care you have provided in the UK.

* This includes your views about a patient's or colleague's lifestyle, culture or their social or economic status, as well as the characteristics protected by legislation: age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.

† 'Reasonable adjustments' does not only mean changes to the physical environment. It can include, for example, being flexible about appointment time or length, and making arrangements for those with communication difficulties such as impaired hearing. For more information see the EHRC website (www.equalityhumanrights.com/advice-and-guidance).

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- 64** If someone you have contact with in your professional role asks for your registered name and/or GMC reference number, you must give this information to them.

Act with honesty and integrity

Honesty

- 65** You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.
- 66** You must always be honest about your experience, qualifications and current role.
- 67** You must act with honesty and integrity when designing, organising or carrying out research, and follow national research governance guidelines and our guidance.²

Communicating information

- 68** You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

- 69** When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available.^{10, 19}
- 70** When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.
- 71** You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.¹⁶ You must make sure that any documents you write or sign are not false or misleading.
- a** You must take reasonable steps to check the information is correct.
 - b** You must not deliberately leave out relevant information.

Openness and legal or disciplinary proceedings

- 72** You must be honest and trustworthy when giving evidence to courts or tribunals.²⁰ You must make sure that any evidence you give or documents you write or sign are not false or misleading.
- a** You must take reasonable steps to check the information.
 - b** You must not deliberately leave out relevant information.
- 73** You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in *Confidentiality*.
- 74** You must make clear the limits of your competence and knowledge when giving evidence or acting as a witness.²⁰
- 75** You must tell us without delay if, anywhere in the world:
- a** you have accepted a caution from the police or been criticised by an official inquiry
 - b** you have been charged with or found guilty of a criminal offence
 - c** another professional body has made a finding against your registration as a result of fitness to practise procedures.²¹

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

Honesty in financial dealings

- 77** You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.²²
- 78** You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.
- 79** If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.
- 80** You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements.

References

- 1 General Medical Council (2012) *Leadership and management for all doctors* London, GMC
- 2 General Medical Council (2010) *Good practice in research* London, GMC
- 3 General Medical Council (2011) *Developing teachers and trainers in undergraduate medical education* London, GMC
- 4 General Medical Council (2012) *Continuing professional development: guidance for all doctors* London, GMC
- 5 General Medical Council (2013) *Delegation and referral* London, GMC
- 6 General Medical Council (2013) *Good practice in prescribing and managing medicines and devices* London, GMC
- 7 General Medical Council (2010) *Treatment and care towards the end of life: good practice in decision making* London, GMC
- 8 General Medical Council (2011) *Making and using visual and audio recordings of patients* London, GMC
- 9 General Medical Council (2010) *Consent to research* London, GMC
- 10 General Medical Council (2009) *Confidentiality* London, GMC
- 11 General Medical Council (2012) *Raising and acting on concerns about patient safety* London, GMC
- 12 General Medical Council (2013) *Maintaining boundaries* London, GMC
 - *Intimate examinations and chaperones* (paragraphs 47, 25c)

- *Maintaining a professional boundary between you and your patient* (paragraph 53)
 - *Sexual behaviour and your duty to report* (paragraphs 53, 25c)
- 13 General Medical Council (2007) *0–18 years: guidance for all doctors* London, GMC
 - 14 General Medical Council (2012) *Protecting children and young people: the responsibilities of all doctors* London, GMC
 - 15 General Medical Council (2008) *Consent: patients and doctors making decisions together* London, GMC
 - 16 General Medical Council (2012) *Writing references* London, GMC
 - 17 General Medical Council (2013) *Personal beliefs and medical practice* London, GMC
 - 18 General Medical Council (2013) *Ending your professional relationship with a patient* London, GMC
 - 19 General Medical Council (2013) *Doctors' use of social media* London, GMC
 - 20 General Medical Council (2013) *Acting as a witness in legal proceedings* London, GMC
 - 21 General Medical Council (2013) *Reporting criminal and regulatory proceedings within and outside the UK* London, GMC
 - 22 General Medical Council (2013) *Financial and commercial arrangements and conflicts of interest* London, GMC

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Email: gmc@gmc-uk.org

Website: www.gmc-uk.org

Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

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Regulating doctors
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