

FACULTY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE

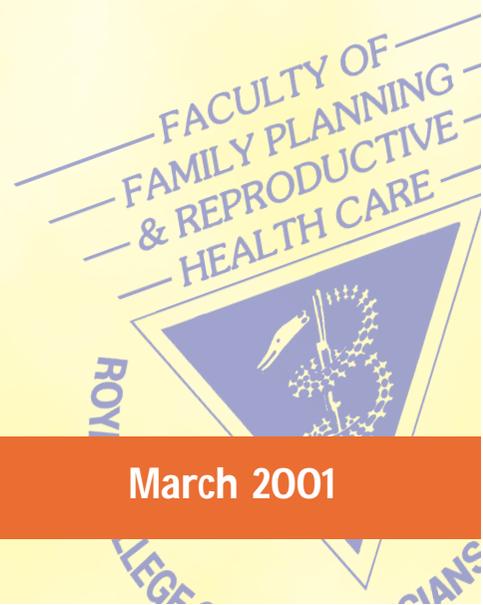
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Maintaining Good Medical Practice For Those Working in Family Planning and Reproductive Health Care



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SYNOPSIS

This is another important document which is part of the process of providing information for members of the faculty to aid Clinical Governance, Annual Appraisal and Revalidation. We have given a lot of thought to this document on Maintaining Good Medical Practice over the last few months. In discussion with many of our Stakeholders it has become apparent that this paper is a 'benchmarking paper' for use with Clinical Governance and the Annual Appraisal. It starts from the GMC booklet on good medical practice and seeks to define what we mean by 'an excellent doctor' in Family Planning and Reproductive Health Care and what is meant by a 'poor doctor'.

Our membership comes from diverse areas of medical practice and so we have sought advice from our sister colleges and faculties together with appropriate national societies. This is to make certain that we have the principles correct and that it is compatible with their original document, which uses the same style. We are also grateful to those in the RCOG who likewise feel this approach is a necessary compliment to the other papers on Clinical Governance, Annual Appraisal and Revalidation.

We urge Faculty members to use this document and the others being produced by the Faculty to assist in the development of local Trust documentation. We would welcome feedback. This version of Good Medical Practice will be revised on receipt of the third version of the GMC's Good Medical Practice booklet, and will be revised no later than Spring 2002.



Professor J Newton

President, Faculty of Family Planning and Reproductive Health Care

Chairman, Revalidation Working Party

INTRODUCTION

Family Planning and Reproductive Health Care is a key part of practice, in the community, in primary care and in acute hospital trusts. The annual workforce planning census from the Faculty has indicated the range of subject areas that are covered by our subject "Family Planning and Reproductive Health Care" [FP&RHC] (reference 1) and the number of people working within community trusts.

It has always been a professional responsibility to provide the highest standard of care within the community. However, recently, doctors within the United Kingdom are expected to be able to demonstrate their fitness to practice within clinical governance and revalidation (see reference 2). In line with other professional groups and particularly in line with the Colleges and Faculties with whom we work - the RCOG, the RCGP and the Faculty of Public Health Medicine - it is important for us to demonstrate the elements of maintaining good medical practice within our specialist areas.

With the introduction of protocols in various Trusts, patient group directions (protocols) for nurse issuing, protocols for team working and our Clinical Effectiveness Unit publications, the Faculty has been at the forefront in improving standards and quality care for all within the community.

Revalidation of doctors and annual appraisal are dealt with in a separate Faculty document (references 3, 4). These will allow individual members of the Faculty to have examples of good practice and to allow them to work with Trusts to provide the necessary input to clinical governance and revalidation. This document - Maintaining Standards of Medical Practice - has been written to contribute to this process and because many of our members work in primary care, we have followed the model originally developed by the RCGP in 1999, a model which we support, as it allows individual trusts and clinical directors to benchmark the items that make for an excellent community doctor in family planning and reproductive health care, and those that identify a 'poor doctor'.

The General Medical Council (GMC) has described, in general terms, what is required of a doctor and its booklet (Good Medical Practice) sets out the standards and principles by which the GMC assesses doctors when their performance is questioned. In the light of the changes outlined above, the GMC has asked colleges and faculties to comment on the recent third edition of Good Medical Practice and also to develop working documents on maintaining good medical practice.

This paper has been drafted by the Working Party convened by the Faculty and Council Members. The document has also been sent out for consultation to our sister colleges, faculties and other appropriate bodies, in order to get further input and to develop more clearly the ways in which revalidation can occur for doctors working within acute hospitals, primary care and the community in our specialist subject.

For each of the sections in the GMC book, Good Medical Practice, we have summarised the particular aspect of care as it relates to doctors providing community family planning and reproductive health care. We have then used the RCGP model by summarising what we describe as 'an excellent Doctor in FP&RHC' and some that describe 'an unacceptable Doctor in FP&RHC'.

The issues discussed in this document highlight particular aspects of the GMC guidance on good medical practice that have been identified as of special interest to doctors providing family planning and reproductive health care. However, the individual bullet points are not intended to be exhaustive or exclusive.

An excellent family planning and reproductive health care doctor working in the community meets the excellent criteria all or nearly all of the time

A good doctor meets most of the excellent criteria most of the time

A poor doctor consistently or frequently provides care described by the unacceptable criteria

We do not believe that any doctor can be expected to provide care described by ‘the excellent doctor’ all of the time - though he or she will aspire to that. Likewise, we recognise that good doctors will on occasion provide care that appears to be unacceptable by these standards. Sometimes this may be due to lack of resources, or to poor organisation of services, or poor team work and not simply the fault of an individual doctor.

The GMC, when setting standards for performance, is looking for consistent ability to meet acceptable standards of practice. Just as the Faculty looks for consistent patterns of high standards of care, so the GMC also looks for consistent patterns of poor performance before calling a doctor’s fitness to practice into question. A doctor’s practice cannot be called into question unless there is evidence of a seriously deficient performance, serious professional misconduct, or serious physical or mental impairment.

This document applies to all doctors working within family planning and reproductive health care, whether in the community, primary care or hospital, and whether they are working within the NHS or not. We do, however, recognise clearly the very different circumstances that some people have to work in throughout the country, either due to geographical problems, problems of resourcing and/or communication.

Throughout this document the abbreviation FP&RHC doctor refers to a doctor working in family planning and reproductive health care, whatever that setting. Many of these doctors are members of the Faculty of Family Planning and Reproductive Health Care of the RCOG and update their accredited training.

The Faculty plans to update this paper on receipt of the final version of the third edition of the GMC booklet on ‘Good Medical Practice’.

Good Medical Practice for Faculty Doctors

All patients are entitled to good standards of practice and care from their doctors. Essential elements of this are professional competence; good relationships with patients and colleagues; and observance of professional ethical obligations.

GMC Good Medical Practice, paragraph 1

Section 1: Professional competence

1. Good Clinical Care

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

In providing care, you must recognise and work within the limits of your professional competence; be willing to consult colleagues; be competent when making diagnoses and when giving or arranging treatment.

GMC Good Medical Practice, paragraphs 2, 3

Providing competent assessment and treatment is at the heart of good medicine. As a FP&RHC doctor, you need to be skilful in acquiring information that relates to the patient and his or her presenting problem. You should try to allow enough time so that you can assess problems that may underlie the patient's presentation.

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

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

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

You need to practise in appropriate premises having assessed the need for 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 which is safe (e.g. adequately sterilised) and know how to use it. You need to understand and be able to meet the requirements of current Health and Safety legislation.

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

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

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

The excellent FP&RHC doctor

- Maintains his or her knowledge and skills, and is aware of his or her limits of competence
- Takes time to listen to patients, and allows them to express their own concerns
- Considers relevant psychological and social factors as well as physical ones
- Uses clear verbal and non-verbal communication skills appropriate for the patient
- Is aware of the importance of body language
- Is selective but systematic when examining patients
- Performs appropriate skilled examinations with consideration for the patient

- Uses previous medical records appropriately, to provide continuity of care
- Has access to necessary equipment and is skilled in its use
- Uses investigations where they will help management of the condition
- Knows about the nature and reliability of investigations requested and understands the results
- Makes sound management decisions which are based on good practice and evidence
- Has a structured approach for managing long-term health problems and preventive care

The unacceptable FP&RHC doctor

- Has limited competence, and is unaware of where his or her limits of competence lie
- Does not listen to patients and frequently interrupts
- Uses threatening and inappropriate body language
- 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 further 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 diagnostic and treatment equipment
- Undertakes irrelevant 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 the care for long-term problems or for prevention

2. Keeping records and keeping your colleagues informed

In providing care, you must:

- *keep clear, legible, accurate and contemporaneous patient records, which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed*
- *Keep colleagues well informed when sharing the care of patients*

GMC Good Medical Practice, paragraph 3

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

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

Records should contain factual information and opinions which have some bearing on diagnosis or treatment. You should remember that patients are entitled to read their records. It is their right to ask you not to record some things that they have told you.

Members of your clinical 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. Communication with GPs is vital and you should inform the patient's GP about the care you give, whenever starting or changing treatment, with the patient's permission. You may need to check with the patient about what can be shared with colleagues. You must always respect the patient's wishes except where this would put someone else at risk of serious harm. Patients should be aware that anything written in their notes may be seen by any member of the team involved in their care.

This also applies if you see patients without a referral letter from their GP, e.g. in a walk-centre, or an out of hours co-operative.

Communication with specialists and general practitioners, to whom you refer, is discussed in sections 11 and 12. Good communication with the general practitioner is recommended to maintain complete care of patients.

The excellent FP&RHC doctor

- Records appropriate information for all contacts, including telephone consultations
- Respects the patient's right to confidentiality and provides information to colleagues in a manner appropriate to their level of involvement in the patient's care
- Ensures that letters are legible and copies kept on file
- Files general practitioner and specialist notes, letters and investigations in date order

The unacceptable FP&RHC doctor

- Keeps records which are incomplete, illegible, and contain inaccurate data or gratuitously derogatory remarks
- Does not keep records confidential
- Does not take account of colleagues' legitimate need for information
- Keeps records which are not in date order
- Consistently consults without records

3. Access and availability

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

GMC Good Medical Practice, paragraph 31

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

Appropriate arrangements should be made to allow patients to contact the service. This will differ between rural and urban services; your service leaflet should say when the clinic is open and when the telephones are answered. You need to ensure adequate telephone access for the service you provide, and to inform patients of alternative sources, e.g. NHS Direct.

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

Difficulty getting appointments and long waiting times are common sources of complaints and dissatisfaction. Your appointment system should recognise the needs of your population, e.g. 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.

Continuity of care by the team in FP&RHC is important for patients - higher levels of continuity of care are consistently associated with higher levels of patient satisfaction. Sometimes commitment outside the service and holidays, etc., make it difficult for a doctor to provide continuity of care; under these circumstances you should ensure that adequate continuity is provided within the team.

You need to ensure that there is a system for distinguishing and managing requests for emergency, urgent and routine appointments - this will normally be in the hands of a receptionist or a nurse. You need to ensure that receptionists are trained to be able to operate the system correctly, though you have to accept final responsibility for the working of the appointment system.

As service staff are often the first point of contact with a FP&RHC community clinic, they need to understand the importance of confidentiality in their dealings with patients.

The excellent FP&RHC doctor

- Give clear indications of opening hours and hours of alternative clinics and providers
- Clinics and facilities need to address the population served after needs assessment
- Sufficient telephone access to ensure that patients can get in touch with appropriate staff
- Monitors access to service (appointments and non-appointments are both important)
- Has appropriately trained 'front line' staff, who adhere to standards that are monitored
- Has a system to deal with requests for same day access
- Ensures all staff understand need for confidentiality
- Ensures service provided is not changed at short notice, except in exceptional circumstances
- Provides support and training for all staff

The unacceptable FP&RHC doctor

- Does not advertise the services provided
- Does not provide information concerning alternative services
- Allows inadequate telephone access
- Allows poor communication with 'front-line' staff
- Has no premises for same day (next week day) access
- Fails to provide training for all staff

4. Treatment in emergencies

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

GMC Good Medical Practice, paragraph 4

There are several types of emergency likely to be seen within FP&RHC. These are collapse and anaphylaxis after the insertion, or during the insertion of an intrauterine contraceptive device, a patient having an epileptic fit de novo or a known epileptic having an epileptic fit during an IUCD insertion, the sudden occurrence of severe chest pain or symptoms suggestive of a deep venous thrombosis (DVT).

A patient may alternatively present with a severe bleeding problem, either that relating to spontaneous abortion or incomplete abortion. Bleeding may start prior to arrival in the clinic premises, or occur when on the premises. Similarly, patients with symptoms suggestive of an ectopic pregnancy, namely lower abdominal pain or bleeding and/or shock, may also, from time to time be seen.

Psychological problems may pose an emergency, particularly if this relates to a suicide threat, perhaps when they are pregnant with an unwanted pregnancy. In addition, episodes of domestic violence and child abuse can also present in FP&RHC and doctors should be aware of the need for diagnosis, immediate management, support and counselling.

Clinic guidelines and facilities therefore need to include appropriate equipment and measures to deal with the above list of emergencies likely to be seen. This will include the following:

1. Adequate training to deal with cervical shock, anaphylaxis, epileptic fits and cardiopulmonary resuscitation (CPR)
2. Communication lines for referral in an emergency, e.g. to an Accident & Emergency Department, nearest centre needs to be clearly known, as do the telephone numbers and access to the ambulance service and paramedic teams
3. Need to ensure that appropriate equipment and appropriate checking mechanisms are in place for every clinic site, so that all resuscitation and emergency equipment is ready for instant use
4. Training of staff and referral networks identified for patients recognised potentially at acute risk of harm to or from themselves or others

The excellent FP&RHC doctor

- Recognises an emergency
- Responds rapidly
- Has policies for:
 - Training
 - Time in training
 - Updating training
- Has appropriate emergency drugs and equipment to deal with all common emergencies listed above
- Has explicit lines of communication to get help, i.e. emergency telephone numbers readily available
- Considers best communication consistent with maintaining patients' wishes on confidentiality
- Records type of emergency and treatment given
- Records events in detail (significant event), especially when patient referred elsewhere
- Fills in clinical incident form so that all may learn from the incident
- Supports team - arranges appropriate debriefing

The unacceptable FP&RHC doctor

- Fails to consider serious diagnoses
- Fails to keep up to date with how to deal with emergencies, e.g. cervical shock, collapse and epileptic fits
- Fails to be conversant with emergency procedures
- Fails to record events and outcome
- Fails to fill in appropriate documentation
- Fails to consider well-being and effect on team

5. Providing care out of hours

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

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

If you are a general practitioner you must satisfy yourself that doctors who stand in for you have the qualifications, experience, knowledge and skills to perform the duties for which they will be responsible. A deputising doctor is accountable to the GMC for the care of patients while on duty.

GMC Good Medical Practice, paragraphs 34, 35

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

While your Trust may not provide full twenty-four hour cover for patients, good links will need to be available with other services. It is your responsibility to ensure that any doctor or any health professional working in a delegation role, who is on call, has the necessary qualifications, experience, knowledge and skills to perform the duties for which they will be responsible. You need to ensure that there is a system for transferring information concerning out of hours consultations to the patient's usual doctor. You should assume full responsibility for any relevant information about your patients handed over by another health professional (see also section 21).

The excellent FP&RHC doctor

- Can always be contacted when on duty and arranges immediate action in an emergency situation
- Only uses locum arrangements where high standards of care are provided
- Checks the registration of locums with the GMC and only employs a locum who has provided an appropriate certificate (or a CV) and two references from most recent employers and who has attained a high standard of practice (e.g. possession of the MFFP)
- Can demonstrate an effective system for transferring and acting on information from other doctors about his or her patients

The unacceptable FP&RHC doctor

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

6. Keeping up to date and maintaining your performance

You must keep your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in educational activities which develop your competence and performance.

You must work with colleagues to monitor and maintain your awareness of the quality of the care you provide. In particular, you must:

Take part in regular and systematic medical and clinical audit, recording data honestly. Where necessary you must respond to the results of audit to improve your practice, for example by undertaking further training

Respond constructively to assessments and appraisals of your professional competence and performance

Some parts of medical practice are governed by law or are regulated by other statutory bodies. You must observe and keep up to date with the laws and statutory codes of practice which affect your work.

GMC Good Medical Practice, paragraphs, 5, 6, 7

New treatments are regularly introduced to general practice, and old ones superceded. You need to keep yourself aware of the most significant of these changes across the full range of the problems that doctors in FP&RHC see. As the gatekeeper to other types of care, you also need to be alert to changing practices in specialist and primary care - not a detailed knowledge, but sufficient for you to make appropriate referrals.

You need to plan your continuing education with care, trying to identify and fill gaps in your knowledge and performance. Honest self-evaluation and audit of your own performance is emerging as the basis of personal development plans in FP&RHC. Ways of doing this include a personal learning diary compiled during sessions, as well as assessment instruments such as the annual appraisal document from the Faculty. You also need to have ways of making sure that you act on problems which you find in your own care or that provided by your team.

National and local priorities will increasingly influence this educational agenda. You will need to take account of these priorities in setting educational and development frameworks for yourself and your clinical practice. You should respond constructively when problems in your care are identified through peer review or audit.

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

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

Another part of keeping up to date, is keeping up to date with the law. Many areas of clinical practice are influenced by statute. Important aspects of law influencing clinical practice include child protection, mental health, European Law on Human Rights, and the forensic aspects of our subject. If you are engaged in these areas of clinical practice, you must ensure that your knowledge of the regulations remains current.

If you employ staff or provide public access to your premises, you have additional responsibilities to be aware of and respond to: Employment Law, Health and Safety Law and related matters, and regulations governing access to premises (e.g. by disabled people, both patients and employees).

The excellent FP&RHC doctor

- Is up to date with developments in clinical practice and regularly reviews his or her knowledge and performance
- Uses these reviews to develop practice and personal development plans for life-long learning (CPD)
- Completes an annual appraisal
- 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 clinical practice in FP&RHC
- Has a named person in the Trust who is responsible for employment matters and health and safety at work, and ensures compliance with them

The unacceptable FP&RHC doctor

- Has little knowledge of developments in clinical practice
- Has limited insight into the current state of his or her knowledge or performance
- Does not participate in annual appraisal
- Rarely attends educational events, or chooses ones which do not reflect his or her learning needs
- Reads little or is heavily reliant on trade press for information
- Does not audit care in his or her clinical practice, or does not feed the results back into practice
- Is hostile to external audit or advice
- Does not understand the law relating to FP&RHC and cannot access up to date information relevant to that work
- Neither understands nor meets his or her responsibilities as an employer, when appropriate
- Has unsafe premises/practices, e.g. hazardous chemicals or sharp instruments are inadequately protected

Section 2: Good relations with patients and colleagues

7. Providing information about your services

If you publish or broadcast information about services you provide, the information must be factual and verifiable. It must be published in a way that conforms with the law and with the guidance issued by the Advertising Standards Authority. If you publish information about specialist services, you must still follow the guidance in paragraphs 42 and 43 above.

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

Information you publish about your services must not put pressure on people to use a service, for example by arousing ill-founded fear for their future health. Similarly, you must not advertise your services by visiting or telephoning prospective patients, either in person or through a deputy.

GMC Good Medical Practice, paragraphs 44 - 47

Providing information to patients is an important and positive part of medical practice/service. Patients want to know what services you provide, what they can access directly and what they need to be referred for, and the mechanisms of that referral. They need to know about your arrangements for out of hours care. This applies both to written information, e.g. your service leaflet, and to recorded telephone information. Where you leave a message on your answerphone, it should be clear to callers when they can next speak to staff working in the service. Advertisement and promoting public services can be of great benefit, particularly for certain sections of the community, in order to draw attention to the services that are provided, e.g. for the young, vulnerable and disadvantaged.

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

The excellent FP&RHC doctor

- Has a clear, accurate and up to date service information leaflet, containing information about services provided
- Leaves clear messages where an answerphone is used

The unacceptable FP&RHC doctor

- Does not have an information leaflet, or has one which is untrue or self-promoting
- Uses vague or incomplete messages on the answerphone
- Uses local media inappropriately to promote the services within the service
- Visits or telephones prospective patients to encourage them to seek advice from the service

8. Professional relationships with patients - maintaining trust

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

Listen to patients and respect their views

Treat patients politely and considerately

Respect patients' privacy and dignity

Treat information about patients as confidential. If, in exceptional circumstances, you feel you should pass on information without a patient's consent, or against a patient's wishes, you should follow our guidance on confidentiality and be prepared to justify your decision

Give patients the information they ask for or need about their condition, its treatment and prognosis. You should provide information to those with parental responsibility where patients are under 16 years old and lack the maturity to understand what their condition or its treatment may involve, provided you judge it to be in the child's best interests to do so

Give information to patients in a way they can understand

Be satisfied that, wherever possible, the patient has understood what is proposed, and consents to it, before you provide treatment or investigate a patient's condition

Respect the right of patients to be fully involved in decisions about their care

Respect the right of patients to decline treatment or decline to take part in teaching or research

Respect the right of patients to a second opinion

GMC Good Medical Practice, paragraph 12

Paragraph 12 is one of the longest in 'Good Medical Practice'. This reflects just how fundamental trust is to the practice of medicine. A great diversity of individual patients come to consult their doctor in FP&RHC 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' predicaments and needs, and respecting their integrity and values. There is no place for personal bias or discrimination within a trusting relationship.

Trust is not a separate part of being a good doctor. Trust is earned by practising to the standards implied by other sections of this booklet - by taking patients seriously, by listening to them carefully, by examining them sensitively, by guarding confidential information and so on. Nevertheless, the GMC believes that trust is so fundamental to the successful practice of medicine, that some of these are repeated under this heading. Poor organisation also undermines trust - e.g. by losing records, failing to write letters, etc.

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

Trust is necessary if patients are to follow your advice. Mistakes are more likely to result in a formal complaint when they occur in a relationship where the patient has already lost trust in his or her doctor. We expand what to do when things go wrong in section 20.

The excellent FP&RHC doctor

- Treats patients politely and with consideration
- Focuses his or her full attention on the patient
- Takes care of the patient's privacy and dignity, especially during physical examinations
- Obtains informed consent to treatment
- Respects the rights of patients to refuse treatment or tests
- Gives patients the information they need about their problem
- Involves patients in decisions about their care
- Keeps patients' information confidential - including consulting in private, to make sure that confidential information is not overheard
- When unable to reassure the patient sufficiently, makes arrangements for a second opinion

The unacceptable FP&RHC doctor

- Does not listen actively and interrupts or contradicts the patient
- 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 their condition, its treatment and prognosis
- Is careless with confidential information
- Fails to obtain patients' consent to treatment
- Dismisses the patient's request for a second opinion
- Thinks they know best by virtue of being a doctor

9. Avoiding discrimination and prejudice

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

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

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

GMC Good Medical Practice, paragraphs 13 - 15

Our society provides health care through the NHS for all its citizens. Every one of those citizens is entitled to equal access to effective health care, according to their needs. You have a responsibility to ensure that access.

Your own personal beliefs must not colour your treatment of patients, for example by discriminating on grounds of age, sex, religion, culture or ethnic group. You should try to arrange interpreting services for patients who are not fluent in English, so that you do not have to use relatives to translate without due regard to the patient's dignity and their right to confidentiality.

At the same time, some patients are difficult to look after, and some may pose a threat to you and your staff. In general you share with colleagues an overall responsibility to ensure that all patients have access to medical care if you are working in the NHS. Where you are providing care for a patient who might be dangerous, you must plan their care in order to minimise risk to you and other members of your team.

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

The excellent FP&RHC doctor

- Treats all patients equally and ensures that some groups are not favoured at the expense of others
- Discusses all forms of unfair discrimination and promotes equal opportunities within the team
- Is aware of how his or her personal beliefs could affect the care offered to the patient, and does not impose her or his own beliefs and values
- Takes measures to protect the team from patients who might pose a threat

The unacceptable FP&RHC doctor

- Provides better care to some patients than others, as a result of his or her own prejudices
- Pressures patients to act in line with his or her own beliefs and values
- Refuses to see certain categories of patients, e.g. with regard to gender, sexuality, homelessness, severely mentally ill, or those with problems of substance or alcohol misuse
- Avoids patients who pose a threat, or carelessly puts at risk members of the team who are seeing such patients

10. Working with colleagues and working in teams

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

If you lead the team, you must:

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

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

Delegation involves asking a nurse, doctor, medical student or other health care worker to provide treatment or care on your behalf. When you delegate care or treatment, you must be sure that the person to whom you delegate is competent to carry out the procedure or provide the therapy involved. You must always pass on enough information about the patient and the treatment needed. You will still be responsible for the overall management of the patient.

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

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

GMC Good Medical Practice, paragraphs 28 - 29, 30 - 33, 39

All FP&RHC services work in teams. They exist both within the clinic (the service team) and the wider primary care team. Within your own clinic, you will often have a leadership role within that team. You need to have ways of working effectively with colleagues in your team, as well as those who come from other teams.

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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 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 doctor. FP&RHC/sexual health services 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.

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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 your service. Especially in triage, where delegation is essential, clear pathways of communication are mandatory. Your role in giving support, guidance, inspiration and confidence to colleagues is a key part of developing a successful service team.

The lead clinicians in the service must ensure that people are competent and trained for their jobs. Your responsibility for training means having some way of finding out what their training needs are, and arranging to meet those needs, providing adequate resources are available. Locum FP&RHC doctors also need to be aware of the identity and role of other team members; it is the responsibility of lead clinicians to ensure good communication with locum doctors they employ.

As teams become gradually larger, care is increasingly delegated to other health professionals. It is your responsibility to ensure that the person you are delegating to has the ability to provide the care required. Patients have a right to expect a high standard of care, whichever member of the team they see. Increasingly, patients may go directly to other team members without a direct referral on each occasion. So, for example, nurses may provide ongoing care for patients with only occasional discussions with the doctor. In cases where a member of your staff is the first point of contact for patients, it is particularly important to ensure he or she has the training to provide the necessary care, and knows the limits of his or her competence.

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

FP&RHC/sexual health service teams have an increasing responsibility to work collaboratively with other agencies, for example, social services and voluntary agencies. Good working relationships with other agencies will enhance the care you can give to your patients.

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

The excellent FP&RHC doctor

- Has an understanding of team dynamics
- Has effective systems for communicating within the service
- Attends regular meetings with members of the team
- Has mutual respect for each member of the team
- Knows how to contact individual team members outside meetings
- Understands the sexual health needs of the local population and tries to ensure that the team has the skills to meet these needs
- Aims to develop an organisation which offers personal and professional development opportunities to its staff
- Is flexible in working practice to fit in with the needs/skills of other team members

The unacceptable FP&RHC doctor

- Does not understand team dynamics
- Does not meet members of the team/service or even know who they are
- Does not know how to contact team members, or other appropriate agencies
- Does not know what skills team members have
- Delegates tasks to other members of the team for which they do not have appropriate skills
- Does not encourage colleagues to develop new skills and responsibilities
- Is rigid in working patterns and is unable/not willing to accommodate the needs of other team members

11. Referring patients

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

It is in patients' best interests for one doctor, usually a general practitioner, to be fully informed about, and responsible for, maintaining continuity of, a patient's medical care. If you are a general practitioner and refer patients to specialists, you should know the range of specialist services available to your patients.

Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment, which falls outside your competence. Usually you will refer patients to another registered medical practitioner. If this is not the case, you must be satisfied that such health care workers are accountable to a statutory regulatory body, and that a registered medical practitioner, usually a general practitioner, retains overall responsibility for the management of the patient.

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

GMC Good Medical Practice, paragraphs 2, 38, 40, 41

One of the strengths of FP&RHC doctors in the UK is the ability to offer a full and comprehensive range of services to patients within our specialty and to be responsible for their ongoing care, when care is being shared with primary care and/or specialists. You need to know your strengths and limitations; these vary between individual doctors, so this section is about knowing the limits of your own competence.

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

You should always establish with the patient whether confidential information may be shared with another health professional. There will be times when you will be requested by another organisation to provide information on a patient. In this case, written consent from the patient is mandatory.

The excellent FP&RHC doctor

- Can, within his or her team, provide the types of care usually provided by FP&RHC doctors
- Makes appropriate judgements about patients who need referral
- Chooses specialists to meet the needs of individual patients
- Accompanies referrals with all the information needed by the specialist or general practitioner to make an appropriate and efficient evaluation of the patient's problems
- Where appropriate, feeds back to specialists or general practitioners views on the quality of their care

The unacceptable FP&RHC doctor

- Does not refer patients when necessary
- Consistently refers patients for care which would normally be regarded as part of FP&RHC
- Does not provide information in a referral which enables the specialist or GP to give appropriate care
- Breaches patient confidentiality

12. Responsibilities of specialists when patients are referred

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

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

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

GMC Good Medical Practice, paragraphs 42, 43, 46

These GMC paragraphs outline what you should expect from specialists involved in the care of your patients, apart from a high standard of clinical care - which is described in other elements of 'Good Medical Practice'. However, they are also relevant to doctors working in private practice and may become more relevant to the community if cross-referral becomes more common. If you are seeing a patient whom you know is registered with another service, for example if you are a private doctor, you should inform the patient's general practitioner if you are making a referral with the patient's explicit consent.

Although these paragraphs discuss information that the patient may not wish to be given to the general practitioner, you also need to be aware of sensitive information that the patient may not wish to be sent to other health care professionals. You should discuss with your patient, the personal information that they have given you, that you will include as information with each referral.

Section 3: Professional ethical obligations

13. Teaching and training

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

If you have special responsibilities for teaching, you must develop the skills, attitudes and practices of a competent teacher. You must also make sure that students and junior colleagues are properly supervised.

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

GMC Good Medical Practice, paragraphs 8, 9, 10

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

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

If you have special responsibility for teaching, however, 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 clinic or practice, these facilities will include access to sources of information, e.g. a well equipped library, electronic access to other sources of information, and video and/or audio recording equipment. Directors of Postgraduate 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 FP&RHC registered doctor in training, should be informed of the training status of that doctor, and have the opportunity of seeing a fully trained doctor. If the consultation is videoed, then the GMC guidelines on video consent must be followed.

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

The excellent FP&RHC teacher

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

The unacceptable FP&RHC teacher

- Does not take teaching responsibilities seriously
- Offers no personal and educational support to the learner, and does not use appropriate teaching skills
- Uses inappropriate teaching methods and does not use formative assessment to identify learning needs
- Puts patients at risk by allowing the learner to practise beyond the limits of his or her competence
- Makes biased or prejudiced judgements when assessing learners
- Fails to act when the performance of a learner is inadequate

14. Research

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

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

You must follow all aspects of the research protocol; you may accept only those payments approved by a research ethics committee

Your conduct must not be influenced by payments or gifts

You must always record your research results truthfully and maintain adequate records

When publishing results, you must not make unjustified claims for authorship

You have a duty to report evidence of fraud or misconduct in research to an appropriate person or authority

GMC Good Medical Practice, paragraphs 56, 57

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

When you collaborate in research for others, you should be satisfied that the research has been approved by a Research Ethics Committee, and that you will not compromise the care of your patients by taking part in the study. If you are doing research for others, the financial rewards involved should be an appropriate reimbursement of your time and resources, and not an excessive influence on your or your Trust's agreement to collaborate in the research. Particular care should be taken when participating in research conducted by commercial companies.

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

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

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

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

Authorship of the research must not be unreasonably requested or offered. It is not normal for a doctor 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 FP&RHC investigator, you must ensure that you and your co-researchers have the resources, knowledge and skills to carry out the research effectively. It is unethical to involve patients in research which is unlikely to answer the research question.

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

The excellent FP&RHC doctor

- Ensures that research carried out in her or his practice is in accordance with the recognised standards of good clinical practice (GCP) in particular, the Declaration of Helsinki, the Nuremberg Code and the ICH/GCP guidelines (see reference)
- 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
- Ensures that the research complies with the Data Protection Act in preserving patients' confidentiality

The unacceptable FP&RHC doctor

- Does not follow the guidelines for ICH/GCP and the Declaration of Helsinki
- Ignores her and his 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

15. Making effective use of resources

In providing care, you must:

Pay due regard to efficacy and the use of resources

Prescribe only the treatment, drugs or appliances that serve the patient's needs

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

GMC Good Medical Practice, paragraphs 3, 37

There is a tension between the needs of individual patients and the needs of the population as a whole. The NHS cannot provide all treatments from which patients might benefit, and the needs of individual patients need to be balanced against those of society. Good doctors 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. For both NHS and private care, you should avoid unnecessary or unnecessarily expensive treatments.

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

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

The excellent FP&RHC doctor

- Only prescribes or arranges necessary treatments
- Takes cost into account when choosing between treatments of similar effectiveness
- Explains cost implications, when necessary, to allow patient participation in decision making

The unacceptable FP&RHC doctor

- Prescribes unnecessary or ineffective treatments
- Takes no note of cost when choosing between similar treatments
- Refuses to register patients whose treatment may be costly
- Does not explain cost implications and therefore does not allow patient participation in decision making

16. Abusing your professional position

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

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

GMC Good Medical Practice, paragraph 22

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

This position of trust must never cross the boundary between friendship and intimacy, especially when you see patients or their close relatives in vulnerable situations such as young age, marital breakdown, bereavement and most especially, within a clinical consultation. When you see danger in a relationship with a patient, you should immediately seek advice from colleagues, or advise the patient to change doctors. You should always advise the patient that a chaperone can be present when intimate clinical examinations are carried out. However, there are specific guidelines for certain areas within our service, for example, a psychosexual medicine consultation, that will require a different approach.

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

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

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, e.g. from the pharmaceutical industry or the private secondary sector.

The excellent FP&RHC doctor

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

The unacceptable FP&RHC doctor

- Uses his or her position of professional trust with patients to his or her advantage, and has inappropriate financial or personal relationships with patients
- Exploits relationships with patients to his or her own advantage
- Is careless with confidential information
- Ignores the patient's best interest when deciding about treatment or referral

17. Financial and commercial dealing including hospitals and nursing homes, accepting gifts, hospitality and other conflicts of interest

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

If you charge fees, you must tell patients if any part of the fee goes to another doctor

If you manage finances, you must make sure that the funds are used for the purpose they were intended for and are kept in a separate account from your personal finances

You must not defraud patients or the service or organisation you work for

Before taking part in discussions about buying goods or services, you must declare any relevant financial or commercial interest which you or your family might have in the purchase

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

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

If you have a financial or commercial interest in an organisation, to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the health care purchaser.

Treating patients in an institution in which you have a financial or commercial interest, may lead to serious conflicts of interest. If you do so, your patients and anyone funding their treatment must be made aware of your financial interest. In addition, if you offer specialist services, you must not accept patients unless they have been referred by another doctor, who will have overall responsibility for managing the patient's care. If you are a general practitioner with a financial interest in a residential or nursing home, it is inadvisable to provide primary care services for patients in that home, unless the patient asks you to do so, or there are no alternatives. If you do this, you must be prepared to justify your decision.

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

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

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

GMC Good Medical Practice, paragraphs 48 - 55

These paragraphs in 'Good Medical Practice' outline in some detail what is required of doctors. Most FP&RHC doctors work in a Trust. They may on occasion be at risk of straying into areas where their personal interests may conflict with their professional ones. Your professional standards must, therefore, be and be seen to be honest in all financial matters.

Examples of unprofessional conduct in financial and commercial dealings include:

- Accepting a fee from a specialist or clinic for a referral, without informing the patient
- Abuse of funds provided for expenses or patient treatment
- Defrauding the NHS or any organisation you work for
- Exerting pressure on patients to use services in which you have a financial involvement

Your decisions about the treatment of patients must always be based on their best interests. Financial inducements, gifts or hospitality must not colour those decisions. Avoiding a conflict of interest is particularly important where you (or your close relatives) have an interest in treatment facilities, such as private practice, private surgical facilities, or in commercial companies with an interest in pharmaceuticals or related products. You must arrange your affairs so that there can be no suspicion of such impropriety.

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

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

As a doctor you may be 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 the utmost care, and verify the information they contain. You will need to decide whether this is part of your core service.

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

The excellent FP&RHC doctor

- Is a good example of financial probity in society
- Ensures that his or her financial affairs are capable of withstanding searching outside audit
- Never seeks inappropriate personal gain in the pursuit of practice
- Provides truthful and honest information on certificates and other documents

The unacceptable FP&RHC doctor

- Is not a good example of financial probity in society
- Carelessly attaches his or her name to documents or certificates
- Knowingly provides false information on such documents
- Seeks personal financial gain from his or her patients, other than the normal remuneration expected from his or her job

18. Providing references

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

GMC Good Medical Practice, paragraph 11

Doctors in FP&RHC teams usually work within a Trust and come to know their colleagues well. When 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 senior colleagues or employees. On occasion, you will be asked to provide a reference over the telephone. The principles outlined in this section still apply and you should follow up the telephone call with a written copy of your statement.

Just as you expect to receive honest information about doctors that you intend taking on as a partner or member of staff you are considering employing, you should give 'open', full and honest information on those who leave. When a working relationship with a doctor in FP&RHC has not been easy, you must resist the temptation to give a glowing reference through misplaced loyalty to a colleague, or to facilitate the end of an unhappy working relationship. Likewise, when you have had a difficult personal relationship with a colleague, or member of staff, you must try to be objective about their abilities. References are now required to be 'open', i.e. shared with the applicant if needed and should be written in a structured manner.

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

The excellent FP&RHC doctor

- Take care with references, bearing in mind his or her responsibility to future colleagues 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, i.e. contains factual information that can be verified and is not just opinions
- Always uses a structured reference as modern good practice

The unacceptable FP&RHC doctor

- Gives dishonest, untrue or biased references
- Omits important information from references
- Includes comments in references (favourable or unfavourable) which are based largely on personal prejudice
- Does not use a structured reference

19. Accepting posts

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

GMC Good Medical Practice, paragraph 36

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

The excellent FP&RHC doctor

- Provides the care that he or she has agreed to provide
- Provides evidence of registration and other appropriate certification

The unacceptable FP&RHC doctor

- Holds no personal responsibility for care that he or she has agreed to provide
- Puts personal benefit above the care of patients that he or she has agreed to provide
- Does not provide evidence of registration and other appropriate certification

20. If things go wrong

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

If a patient under your care has suffered serious harm, through misadventure or for any other reason, you should act immediately to put matters right, if that is possible. You should explain fully to the patient what has happened and the likely long and short term effects. When appropriate, you should offer an apology. If the patient is under 16 and lacks the maturity to consent to treatment, you should use the Fraser guidelines and explain the situation honestly to those with parental responsibility for the children, when appropriate.

If a patient under 16 has died, you must explain, to the best of your knowledge, the reasons for and the circumstances of the death to those with parental responsibility. Similarly, if an adult patient has died, you should provide this information to the patient's partner or next of kin, unless you know that the patient would have objected.

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

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

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

GMC Good Medical Practice, paragraphs 16 - 21

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

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

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

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

When things have gone wrong, you must try to establish and to maintain a relationship of trust with your patients. Rarely, this relationship will break down to the point that you should cease to be their doctor, in both your and the patient's interest. When this has happened, you should explain to the patient why you feel they should seek help elsewhere. You should be able to justify your decision if asked to do so. You should look after them until another doctor is ready to take over their care and then you should hand over the records promptly. You should clearly document the reasons for this decision.

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 team need to change to prevent it happening again. Discussing mistakes frankly, within the team, is always helpful. You should support colleagues who have made mistakes; this will include acknowledging that a mistake has occurred and helping the person to find the best way forward both for the patient and your colleague.

Similar principles apply to risk management and the development of a policy for the management of 'near misses' or 'critical events'.

The excellent FP&RHC doctor

- Is aware of and implements the appropriate service based complaints procedure
- Has regular team-based significant event audit meetings
- Contacts the patient soon after it is apparent that a mistake has occurred
- Apologises for herself or himself, or on behalf of the clinical team
- Tells the patient what has happened and how it can be put right
- Co-operates with any investigation arising from the complaint
- Tries to maintain a relationship with patient or family where a mistake has occurred

The unacceptable FP&RHC doctor

- Does not implement and is not aware of the service complaints' procedure
- Does not have regular significant event audit meetings
- Does not acknowledge that a mistake has occurred or try to rectify the mistake
- Does not make appropriate apologies
- Hinders or obstructs a complaint or investigation
- Allows a complaint adversely to influence his or her care of the patient
- Refuses to see or prioritise care to a patient who has made a complaint or is likely to make one

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

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

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

If you have a serious condition, which you could pass on to patients, or if your judgement or performance could be significantly affected by a condition of illness, you must take and follow advice from a consultant in occupational health, or another suitably qualified colleague on whether, and in what ways, you should modify your practice. Do not rely on your own assessment of the risk to patients.

If you think you have a serious condition which you could pass on to patients, you must have all the necessary tests and act on advice given to you by a suitable qualified colleague about necessary treatment and/or modifications to your clinical practice.

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

GMC Good Medical Practice, paragraphs 23 - 27

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

You have a responsibility to do something if patients are being put at risk through poor performance, or because the doctor is ill. This applies both to your own care, and to that of other doctors. You must seek advice if you think your own health may be putting patients at risk. It is important for a doctor to be aware of his/her own health status and to have complied with the local occupational health screening programmes. Equally, if you are concerned about another doctor, you need to take some action. It used to be regarded as unprofessional to 'tell' on a colleague. You now risk an allegation of misconduct if you know a doctor is unsafe and you do nothing about it. There are now local procedures for dealing both with minor problems that can be simply resolved at local level and with more serious problems that may need to be referred to the GMC.

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

If you are in doubt, take advice. Sometimes this will be one of your senior colleagues. Outside the Trust, you can talk to the Faculty or to your defence organisation. Health authorities and boards also now have panels to address poor performance by doctors - you could speak to the chairman of your local panel. If you are concerned about a hospital or primary care colleague, you can talk to the medical director of the NHS Trust, or Primary Care Trust PCT and GMC staff are always happy to give confidential advice to doctors who are concerned about themselves or a colleague.

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

The excellent FP&RHC doctor

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

The unacceptable FP&RHC doctor

- Ignores his or her own or a colleague's unsafe behaviour
- Takes no advice, nor offers any to the colleague concerned
- Denies or actively conceals her or his own or a colleague's ill health
- Spreads rumours about, or reports a colleague, without confirming or verifying the facts