



# Good Medical Practice

General  
Medical  
Council

Regulating doctors  
Ensuring good medical practice

# 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 show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
  - Keep your professional knowledge and skills up to date
  - Recognise and work within the limits of your competence
  - Work with colleagues in the ways that best serve patients' interests
- Treat patients as individuals and respect their dignity
  - Treat patients politely and considerately
  - Respect patients' right to confidentiality
- Work in partnership with patients
  - Listen to patients and respond to their concerns and preferences
  - Give patients the information they want or need in a way they can understand
  - Respect patients' right to reach decisions with you about their treatment and care
  - Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
  - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
  - Never discriminate unfairly against patients or colleagues
  - Never abuse your patients' trust in you or the public's trust in the profession.

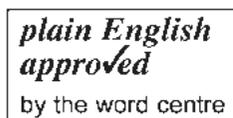
You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

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# Good Medical Practice

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*Good Medical Practice* came into effect on 13 November 2006.



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# About Good Medical Practice

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*Good Medical Practice* sets out the principles and values on which good practice is founded; these principles together describe medical professionalism in action. The guidance is addressed to doctors, but it is also intended to let the public know what they can expect from doctors.

We have provided links\* to other guidance and information which illustrate how the principles in *Good Medical Practice* apply in practice, and how they may be interpreted in other contexts; for example, in undergraduate education, in revalidation, or in our consideration of a doctor's conduct, performance or health through our fitness to practise procedures. There are links to:

- supplementary guidance and other information from the GMC
- cases heard by GMC fitness to practise panels, which provide examples of where a failure to follow the guidance in *Good Medical Practice* has put a doctor's registration at risk (available on-line only)
- external (non-GMC) sources of advice and information.

You can access all these documents on our website, or order printed versions of the GMC documents by contacting [publications@gmc-uk.org](mailto:publications@gmc-uk.org) (phone: 0161 923 6315).

\*Please check the GMC website for the most up-to-date links:  
[www.gmc-uk.org/guidance](http://www.gmc-uk.org/guidance)

# How Good Medical Practice applies to you

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The guidance that follows describes what is expected of all doctors registered with the GMC. It is your responsibility to be familiar with *Good Medical Practice* and to follow the guidance it contains. It is guidance, not a statutory code, so you must use your judgement to apply the principles to the various situations you will face as a doctor, whether or not you hold a licence to practise and whether or not you routinely see patients. You must be prepared to explain and justify your decisions and actions.

In *Good Medical Practice* the terms 'you must' and 'you should' are used in the following ways:

- 'You must' is used for an overriding duty or principle.
- 'You should' is used when we are providing an explanation of how you will meet the overriding duty.
- 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can comply with the guidance.

Serious or persistent failure to follow this guidance will put your registration at risk.

See GMC  
guidance on  
the meaning  
of fitness to  
practise

## Good Doctors

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

\* Those a doctor works with, whether or not they are also doctors.

# Good clinical care

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## Providing good clinical care

2 Good clinical care must include:

- (a) adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient
- (b) providing or arranging advice, investigations or treatment where necessary
- (c) referring a patient to another practitioner, when this is in the patient's best interests.

2b. See paragraph 21b and GMC consent guidance

**3** In providing care you must:

- (a) recognise and work within the limits of your competence
- (b) prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs
- (c) provide effective treatments based on the best available evidence
- (d) take steps to alleviate pain and distress whether or not a cure may be possible
- (e) respect the patient's right to seek a second opinion
- (f) keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment
- (g) make records at the same time as the events you are recording or as soon as possible afterwards
- (h) be readily accessible when you are on duty
- (i) consult and take advice from colleagues, when appropriate
- (j) make good use of the resources available to you.

3b. See GMC prescribing guidance paragraph 40

3d. See paragraph 21b and GMC guidance on treatment and care towards the end of life

3j. See GMC management guidance

## Supporting self-care

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

4. See  
endnote 1

## Avoid treating those close to you

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

5. See  
paragraph 77  
and GMC  
prescribing  
guidance  
paragraphs 4  
and 13–16

## Raising concerns about patient safety

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

6. See  
paragraphs  
43–45, GMC  
management  
guidance, and  
GMC  
guidance on  
raising  
concerns

## Decisions about access to medical care

**7** The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options. You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. You must treat your patients with respect whatever their life choices and beliefs. You must not unfairly discriminate against them by allowing your personal views\* to affect adversely your professional relationship with them or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance.

7. See GMC guidance on personal beliefs and GMC guidance on valuing diversity

**8** If carrying out a particular procedure or giving advice about it conflicts with your religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and tell them they have the right to see another doctor. You must be satisfied that the patient has sufficient information to enable them to exercise that right. If it is not practical for a patient to arrange to see another doctor, you must ensure that arrangements are made for another suitably qualified colleague to take over your role.

8. See GMC guidance on personal beliefs

\* This includes your views about a patient's age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status.

- 9** You must give priority to the investigation and treatment of patients on the basis of clinical need, when such decisions are within your power. If inadequate resources, policies or systems prevent you from doing this, and patient safety is or may be seriously compromised, you must follow the guidance in paragraph 6.
- 10** All patients are entitled to care and treatment to meet their clinical needs. You must not refuse to treat a patient because their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making suitable alternative arrangements for treatment.

9. See paragraph 6

## Treatment in emergencies

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

# Maintaining good medical practice

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## Keeping up to date

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

12. See GMC guidance on continuing professional development and endnote 2

## Maintaining and improving your performance

**14** You must work with colleagues and patients to maintain and improve the quality of your work and promote patient safety. In particular, you must:

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

14a, b. See GMC GMP framework document.

14e. See endnote 3

14g. See endnote 4

14h. See GMC prescribing guidance and endnote 5

14i. See GMC confidentiality guidance

# Teaching and training, appraising and assessing

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

19. See paragraph 63 and GMC guidance on writing references

# Relationships with patients

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## The doctor-patient partnership

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

21b. See GMC guidance on maintaining boundaries

21d. See GMC confidentiality guidance

21e. See endnote 1

## Good communication

**22** To communicate effectively you must:

- (a)** listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences
- (b)** share with patients, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including associated risks and uncertainties
- (c)** respond to patients' questions and keep them informed about the progress of their care
- (d)** make sure that patients are informed about how information is shared within teams and among those who will be providing their care.

22b. See GMC consent guidance paragraphs 7-36

22d. See GMC confidentiality guidance paragraph 7, and 25-32

**23** You must make sure, wherever practical, that arrangements are made to meet patients' language and communication needs.

23. See GMC consent guidance paragraph 21

## Children and young people

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

24. See GMC  
0-18 guidance

See endnote 6

## Relatives, carers and partners

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

29. See endnote 7 and GMC confidentiality guidance including paragraphs 64-66

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

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

30. See endnote 8

## Maintaining trust in the profession

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

32. See GMC guidance on maintaining boundaries

33. See GMC guidance on personal beliefs

35. See GMC guidance on reference numbers

## Consent

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

36. See GMC consent guidance and GMC research guidance paragraphs 15–29

## Confidentiality

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

37. See GMC confidentiality guidance

## Ending your professional relationship with a patient

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

39. See paragraph 7

\* If you charge fees, you may refuse further treatment for patients unable or unwilling to pay for services you have already provided. You must follow the guidance in paragraph 39.

# Working with colleagues

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## Working in teams

**41** Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues. You must:

- (a) respect the skills and contributions of your colleagues
- (b) communicate effectively with colleagues within and outside the team
- (c) make sure that your patients and colleagues understand your role and responsibilities in the team, and who is responsible for each aspect of patient care
- (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.

**42** If you are responsible for leading a team, you must follow the guidance in *Management for doctors*.

41. See endnote 9

42. See GMC management guidance

## Conduct and performance of colleagues

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

43. See GMC confidentiality guidance paragraph 20 and *Confidentiality: Disclosing information about serious communicable diseases* paragraphs 4-5, and the following GMC guidance on: referring a doctor, raising concerns, and management

44. See GMC guidance on raising concerns

45. See GMC management guidance

## Respect for colleagues

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

46. See GMC guidance on valuing diversity

## Arranging cover

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

48. See paragraph 6

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

## Taking up and ending appointments

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

49. See GMC appointments guidance

## Sharing information with colleagues

- 50** Sharing information with other healthcare professionals is important for safe and effective patient care.
- 51** When you refer a patient, you should provide all relevant information about the patient, including their medical history and current condition.
- 52** If you provide treatment or advice for a patient, but are not the patient's general practitioner, you should tell the general practitioner the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects.
- 53** If a patient has not been referred to you by a general practitioner, you should ask for the patient's consent to inform their general practitioner before starting treatment, except in emergencies or when it is impractical to do so. If you do not inform the patient's general practitioner, you will be responsible for providing or arranging all necessary after-care.

50. See endnote 9 and GMC confidentiality guidance paragraphs 25-32

## Delegation and referral

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

# Probity

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## Being honest and trustworthy

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

58. See GMC guidance on reporting convictions

## Providing and publishing information about your services

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

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

- 63** You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.
- 64** You must always be honest about your experience, qualifications and position, particularly when applying for posts.
- 65** You must do your best to make sure that any documents you write or sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents, and that you must not deliberately leave out relevant information.

63. See  
endnote 11

65. See GMC  
guidance on  
writing  
references

- 66** If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.
- 67** If you are asked to give evidence or act as a witness in litigation or formal inquiries, you must be honest in all your spoken and written statements. You must make clear the limits of your knowledge or competence.
- 68** You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure that applies to your work. You must disclose to anyone entitled to ask for it any information relevant to an investigation into your own or a colleague's conduct, performance or health. In doing so, you must follow the guidance in *Confidentiality*.
- 69** You must assist the coroner or procurator fiscal in an inquest or inquiry into a patient's death by responding to their enquiries and by offering all relevant information. You are entitled to remain silent only when your evidence may lead to criminal proceedings being taken against you.

67. See paragraph 3a and GMC guidance on expert witnesses

68. See GMC confidentiality guidance

69. See GMC confidentiality guidance

## Research

- 70** Research involving people directly or indirectly is vital in improving care and reducing uncertainty for patients now and in the future, and improving the health of the population as a whole.
- 71** If you are involved in designing, organising or carrying out research, you must:
- (a)** put the protection of the participants' interests first
  - (b)** act with honesty and integrity
  - (c)** follow the appropriate national research governance guidelines and the guidance in *Research: The role and responsibilities of doctors*.

71c. See GMC research guidance and endnote 12

## Financial and commercial dealings

- 72** You must be honest and open in any financial arrangements with patients. In particular:
- (a) you must inform patients about your fees and charges, wherever possible before asking for their consent to treatment
  - (b) you must not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services
  - (c) you must not encourage patients to give, lend or bequeath money or gifts that will directly or indirectly benefit you
  - (d) you must not put pressure on patients or their families to make donations to other people or organisations
  - (e) you must not put pressure on patients to accept private treatment
  - (f) if you charge fees, you must tell patients if any part of the fee goes to another healthcare professional.

72. See GMC guidance on conflicts of interest

- 73** You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals.  
In particular:
- (a)** before taking part in discussions about buying or selling goods or services, you must declare any relevant financial or commercial interest that you or your family might have in the transaction
  - (b)** if you manage finances, you must make sure the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances.

## Conflicts of interest

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

74. See GMC guidance on conflicts of interest and endnote 13

75. See GMC prescribing guidance paragraphs 10–12

# Health

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

77. See paragraph 5 and GMC prescribing guidance paragraphs 4 and 13–16

78. See endnote 14 and GMC management guidance paragraphs 58–59

# References

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## Further reading

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For the most up-to-date guidance visit our website [www.gmc-uk.org/guidance](http://www.gmc-uk.org/guidance).

### Supporting ethical guidance from the GMC

This guidance expands upon the principles in *Good Medical Practice* to show how the principles apply in practice:

*0-18 years: guidance for all doctors* (2007)

*Accountability in multi-disciplinary and multi-agency mental health teams* (2005)

*Acting as an expert witness* (2008)

*Confidentiality* (2009) including seven pieces of supplementary guidance

*Conflicts of interest* (2006)

*Consent: patients and doctors making decisions together* (2008)

*Good practice in prescribing medicines* (2008)

*Good practice in research and Consent to research* (2010)

*Maintaining boundaries* (2006)

*Management for doctors* (2006)

*Personal beliefs and medical practice* (2008)

*Raising concerns about patient safety* (2006)

*Reporting criminal and regulatory proceedings within and outside the UK* (2008)

*Taking up and ending appointments* (2008)

*Treatment and care towards the end of life: good practice in decision making* (2010)

*Writing references* (2007)

## Other GMC publications

*Guidance on continuing professional development* (2004)

*GMP – a working framework for appraisal and assessment* (2008)

*Guidance for doctors on using registered name and GMC reference number* (2006)

*Indicative Sanctions Guidance for the Fitness to Practice Panel* (2009)

*Referring a doctor to the GMC: A guide for individual doctors, medical directors and clinical governance managers* (**see [www.gmc-uk.org/concerns](http://www.gmc-uk.org/concerns)**)

*The meaning of fitness to practise* (2005)

*Valuing diversity – resource guides* (2006)

## Royal College and other guidance

The following documents were written to contribute to the process of revalidation by describing what is expected of doctors in these specialties. Some of these documents are under review; you can check their current status with the colleges.

*Good Practice: A Guide for Departments of Anaesthesia, Critical Care and Pain Management*, Royal College of Anaesthetists, 3rd edition, October 2006

*Good Medical Practice in Cosmetic Surgery/Procedures*, Independent Healthcare Advisory Services, May 2006

*Good Practice in Dental Specialties*, Senate of Dental Specialties, 2004

*Supplement to Good Medical Practice*, Disability Rights Commission, 2007

*Good Medical Practice for General Practitioners*, Royal College of General Practitioners, July 2008

*Revalidation in Obstetrics and Gynaecology: Criteria, Standards and Evidence*, Royal College of Obstetricians and Gynaecologists, July 2002

*Guidance for Revalidation and Appraisal in Ophthalmology – Criteria, Standards and Evidence*, Royal College of Ophthalmologists, May 2003

*Good Medical Practice in Paediatrics and Child Health: Duties and Responsibilities of Paediatricians*, Royal College of Paediatrics and Child Health, May 2002

*Good Medical Practice in Pathology*, Royal College of Pathology, July 2002

*Good Medical Practice for Physicians*, Federation of Royal College of Physicians of the UK, 2004

*Good Psychiatric Practice*, Royal College of Psychiatrists, 2nd edition, November 2004

*Individual Responsibilities – A Guide to Good Medical Practice for Radiologists*, Royal College of Radiologists, May 2004

*Good Surgical Practice*, Royal College of Surgeons of England, February 2008

*Good Medical Practice for Occupational Physicians*, Faculty of Occupational Medicine, 2001

*Good Public Health Practice: Standards for Public Health Physicians and Specialists in Training*, Faculty of Public Health Medicine, April 2001

*Good Pharmaceutical Medical Practice*, Faculty of Pharmaceutical Medicine, 2003

*Guidelines on Revalidation: Criteria, Standards and Evidence*, College of Emergency Medicine, 2006

# Endnotes

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## External guidance and information

You can access these documents when viewing *Good Medical Practice* on our website ([www.gmc-uk.org](http://www.gmc-uk.org)).

<sup>1</sup> Paragraph 4 and 21e  
*Supporting people with long term conditions to self care: A guide to developing local strategies and good practice*, Department of Health (England), 24 February 2006 ([www.dh.gov.uk](http://www.dh.gov.uk))

*Improved self care by people with long term conditions through self management education programmes*, British Medical Association, September 2007 ([www.bma.org.uk](http://www.bma.org.uk))

*Enabling people with long term conditions to self manage their health: a resource for GPs*, British Medical Association, September 2007 ([www.bma.org.uk](http://www.bma.org.uk))

*Health, Work and Well-being* (see [www.workingforhealth.gov.uk](http://www.workingforhealth.gov.uk))

<sup>2</sup> Paragraph 12  
National Institute for Health and Clinical Excellence ([www.nice.org.uk](http://www.nice.org.uk)) and NHS Quality Improvement Scotland ([www.nhshealthquality.org](http://www.nhshealthquality.org))

<sup>3</sup> Paragraph 14e  
See appraisal guidance and information:  
  
Department of Health (England) appraisal information ([www.dh.gov.uk](http://www.dh.gov.uk) - see 'Policy and Guidance' section).

Scottish Government:  
*Consultant Appraisal - A Brief Guide*, ([www.scotland.gov.uk](http://www.scotland.gov.uk)) and

Scottish Government:  
*Appraisal - A Brief Guide for Non-Consultant Career Grades* ([www.scotland.gov.uk](http://www.scotland.gov.uk))

- Department of Health, Social Services and Public Safety (Northern Ireland) ([www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk))
- Wales appraisal information and guidance (<http://gp.cardiff.ac.uk>)
- 4 Paragraph 14g  
National Patient Safety Agency ([www.npsa.nhs.uk](http://www.npsa.nhs.uk))
- 5 Paragraph 14h  
Medicines and Healthcare products Regulatory Agency, Yellow Card Scheme ([www.mhra.gov.uk](http://www.mhra.gov.uk)) and British Medical Association *Reporting Adverse Drug Reactions: A Guide for healthcare professionals*, May 2006 ([www.bma.org.uk](http://www.bma.org.uk))
- 6 Paragraph 24  
*The Children Act 2004* ([www.opsi.gov.uk](http://www.opsi.gov.uk))
- 7 Paragraph 29  
*When a patient dies: Advice on developing bereavement services in the NHS*, Department of Health (England), October 2005 ([www.dh.gov.uk](http://www.dh.gov.uk))
- 8 Paragraph 30  
*Apologies and Explanations*, NHS Litigation Authority, Circular 02/02, Issued 11 February 2002 ([www.nhsla.com](http://www.nhsla.com))
- 9 Paragraph 41  
*Medical Leadership Competency Framework*, NHS Institute, 2008 ([www.institute.nhs.uk/assessment\\_tool/general/medical\\_leadership\\_competency\\_framework\\_-\\_homepage.html](http://www.institute.nhs.uk/assessment_tool/general/medical_leadership_competency_framework_-_homepage.html))
- 10 Paragraph 50  
*Confidentiality: NHS Code of Practice*, Department of Health, November 2003 ([www.dh.gov.uk](http://www.dh.gov.uk))
- 11 Paragraph 63  
*Medical Certificates and Reports*, British Medical Association, July 2004 ([www.bma.org.uk](http://www.bma.org.uk))

12 Paragraph 71c

See research governance frameworks:

*Research Governance Framework for Health and Social Care*, Department of Health (England), 2005  
([www.dh.gov.uk](http://www.dh.gov.uk))

*Research Governance Framework for Health and Social Care in Wales*, WORD, Welsh Assembly Government, 2001 (new version due 2009) (<http://wales.gov.uk/topics/health/research/word/policy/guidance/resgovernance/framework/>)

*Research Governance Framework for Health and Social Care*, R&D Office, Department of Health, Social Services and Public Safety  
([www.centuralservicesagency.com/display/rdo\\_research\\_governance](http://www.centuralservicesagency.com/display/rdo_research_governance))

*Research Governance Framework for Health and Community Care*, Scottish Executive Health Department, 2006  
([www.show.scot.nhs.uk](http://www.show.scot.nhs.uk))

13 Paragraph 74

*The Blue Guide: Advertising and Promotion of Medicine in the UK*, Medicines and Healthcare Products Regulatory Agency, 2005  
([www.mhra.gov.uk](http://www.mhra.gov.uk))

14 Paragraph 78

*Guidance for Clinical Health Care Workers: Protection Against Infection with Blood-borne Viruses*  
*Recommendations of the Expert Advisory Group on AIDS and the Advisory Group on Hepatitis*, UK Health Departments  
([www.dh.gov.uk](http://www.dh.gov.uk))

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