

August 2005

# General Medical Council

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## Review of *Good Medical Practice* – Formal Consultation

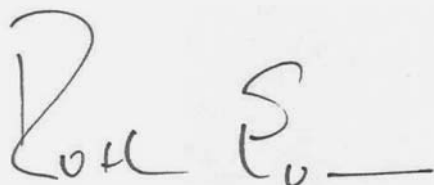
One of the roles of the General Medical Council (GMC) is to give guidance to doctors about the standards of professional conduct expected of them. Our core guidance booklet, *Good Medical Practice*, first published in 1995, is one of the primary influences on doctors in their day to day work. It forms the foundation of all GMC guidance, provides the framework for undergraduate medical education, underpins the processes for doctors' appraisal and the plans for revalidation, and is used to assess doctors' fitness to practise when complaints are made to the GMC.

*Good Medical Practice* was well received on its publication in 1995, the first time guidance for doctors had been so accessible to patients and the wider public. Minor revisions took place in 1998 and 2001, and last year the GMC's Standards and Ethics Committee launched a fundamental review to ensure that the new *Good Medical Practice* will be up-to-date, fit for purpose and contain principles that are held to be important by doctors, patients and the public.

Having consulted last autumn on the structure of *Good Medical Practice* we now need your views on the text itself. It is vital in revising *Good Medical Practice* that we understand what patients want from their doctors, as well as what the profession thinks the right standards are. Please let us know your views on the draft by **30 November 2005**.

This consultation document will shortly be available in large print and also on the GMC website at <http://www.gmc-uk.org> where you can find out further information about the background to the review. If you have any questions about the consultation please call the Standards & Ethics team on 020 7189 5404 or email us at [gmpreview@gmc-uk.org](mailto:gmpreview@gmc-uk.org).

Thank you for helping us with this important work.



**Ms Ruth Evans**  
Chair, Standards & Ethics Committee



**Dr John Jenkins**  
Standards & Ethics Committee



# Good Medical Practice

*A draft for consultation*

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August – November 2005

General  
Medical  
Council

Regulating doctors  
Ensuring good medical practice

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## Contents

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	<i>Paragraphs</i>	<i>Page</i>
The duties of a doctor registered with the General Medical Council		4
Duties and responsibilities of doctors		5
Good clinical care	1-9	6
Providing a good standard of practice and care		
Decisions about access to medical care		
Treatment in emergencies		
Maintaining good medical practice	10-12	10
Keeping up to date	10-11	
Maintaining and improving your performance	12	
Teaching and training, appraising and assessing	13-17	11
Relationships with patients	18-37	13
Respect for patients	19	
Good communication	20-25	
Maintaining trust in the profession	26-27	
Informed consent	28-32	
Confidentiality	33	
Safeguarding patients' interests	34	
Relationships with those close to the patient	35	
Ending professional relationships with patients	36-37	
Working with colleagues	38-51	18
Working in teams	42-43	
Respect for colleagues	44-45	
Taking up appointments	46	
Sharing information with colleagues	47-48	
Arranging cover	49	
Delegation and referral	50-51	
Probity	52-69	24
Professionalism and the law	53-55	
Providing information about your services	56-58	
Writing reports and CVs, giving evidence and signing documents	59-63	
Research	64	
Financial and commercial dealings	65-66	
Conflicts of interest	67-69	
Health	70-73	29

## The duties of a doctor registered with the General Medical Council

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Patients must be able to trust doctors with their lives and health. To justify that trust you must:

- Respect human rights;
- Make the care of your patient your first concern;
- Provide a good standard of practice and care;
  - Recognise and work within your professional competence;
  - Keep your professional knowledge and skills up to date;
  - Co-operate with colleagues;
- Protect and promote the health of patients and the public;
  - Act without delay if you have good reason to believe that you or a colleague is not fit to practise;
  - Make efficient use of the resources available to you;
- Respect each patient's dignity and individuality;
  - Treat every patient politely and considerately;
  - Respect patients' privacy and maintain confidentiality;
  - Make sure your personal beliefs do not adversely affect patient care.
- Work with patients as partners in their care;
  - Listen to patients;
  - Give patients the information they want or need in a way they can understand;
  - Respect patients' right to reach decisions with you about their treatment and care;
  - Obtain informed consent where appropriate.
- Be honest and trustworthy;
  - Never discriminate unfairly against patients or colleagues;
  - Act with integrity;
  - Be open with patients especially if something goes wrong;
  - Never abuse your position as a doctor;
  - Never act in ways which undermine public confidence in the medical profession.

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

## **Duties and responsibilities of doctors**

The guidance which follows describes the principles of good medical practice and standards of competence, care and conduct expected of you in all aspects of your professional life.

*Good Medical Practice* is not exhaustive. It cannot cover all forms of professional practice or misconduct which may bring your registration into question. However, serious or persistent failure to follow this guidance will put your registration at risk.

## Good Medical Practice

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### Good clinical care

#### *Providing a good standard of practice and care*

1. Good clinical care must include:
  - a. adequately assessing the patient's conditions, taking account of the history (including the symptoms, psychological and social factors), the patient's own priorities, and where necessary examining the patient;
  - b. providing or arranging investigations or treatment where necessary;
  - c. respecting patients' right to seek a second opinion;
  - d. referring the patient to another practitioner, when this is in their best interests.
2. In providing care you must:
  - a. recognise and work within the limits of your professional competence;
  - b. consult and take advice from colleagues, where appropriate;
  - c. be readily accessible when you are on duty;

Links to:  
- GMC FAQ on remote prescribing  
- GMC guidance on Intimate examinations  
- GMC *Consent* guidance  
- GMP para 28  
[Link to GMP para 67](#)



- d. keep clear, accurate, legible and contemporaneous records of every contact with patients, reporting the relevant clinical findings, the decisions made, the information given to patients and any drugs prescribed or other investigation or treatment provided;
- e. keep colleagues well informed when sharing the care of patients;
- f. alleviate pain and distress whether or not curative treatment is possible;
- g. prescribe drugs or treatment, including repeat prescriptions, only where you have adequate knowledge of the patient's health and are satisfied that they serve the patient's needs;
- h. safeguard and promote the health and well-being of children and young persons;
- i. report adverse drug reactions;
- j. co-operate with requests for information from legitimate organisations monitoring the public health, while following the guidance in *Confidentiality: Protecting and Providing Information*;
- k. make efficient use of the resources available to you.

Links to:  
 - statement with NMC & Health Professions Council  
 - statement on falsification of case notes  
 - proposed GMC guidance on record-keeping  
 External links to other bodies' guidance (incl DH)

Link to proposed GMC guidance on web treatment

Links to:  
 - Children Act  
 - forthcoming GMC guidance  
 - Gvmnt website  
 - GMP para 32

Link to DRSU yellow card scheme NPSA

Link to GMC guidance on *Confidentiality*

Link to GMC guidance

3. You should, wherever possible, avoid providing medical care or advice to anyone with whom you have a close personal relationship.

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

### ***Decisions about access to medical care***

5. The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs, and your clinical judgement about the likely effectiveness of the treatment options. You must respect your patients' right to their life choices and beliefs, and you must not unfairly discriminate against them. You must not allow your views about patients' age, beliefs, colour, culture, disability, gender, lifestyle, race, sex, sexuality, or social or economic status to adversely affect your professional relationship with them or the treatment you provide or arrange. You must not refuse or delay treatment because you believe that patients' actions have contributed to their condition.

Links to  
- GMC guidance  
*Doctors should not  
treat themselves or  
their families*  
- GMP para 71

Link to GMC  
*Management guidance*

External links to  
legislation on sex,  
disability, race and  
gender discrimination

6. If carrying out a particular procedure, or giving advice about it, conflicts with your beliefs, you must explain this to patients and tell them of their right to see another doctor. Where it is not practicable for a patient to make such arrangements themselves, you must ensure that arrangements are made for another suitably qualified colleague to take over your role, so that the patient's care does not suffer.

7. You must give priority to the investigation and treatment of patients on the basis of clinical need, when such decisions are within your power. If inadequate resources, policies or systems prevent you from doing this you must follow the guidance at paragraph 4.

8. All patients are entitled to care and treatment to meet their clinical needs. Where a patient poses a risk to your health or safety, you should take all available steps to minimise the risk, before providing treatment or making suitable alternative arrangements for treatment. You must not refuse treatment to patients because their medical condition may put you at risk.

### ***Treatment in emergencies***

9. In an emergency, wherever it may arise, you must offer assistance, taking account of your competence and the availability of other options for care.

[Link to GMP para 4](#)

[Link to proposed GMC guidance on risk assessment \(FAQ\)](#)

[Link to proposed GMC guidance \(case study\)](#)

## Maintaining good medical practice

### *Keeping up to date*

10. You must keep your knowledge and skills up to date throughout your working life. You should be aware of relevant guidelines and developments which affect your work. You should regularly take part in educational activities which maintain and further develop your competence and performance.

11. You must keep up to date with and adhere to the laws and codes of practice relevant to your work.

### *Maintaining and improving your performance*

12. You must work with colleagues, patients and the public to maintain and improve the quality of your work.

In particular you must:

- a. maintain a folder of information and evidence, drawn from your medical practice;
- b. reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation;
- c. take part in regular and systematic audit;

External link to NICE and SIGN

Link to GMC Education Cttee's guidance *Continuing professional development*

External links to: Freedom of Information, Data Protection Acts, other relevant legislation; websites of other regulators, statutory bodies; relevant codes of practice

Links to:  
- forthcoming GMC guidance on Revalidation  
- proposed GMC guidance on clinical risk assessment

- d. participate in systems of quality assurance and quality improvement;
- e. respond constructively to the outcome of audit, appraisals and performance reviews, undertaking further training where necessary;
- f. be aware of patient safety issues and contribute to confidential enquiries and adverse event recognition and reporting to help reduce risk to patients.

External links to  
- NHS guidance on appraisal  
- NPSA (confidential enquiries including NCEPOD)

## Teaching and training, appraising and assessing

**13.** Teaching and training, appraising and assessing doctors and students are important for the care of patients now and in the future.

**14.** You should be willing to contribute to the education of students and colleagues. If you have responsibilities for teaching you must develop the skills, attitudes and practices of a competent teacher. These include:

- a. personal commitment;
- b. sensitivity and responsiveness to individuals' educational needs;
- c. an understanding of the principles of medical education;

- d. practical skills in teaching, appraisal and assessment;
- e. commitment to audit and peer review of your teaching.

15. You must make sure that students or junior colleagues for whom you are responsible are properly supervised.

16. You must be honest and objective when appraising or assessing the performance of any colleague. Patients will be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice.

17. You must provide only honest, justifiable and accurate comments when giving references for, or writing reports about, colleagues. When providing references you must include all relevant information which has any bearing on your colleague's competence, performance and conduct.

External links to:  
- Royal Colleges' guidance  
- PMETB etc

Links to  
- GMP para 40  
- proposed GMC guidance on references

External links to  
proposed standard  
reference form and  
central database

## Relationships with patients

18. Successful relationships with patients require respect, trust, good communication and an understanding of the individual needs of patients.

### ***Respect for Patients***

19. To show respect for patients you must:

- a. be polite, considerate and honest;
- b. respect each patient's dignity and individuality;
- c. respect patients' privacy and maintain confidentiality;
- d. work in partnership with patients.

### ***Good Communication***

20. Good communication is essential to effective care and involves:

- a. listening to patients, respecting their views about their health, and responding to their concerns;
- b. sharing the information with patients which they want or need to know, in a way they can understand, about their condition, its prognosis and the treatment options available to them. This should include associated risks and uncertainties;

Links to  
- GMC guidance on  
*Intimate Examinations*  
- RCOG guidance  
*Gynaecological  
Examinations:  
Guidelines for Specialist  
Practice*

Link to GMC guidance  
on *Consent* paras 4-13

- c. ensuring that patients are informed about how information is shared within teams and between those who will be providing their care.

Link to GMC guidance on *Confidentiality* (para 8, 13-15, all FAQs)

21. You should ensure that, wherever possible, arrangements are made to meet particular language and communication needs of patients.

Link to GMC guidance on *Consent* para 13

22. When communicating with children and young people you should:

External link to Royal College of Paediatrics and Child Health guidance *Good Medical Practice in Paediatrics & Child Health*

- a. respect their right to be listened to and treated as a person;
- b. answer their questions to the best of your ability;
- c. provide information to them in a form that is accessible and can be readily understood.

23. You should offer assistance to children and young people, if you have reason to think that their rights have been abused or denied.

- External link to Children's Act 2004  
- Link to forthcoming GMC guidance on children

24. If a patient under your care has suffered harm, you should act immediately to put matters right, if that is possible. You must explain fully and promptly to the patient what has happened and the likely short and long term effects. Where appropriate you should offer an apology.



25. Patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response including an explanation and, where appropriate, an apology. You must not allow a patient's complaint to prejudice the care or treatment you provide or arrange for that patient.

[Link to proposed GMC case study](#)

### ***Maintaining trust in the profession***

26. You must never use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them.

[Link to proposed GMC case study](#)

27. You must not use your professional position to express personal beliefs in ways which are likely to cause distress or which exploit patients' vulnerability.

### ***Informed Consent***

28. You must be satisfied that a patient has given informed consent before you undertake any examination, investigation or screening, provide treatment, or involve them in teaching or research.

[Links to](#)  
[- proposed GMC case study](#)  
[- GMC Research \(para15-22\)](#)  
[- GMC Consent \(para25\)](#)

29. Before seeking consent you must give patients information, in a way they can understand, so that they can make an informed decision. You must encourage and support patients to use their expertise to be involved in

decisions about their care, and you should try, wherever possible, to reach agreement.

**30.** Where a patient lacks capacity to give consent you must act in the patient's best interests and in accordance with relevant law<sup>1</sup>.

**31.** In an emergency, where consent cannot be obtained, you may provide treatment which is immediately necessary, respecting a patient's advance wishes, if known or drawn to your attention.

**32.** In all circumstances you must follow the guidance in *Seeking patients' consent: the ethical considerations*.

### ***Confidentiality***

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

Link to GMP para 9

Link to GMC guidance on *Consent*

Links to

- GMP para 20c

- GMC Confidentiality FAQ 18

- GMC Confidentiality guidance

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<sup>1</sup> You should note, for example the provisions of the *Mental Capacity Act 2005* (England and Wales), the *Adults with Incapacity (Scotland) Act 2000* for Scotland. If your patient has a mental disorder, you must comply with the relevant provisions of the *Mental Health Act 1983* (England and Wales) and the *Scottish Mental Health (Care and Treatment) (Scotland) Act 2003*.

### ***Safeguarding patients' interests***

**34.** You must obtain adequate insurance or professional indemnity cover for any part of your practice not covered by an employer's indemnity scheme, in your patients' interests as well as your own, and in order to comply with the law.

Link to s44C of forthcoming Section 60 order

### ***Relationships with those close to the patient***

**35.** In some circumstances it is considerate to share information with those close to the patient, such as a carer, a partner (including same-sex partner), a person with parental responsibility, a close family member, friend or advocate. Wherever possible you should first obtain the patient's consent to sharing information with those close to them. Where a patient cannot give consent you may share the information, except where you have good reason to believe that the patient would object if able to do so. In all circumstances, you must follow the guidance in *Confidentiality: Protecting and Providing Information*.

Link to GMC guidance on *Confidentiality*

### ***Ending professional relationships with patients***

**36.** Rarely, there may be circumstances in which the trust between you and a patient has broken down and you find it necessary to end your professional relationship with

External link to NHS guidance *Withholding treatment from violent and abusive patients in NHS trusts*

them. For example, this may occur if a patient has been violent to you or a colleague, has stolen from the premises, or has persistently acted inconsiderately or unreasonably. In such circumstances, you must be satisfied that your decision is fair and does not contravene the guidance in paragraph 5, and you must be prepared to justify your decision if called on to do so. You should not end relationships with patients solely because they have made a complaint about you or your team, or because of the resource implications<sup>2</sup> of their care or treatment.

[Link to GMP para 5](#)

**37.** You should inform the patient, orally or in writing, why you have decided to end the professional relationship. You must also take steps to ensure that arrangements are made promptly for the continuing care of the patient, and hand over records to the patient's new doctors without delay.

## Working with colleagues

**38.** Changing working practices, such as multi-disciplinary and multi-agency teams, and changes in the range of skills and competencies of other health care practitioners, present a number of opportunities as well as challenges in providing safe, effective care. The following paragraphs outline your duties in ensuring that you work

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<sup>2</sup> If you charge fees, you may refuse further treatment for patients unable or unwilling to pay for services already provided. You must follow the guidance in paragraphs 5-8.

effectively and collaboratively with your colleagues both inside and outside the medical profession.

**39.** You must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. Where there are serious concerns about a colleague's fitness to practise, you must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary.

**40.** If you have grounds to believe that a colleague may be putting patient safety at risk, you must give an honest explanation of your concerns to an appropriate person from the employing authority, following any procedures set by the employer. If there are no appropriate local systems, or local systems cannot resolve the problem, and you remain concerned about the safety of patients, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defence body, a professional organisation or the GMC for advice. You should ensure the colleague concerned is informed if identifiable information is passed to an employer or regulatory body, unless you believe this could compromise patient safety.

**41.** If you have management responsibilities you should ensure that systems are in place through which colleagues can raise concerns about risks to patients. Further guidance is provided in *Management for Doctors*.

Link to GMC FPD guidance *Referring a doctor to the GMC – a guide to individual doctors, medical directors and clinical governance managers*

External links to:  
- NHS complaints procedures  
- support services for sick healthcare workers

External links to:  
- NHS guidance Whistleblowing  
- Public Interest Disclosure Act  
Link to GMC Management guidance

## *Working in teams*

42. Healthcare is usually provided by multi-disciplinary teams. Working in a team does not change your personal accountability for your professional conduct and the care you provide. When working in a team you must:

- a. respect the skills and contributions of your colleagues;
- b. communicate effectively with colleagues within and outside the team, sharing appropriate information with other members of the healthcare team, and using communication methods that meet the needs of individual colleagues within the team or in other professions;
- c. make sure that your patients and colleagues understand your professional status and specialty, your role and responsibilities in the team, and who is responsible for each aspect of patient care;
- d. participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies;
- e. support colleagues who have problems with performance, conduct or health.

Links to:  
- forthcoming GMC guidance (FAQ) on accountability in multidisciplinary teams  
- GMC guidance on *Management*

43. Guidance on leading a team is available in our guidance, *Management for Doctors*.

[Link to GMC Management guidance](#)

### ***Respect for colleagues***

44. You must treat your colleagues with respect, and must not unfairly discriminate against them, including those applying for posts. You must not allow your views of colleagues' age, beliefs, colour, culture, disability, gender, lifestyle, race, sex, sexuality, or social or economic status to adversely affect your professional relationship with them. You must always treat your colleagues fairly and must never bully or harass them.

[External links to legislation on sex, disability, race and gender discrimination](#)

45. You must not make unfounded criticisms of colleagues as it may undermine patients' trust in the care or treatment they receive, or in the judgement of those treating them.

[Link to proposed GMC case study](#)

### ***Taking up appointments***

46. You must take up any post, including a locum post, that you have formally accepted, and must not terminate a contract early, unless the employer has reasonable time to make other arrangements so that patient care is not compromised.

### ***Sharing information with colleagues***

**47.** When you refer a patient, you should provide all relevant information about the patient's history and current condition.

**48.** If you provide treatment or advice for a patient, but are not the patient's general practitioner, you should tell the general practitioner the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects. If the patient has not been referred to you by a general practitioner, you should inform the general practitioner before starting treatment, except in emergencies or when it is impracticable to do so. If you do not inform the patient's general practitioner, you will be responsible for providing or arranging all necessary after-care.

### ***Arranging cover***

**49.** You must be satisfied that, when you are off duty, suitable arrangements are made for your patients' medical care. These arrangements should include effective hand-over procedures including clear communication with healthcare colleagues. If arrangements are not satisfactory, you should take steps to safeguard patient care and follow the guidance in paragraph 4.

Link to GMP  
para 4



## *Delegation and referral*

**50.** Delegation involves asking a colleague to provide treatment or care on your behalf. You will still be responsible for the overall management of the patient, and accountable for your decision to delegate. When you delegate care or treatment you must be sure that the person to whom you delegate has the qualifications, experience, knowledge and skills to perform the duties which they will be required to carry out. You must always pass on enough information about the patient and the treatment needed.

**51.** 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. You must be satisfied that any health care professional to whom you refer a patient is accountable to a statutory regulatory body. If this is not the case, the transfer of care should be regarded as delegation, and you will remain responsible for the overall management of the patient, and accountable for your decision to delegate.

Link to forthcoming GMC guidance on accountability in multi-disciplinary teams

## Probity

52. Probity has been defined<sup>3</sup> as ‘moral excellence, integrity, rectitude, uprightness, conscientiousness, honesty, sincerity’: these are all qualities that you as a doctor should possess.

### ***Professionalism and the law***

53. You must ensure that your conduct at all times justifies the trust which patients place in you, and the public places in the profession

54. If you have accepted a caution, been charged or found guilty of a criminal offence, or have had a finding against your registration with another professional body as a result of fitness to practise procedures, anywhere in the world, you must inform the GMC without delay.

55. If you are suspended from a post, or have restrictions on your practice because of concerns about your performance or conduct, you must inform any other organisations for whom you undertake medical work without delay. You must also inform any patients you see independently of such organisations.

### ***Providing information about your services***

56. If you publish information about the services you provide, the information must be factual and verifiable.

[Link to forthcoming GMC guidance on reporting convictions](#)

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<sup>3</sup> OED on-line 2005.

**57.** The information you publish must not make unjustifiable claims about the quality or outcomes of your services. It must not, in any way, offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.

**58.** You must not put pressure on people to use a service, for example by arousing ill-founded fears for their future health.

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

**59.** You must be honest and trustworthy when writing reports, and when completing or signing forms or certificates. You must take reasonable steps to verify any statement before you sign a document. You must not write or sign documents which are false or misleading because of the information they contain or omit. If you have agreed to prepare a report, complete or sign a document, or provide evidence, you must do so without unreasonable delay.

**60.** You must not misrepresent your experience or qualifications when applying for posts.

[Link to proposed GMC case study](#)

**61.** If you are asked to give evidence or act as a witness in litigation or formal inquiries, you must be honest in all oral and written statements. You must make clear the limits of your knowledge or competence.

[Link to forthcoming GMC guidance on expert witnesses](#)

**62.** You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure which applies to your work. You must give to those who are entitled to ask for it any relevant information in connection with an investigation into your own, or a colleague's conduct, performance or health, and follow the guidance in *Confidentiality: Protecting and Providing Information*.

[External link to section 35 of the Medical Act](#)

[Link to GMC guidance on Confidentiality](#)

**63.** You must assist the coroner or procurator fiscal by responding to inquiries and by offering all relevant information to an inquest or inquiry into a patient's death. Only where your evidence may lead to criminal proceedings being taken against you are you entitled to remain silent.

### ***Research***

**64.** If you participate in research you must put the care and safety of patients first. You must ensure that approval has been obtained for research from a properly authorised independent research ethics committee. You must conduct all research with honesty and integrity, and must follow the guidance in *Research - the role and responsibilities of doctors*.

[Link to:  
- GMC Research  
guidance](#)

### *Financial and commercial dealings*

65. You must be honest and open in any financial arrangements with patients. In particular:

- a. you should provide information about fees and charges before obtaining patients' consent to treatment, wherever possible;
- b. you must not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services;
- c. you must not encourage patients to give, lend or bequeath money or gifts which will directly or indirectly benefit you. You must not put pressure on patients or their families to make donations to other people or organisations;
- d. you must not put pressure on patients to accept private treatment;
- e. if you charge fees, you must tell patients if any part of the fee goes to another doctor.

**66.** You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular:

- a. if you manage finances, you must make sure the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances;
- b. before taking part in discussions about buying or selling goods or services, you must declare any relevant financial or commercial interest which you or your family might have in the purchase.

### ***Conflicts of interest***

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

**68.** 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.

**69.** 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

Links to proposed GMC guidance on  
- accepting fees from solicitors  
- accepting gifts and hospitality

Link to Royal Pharmaceutical Society factsheet 7

your interest. When treating NHS patients you must also tell the health care purchaser.

## Health

**70.** You should be registered with a general practitioner outside your family and practice. You should not treat yourself but should instead seek independent and objective medical care and advice.

**71.** You should take appropriate measures, including immunisation, to protect your patients and your colleagues from communicable diseases.

**72.** If you know that you have, or think that you might have:

- a. a serious condition which you could pass on to patients
- b. a condition which could, or the treatment of which could, affect your judgement or performance

you must take and follow advice from a suitably qualified colleague about necessary investigations, treatment and/or changes to your practice.

**73.** You must not rely on your own assessment of the risk to patients.

Link to GMC guidance *Doctors should not treat themselves or their families* and GMP para 3

External link to DH guidance on immunisation (for HepB)

