



Leadership and management for all doctors

General
Medical
Council

Regulating doctors
Ensuring good medical practice

The duties of a doctor registered with the General Medical Council

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

Leadership and management for all doctors

This guidance has been edited for plain English.

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About this guidance

Being a good doctor means more than simply being a good clinician. In their day-to-day role doctors can provide leadership to their colleagues and vision for the organisations in which they work and for the profession as a whole. However, unless doctors are willing to contribute to improving the quality of services and to speak up when things are wrong, patient care is likely to suffer.

This guidance sets out the wider management and leadership responsibilities of doctors in the workplace, including:

- responsibilities relating to employment issues
- teaching and training
- planning, using and managing resources
- raising and acting on concerns
- helping to develop and improve services.

The principles in this guidance apply to all doctors, whether they work directly with patients or have a formal management role.*

* Although these principles are relevant to all doctors, whatever roles they have, the judgment in *Remedy UK Ltd, R (on the application of Remedy UK Ltd) v General Medical Council* [2010] EWHC 1245 (Admin) found that there are some roles that are so far removed from practising medicine that the GMC's fitness to practise procedures do not apply to them. However, doctors are still accountable to the GMC when they are performing a wide range of clinical management roles (for example, as a clinical or medical director) or other non-clinical roles (for example, as a medical educator or researcher), even if medical knowledge or expertise is not needed for the roles (for example, as a chief executive of a hospital).

How these principles will apply in practical terms to a particular doctor depends on their role and responsibility. For example, how a junior or locum doctor will show leadership or take responsibility for managing resources will be different from a doctor working in a more senior role.

You continue to have responsibility for the safety and wellbeing of patients when you perform non-clinical duties, including when you work as a manager. You are still accountable to the General Medical Council (GMC) for your decisions and actions, even if someone without medical training could perform your role.*

This guidance applies across the UK and should be interpreted in the context of the relevant national and local arrangements for the delivery of health services. It sets out:

- the duties and principles that apply to all doctors
- the extra responsibilities that may only apply to some doctors (for example, doctors with management or leadership responsibilities at a personal, team, organisation or policy level). This may include doctors working in formal management roles, such as clinical or medical directors, or doctors who are responsible for supervising and managing staff, resources and services.

* See footnote on page 4 for a discussion of the judgment in Remedy UK Ltd.

How this guidance applies to you

In this guidance, 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 follow this guidance.

You must be prepared to explain and justify your decisions and actions. Serious or persistent failure to follow this guidance will put your registration, and so your right to practise medicine in the UK, at risk.

Duties of a doctor in the workplace

- 1** Doctors make an important contribution to the management and leadership of health services and the delivery of healthcare across the UK as part of a multidisciplinary team. All doctors have some responsibilities for using resources; many will also lead teams or be involved in supervising colleagues.

- 2** The primary duty of all doctors is for the care and safety of patients. Whatever their role, doctors must do the following.
 - a** Engage with colleagues* to maintain and improve the safety and quality of patient care.

 - b** Contribute to discussions and decisions about improving the quality of services and outcomes.

 - c** Raise and act on concerns about patient safety.

 - d** Demonstrate effective team working and leadership.

 - e** Promote a working environment free from unfair discrimination, bullying and harassment, bearing in mind that colleagues and patients come from diverse backgrounds.

 - f** Contribute to teaching and training doctors and other healthcare professionals, including by acting as a positive role model.

 - g** Use resources efficiently for the benefit of patients and the public.

* Those you work with, including managers of services, whether or not they are also doctors.

Working with colleagues

Leadership

All doctors

- 3 Most doctors work in multidisciplinary teams. The work of these teams is primarily focused on the needs and safety of patients. The formal leader of the team is accountable for the performance of the team, but the responsibility for identifying problems, solving them and taking the appropriate action is shared by the team as a whole.*
- 4 You must be willing to work with other people and teams to maintain and improve performance and change systems where this is necessary for the benefit of patients.
- 5 You should respect the leadership and management roles of other team members, including non-medical colleagues.

* The Medical Leadership Competency Framework sets out a description of the competences in shared leadership for all doctors – www.institute.nhs.uk/medicalleadership.

Respect for colleagues

All doctors

- 6** It is essential for good and safe patient care that doctors work effectively with colleagues from other health and social care disciplines, both within and between teams and organisations. Whatever the composition of the teams you work in, you must respect and value each person's skills and contribution.

- 7** You must tackle discrimination where it arises and encourage your colleagues to do the same. You must treat your colleagues fairly and with respect. You must not bully or harass them or unfairly discriminate against them. You should challenge the behaviour of colleagues who do not meet this standard.

- 8** You must follow and keep up to date with your organisation's policies about employment, equality and diversity. You must get advice on these issues if you need it.

Doctors with extra responsibilities

- 9** You must actively advance equality and diversity by creating or maintaining a positive working environment free from discrimination, bullying and harassment. You must make sure that your organisation's policies on employment and equality and diversity are up to date and reflect the law.*

Communication within and between teams

- 10** Multidisciplinary teams can bring benefits to patient care when communication is timely and relevant, but problems can arise when communication is poor or responsibilities are unclear.

All doctors

- 11** You must make sure that you communicate relevant information clearly to:
- a** colleagues in your team
 - b** colleagues in other services with which you work
 - c** patients and those close to them in a way that they can understand, including who to contact if they have questions or concerns. This is particularly important when patient care is shared between teams.

* For example, you must make sure policies accurately reflect employment and related legislation, including the Equality Act 2010 – www.legislation.gov.uk/ukpga/2010/15. If you are working in Northern Ireland, see *The Gaps between GB and NI Equality Law* (January 2011), which sets out the differences between the legislative framework and protections in Northern Ireland – www.equalityni.org/archive/pdf/equalityact2010gapsinNI2011.pdf.

- 12** You should not assume that someone else in the team will pass on information needed for patient care. You should check if you are unclear about the responsibility for communicating information, including during handover, to members of the healthcare team, other services involved in providing care and patients and those close to them.
- 13** You should encourage team members to cooperate and communicate effectively with each other and other teams or colleagues with whom they work. If you identify problems arising from poor communication or unclear responsibilities within or between teams, you should take action to deal with them.

Doctors with extra responsibilities

- 14** You must provide necessary and timely information to those you manage so they can carry out their roles effectively. You should also pass on any relevant information to senior managers and make sure that arrangements are in place for relevant information to be passed on to the team promptly.
- 15** You must be satisfied that systems are in place to communicate information about patient care.

Responsibility and accountability

16 Whether you have a management role or not, your primary duty is to patients. Their care, dignity and safety must be your first concern. You also have a duty to the health of the wider community, your profession, your colleagues and the organisation in which you work.

All doctors

17 You should establish clearly with your employer the scope of your role and the responsibilities it involves, including non-clinical responsibilities. You should raise any issues of ambiguity or uncertainty about responsibilities, including in multidisciplinary or multi-agency teams, to clarify:

- a** supervision arrangements for staff and lines of accountability for the care provided to individual patients (for more information on supervision see paragraphs 60–62 of this guidance)
- b** who should take on leadership roles or line-management responsibilities
- c** where responsibility lies for the quality and standard of care provided by the team.

Doctors with extra responsibilities

18 If you are responsible for leading or managing a team, you must make sure that staff are clear about:

- a** their individual and team roles and objectives
- b** their personal and collective responsibilities for patient and public safety
- c** their personal and collective responsibilities for honestly recording and discussing problems.

19 You should:

- a** contribute to setting up and maintaining systems to identify and manage risks in the team's area of responsibility
- b** make sure that all team members have an opportunity to contribute to discussions
- c** make sure that team members understand the decisions taken and the process for putting them into practice
- d** make sure that each patient's care is properly coordinated and managed.

- 20** You are accountable to the GMC for your own conduct and any medical advice you give. This includes while you serve as a member of a decision-making body for a health or social care organisation, such as a hospital or health board.
- 21** If, as a member of a board or similar body, you are concerned that a decision would put patients or the health of the wider community at risk of serious harm, you should raise the matter promptly with the chair. You must also ask for your objections to be formally recorded and you should consider taking further action in line with our guidance in *Raising and acting on concerns about patient safety*¹.

Maintaining and improving standards of care

Reflecting on your practice

All doctors

- 22** You should regularly reflect on your own performance, your professional values and your contribution to any teams in which you work. You should ask for, and be prepared to act on, feedback from colleagues and patients, including through the outcomes of audits, appraisals and performance reviews (see paragraphs 30–32), and through patient complaints and comments.

Doctors with extra responsibilities

- 23** Leading by example, you should promote and encourage a culture that allows all staff to contribute and give constructive feedback on individual and team performance. You should make sure that systems are in place to achieve this.

Ensuring high standards of care

- 24** Early identification of problems or issues with the performance of individuals, teams or services is essential to help protect patients.

All doctors

- 25** You must take part in regular reviews and audits of the standards and performance of any team you work in, taking steps to resolve any problems.
- 26** You should be familiar with, and use, the clinical governance and risk management structures and processes within the organisations you work for or to which you are contracted. You must also follow the procedure where you work for reporting adverse incidents and near misses. This is because routinely identifying adverse incidents or near misses at an early stage, can allow issues to be tackled, problems to be put right and lessons to be learnt.
- 27** You must follow the guidance in *Good Medical Practice*² and *Raising and acting on concerns about patient safety*¹ when you have reason to believe that systems, policies, procedures or colleagues are, or may be, placing patients at risk of harm.

Doctors with extra responsibilities

- 28** If you have a management role or responsibility, you must make sure that systems are in place to give early warning of any failure, or potential failure, in the clinical performance of individuals or teams. These should include systems for conducting audits and considering patient feedback. You must make sure that any such failure is dealt with quickly and effectively.
- 29** If you are managing or leading a team, you should make sure that systems, including auditing and benchmarking, are in place to monitor, review and improve the quality of the team's work. You must work with others to collect and share information on patient experience and outcomes. You must make sure that teams you manage are appropriately supported and developed and are clear about their objectives.

Performance review and revalidation

All doctors

- 30 You should be familiar with the individual performance review process in all the organisations in which you work.
- 31 You must take part in annual appraisals and you must make sure that your appraisal covers your whole practice, including any non-clinical roles.
- 32 If you hold a licence to practise, you must take part in revalidation.

Doctors with extra responsibilities

- 33 You must make sure that staff you manage, including doctors in sessional and other non-training posts, have enough time to prepare for their appraisals or performance reviews and that they have the opportunity to complete them fully and on time.
- 34 You must be honest and objective and keep to the principles of equality and diversity when appraising or assessing colleagues' performance. This includes when assessing trainees during the Annual Review of Competence Progression (ARCP) or other equivalent process. The safety of patients and the public could be put at risk if you make false, exaggerated or incomplete comments about another professional's competence or experience.

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- 35** You should support staff you manage to complete learning and development activities identified by appraisals or performance reviews.
 - 36** If you appraise or assess colleagues, you should make sure that you have the appropriate knowledge and skills. You should make sure that any staff you manage who also carry out appraisals have the knowledge and skills to do so, and are given regular feedback on how they perform this role.
 - 37** If you are responsible for designing and delivering services, you should make sure that there is an appropriate appraisal or performance review process in place and that staff understand and follow it. You should also make sure that there are ways of dealing with any problems that appraisals bring to light. If the appraisal process includes clinical academic staff, you should make sure it follows the Follett principles.³
 - 38** If you are a responsible officer within a designated body, you will have extra responsibilities as set out in the relevant regulations⁴ and you must take account of any guidance produced by the departments of health⁵ or your organisation.

Keeping up to date

All doctors

- 39** You must keep your skills and knowledge up to date in all areas of your work, whether in a clinical or non-clinical setting.

- 40** You must keep up to date with, and follow, the laws and statutory codes of practice relevant to your particular responsibilities and location* and you should get expert advice when you need it. You must be familiar with the relevant guidelines and developments that affect your work and use them to help you with your practice.

Information governance

- 41** Doctors need accurate, up-to-date and accessible information to deliver good and safe care to patients. Patients need to understand how information about them will be collected, stored and used and how their confidentiality and privacy will be protected. Good information governance systems can help to achieve this and contribute to providing high quality and safe care. They can also provide valuable information to allow teams and services to improve the quality and safety of care they deliver. All doctors have a role to play in contributing to these systems.

* For example, you must be familiar with the Equality Act 2010, Data Protection Act 1998 and relevant employment legislation.

All doctors

- 42 You must keep accurate and clear patient records following the advice in *Good Medical Practice*.² You should make sure that non-clinical records you keep, including financial records, are clear, accurate and up to date.
- 43 You must follow the guidance in *Confidentiality* on protecting information and disclosing information for patient care or secondary purposes.⁶
- 44 You should be familiar with, and follow, the confidentiality, data protection and record management policies and procedures where you work and know where to get advice on these issues.

Doctors with extra responsibilities

- 45 If you are responsible for managing patient records or other patient information, you must follow the specific guidance for managers on protecting information set out in *Confidentiality*.⁷
- 46 You must make sure that any other records you are responsible for, including financial, management or human resources records, or records relating to complaints, are kept securely and are clear, accurate and up to date.
- 47 You must make sure that records you are responsible for are made, stored, transferred and disposed of in line with the Data Protection Act 1998 and other relevant legislation.

Employment

- 48** If you are involved in any aspects of employing staff such as recruiting, promoting or rewarding staff, including sitting on appointment or reward committees, you must work within your professional values and your organisation's policies and procedures, and observe the principles of fairness, equality and diversity.

Recruitment, rewards and compensation

All doctors

- 49** When applying for posts, you must always be open and honest about your experience, qualifications and current employment status.
- 50** When applying for and accepting posts, you must follow the guidance in *Good Medical Practice*² and in *Taking up and ending appointments*⁸, bearing in mind how your decisions may affect patient safety.

Doctors with extra responsibilities

- 51** If you have specific responsibility for recruitment, promotion or other staff rewards or compensation, you must make sure that the process is fair and transparent, and that decisions are based on objective criteria.
- 52** You must make sure you have, and anyone you appoint to take part in these activities has, the skills and competence needed and the opportunity to undertake appropriate training, including in relation to equality, diversity and non-discrimination in employment matters.

Induction and mentoring

53 Understanding the systems in place and how an organisation operates helps to make sure that doctors can deliver safe, effective and efficient care to patients as soon as they start a new job. Induction and mentoring schemes and access to other support mechanisms are important ways of achieving this. While important for all doctors, this may be particularly important for doctors if they are new to clinical practice, have trained outside the UK⁹ or are taking on a role in a new area or at a higher level.

Induction

All doctors

54 You must take part in the induction offered by your employer when you join an organisation or move into a new role. You should also contribute to the induction of colleagues when asked.

Doctors with extra responsibilities

55 You must make sure that any new doctor or other healthcare professional you manage is offered relevant induction and that induction policies and procedures contain information that is relevant, accessible and proportionate to the doctor's role and length of employment within your organisation.

Mentoring

All doctors

- 56** You should be willing to take part in a mentoring scheme offered by your employer.

Doctors with extra responsibilities

- 57** You should be willing to take on a mentoring role for more junior doctors and other healthcare professionals.
- 58** If you have agreed to act as a mentor, you must make sure that you are competent to take on the role and that you can fulfil your responsibilities, including undertaking appropriate training and keeping your skills up to date. You must be clear about the aims and purpose of the mentoring, the scope of your role as a mentor and your availability to provide advice and support when needed.
- 59** You must make sure that staff who are new to an organisation or are moving into a new role have access to an appropriate mentoring arrangement*, where relevant, depending on the nature of their clinical practice and their responsibilities.^{10, 11, 12}

* The Standing Committee on Postgraduate Medical and Dental Education (1998) *Supporting doctors and dentists at work: an inquiry into mentoring* London, SCOPME, described mentoring as:

'The process whereby an experienced, highly regarded, empathic person (the mentor), guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development. The mentor who often, but not necessarily, works in the same organisation or field as the mentee, achieves this by listening and talking in confidence to the mentee.'

Supervision

All doctors

- 60** You must recognise and work within the limits of your competence and you must make sure, to the best of your ability, that you are appropriately supervised for any task you perform. You must be willing to ask for advice and support from colleagues when necessary.

Doctors with extra responsibilities

- 61** You must make sure that the people you manage have appropriate supervision, whether through close personal supervision (for junior doctors, for example) or through a managed system with clear reporting structures.
- 62** If you are responsible for supervising staff, whatever your role, you must understand the extent of your supervisory responsibilities, give clear instructions about what is expected and be available to answer questions or provide help when needed. You must support any colleagues you supervise or manage to develop their roles and responsibilities by appropriately delegating tasks and responsibilities. You must be satisfied that the staff you supervise have the necessary knowledge, skills and training to carry out their roles.

Teaching and training

All doctors

- 63** Many of the skills of being a doctor can be learnt only by specific, on the job training in the work placements begun at medical school and continuing through the early postgraduate years. Every doctor who comes into contact with trainee doctors, medical students and other healthcare professionals in training should act as a positive role model in their behaviour towards patients, colleagues and others.
- 64** If you are formally involved in teaching in the workplace – for example, teaching trainee doctors on placements – you must develop the skills, attitudes and practices of a competent teacher. This includes respecting cultural diversity and making reasonable adjustments for those with a disability without affecting patient safety or educational outcomes.

Doctors with extra responsibilities

- 65** If you are responsible for managing teaching and training in your organisation, you must make sure:
- a** Only people with the appropriate knowledge, skills and attitudes carry out any teaching and training for which you are responsible.
 - b** There are enough staff members from appropriate disciplines, and with the necessary skills and experience*, to deliver teaching and training and to support the learning and development of trainees and students.
 - c** Systems are in place to identify and record the educational and training needs of students, trainees and staff, including locums, so that the best use is made of the time and resources available for keeping knowledge and skills up to date.
 - d** An appropriate environment for training is provided, including by implementing reasonable adjustments to meet individual trainees' needs in line with the Equality Act 2010.¹³
 - e** You provide opportunities for those you manage to keep up to date and develop their skills as teachers and trainers, and make sure that there are systems in place for regular feedback and appraisal of those skills.

* GP trainers are required to be approved under section 34(1) of the Medical Act 1983.

Grievance, performance and health

Grievance

All doctors

- 66** You should understand the difference between a personal grievance, that is a complaint about your own employment situation, and a concern about a risk, malpractice or wrongdoing that affects others. This is particularly important if patients or members of the public are at risk of harm.* It can sometimes be difficult to separate personal grievances from a concern about patient safety. If these overlap, you should acknowledge any personal grievance that may arise from the situation, but focus on patient safety.† You should as far as possible make sure you use the correct procedure to make your personal grievance known or raise your concern.‡
- 67** If you have a personal grievance that you cannot resolve informally, you should follow your organisation's grievance procedure. If you have a concern about patient safety, you must follow the guidance in *Raising and acting on concerns about patient safety*¹.

* A more detailed discussion on the difference between a personal grievance and raising a concern can be found in *Speak up for a healthy NHS* – www.pcaw.co.uk/policy/policy_pdfs/SpeakupNHS.pdf.

† For further information see *Raising and acting on concerns about patient safety*.¹

‡ For further information see *Speak up for a healthy NHS* – www.pcaw.co.uk/policy/policy_pdfs/SpeakupNHS.pdf.

Doctors with extra responsibilities

- 68** You should help staff you manage to identify the appropriate procedure for dealing with their personal grievance or concern about patient safety.

Performance and health

All doctors

- 69** You must make sure that your own health does not put patients at risk and you must follow the guidance in *Good Medical Practice*² on doctors' responsibilities in relation to their own health.
- 70** You should be aware that poorly performing colleagues may have health problems and respond constructively where this is the case. You should encourage such colleagues to seek and follow professional advice and offer them appropriate help and support. You must not unfairly discriminate against colleagues because of an issue related to their health or a disability.
- 71** You should, as far as possible, support colleagues who are experiencing performance problems.
- 72** But, in all cases, you should remember your duty to raise concerns where you believe a colleague may not be fit to practise or may otherwise pose a risk of serious harm to patients.¹

Doctors with extra responsibilities

- 73** You must promote the health and wellbeing of staff you manage.
- 74** You must make sure that there are clear and effective procedures for responding to concerns about colleagues' conduct, performance or health. This includes referring them to occupational health or other services, where appropriate, and making sure that staff are aware of these procedures.
- 75** You should be prepared to discuss constructively and sympathetically any work problems that the people you manage may have. You must deal supportively and, where possible, openly with problems in the conduct, performance or health of people you manage.¹⁴
- 76** You must make sure that people you manage have access to support for any health or performance problems they have. You must make sure that people are not unfairly discriminated against because of their health or disability.
- 77** You must make sure that you respond appropriately to requests for reasonable adjustments for staff with a disability or health condition in line with the Equality Act 2010.

Writing references

- 78** If you have been asked to or have agreed to write a reference for a colleague, you must follow the guidance in *Writing references*¹⁵.

Planning, using and managing resources

All doctors

- 79** Whatever your role or level in your organisation, whether you are a junior, non-training grade or other doctor, you should be willing to demonstrate leadership in managing and using resources effectively. This means that you should be prepared to contribute to discussions and decisions about:
- a** allocating resources and setting priorities in any organisation in which you work
 - b** commissioning services for the wider population of patients.
- 80** You should have enough understanding of how finances are allocated and managed in the services in which you work to help with your role in committing resources for the benefit of patients.
- 81** To minimise waste, improve services and promote the effective use of resources, you should take financial responsibility for delivering your service at a level appropriate to your role. You should understand the roles and policies of local and, where relevant, regional and national agencies involved in healthcare if they affect your role as a doctor.

Doctors with extra responsibilities

- 82** If you are responsible for managing resources, or commissioning or delivering health services, you should have detailed knowledge of how management processes work and how they affect the delivery of patient care.

- 83** You must make sure that you are competent and have the necessary training or advice for any financial responsibilities that are part of your role. You must make sure that those you manage have the necessary skills and advice to fulfil their roles.

Allocating resources

- 84** All doctors must make the care of patients their first concern. However, the treatment options that can be offered to patients may be affected by limits on resources.

All doctors

- 85** If you make decisions about access to treatments on a case by case basis, without referring to agreed policy or guidelines, you risk introducing elements of unfair discrimination or may fail to consider properly the patient's other legal rights. When making decisions about using resources, you must do the following.
- a** Provide the best service possible within the resources available, taking account of your responsibilities towards your patients and the wider population.
 - b** Be familiar with any local and national policies that set out agreed criteria for access to a particular treatment.*

* For example, national service frameworks and National Institute for Health and Clinical Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) guidelines.

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- c Make sure that decisions about setting priorities that affect patients are fair and based on clinical need and the likely effectiveness of treatments, and are not based on factors that may introduce discriminatory access to care.*
 - d Be open and honest with patients[†] and the rest of the healthcare team about the decision-making process and the criteria for setting priorities in individual cases.
- 86** You should involve colleagues, including other healthcare professionals, in discussions about how to allocate wider resources. If issues or disputes about allocating resources arise, you should try to sort them out by discussing options with, for example, patients, the healthcare team, other colleagues (including other health and social care professionals) and managers. You should be open and honest with patients when resource constraints may affect the treatment options available.¹⁶

* For example, 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 socioeconomic status. For further information see the Equality Act 2010. If you are working in Northern Ireland, see *The Gaps between GB and NI Equality Law* (January 2011), which sets out the differences between the legislative framework and protections in Northern Ireland.

† And those close to the patient where the patient lacks capacity or has asked you to communicate with a family member, carer or friend.

Doctors with extra responsibilities

- 87** If you have a management role or responsibility, you will often have to make judgements about competing demands on available resources. When making these decisions, you must consider your primary duty for the care and safety of patients. You must take account of any local and national policies that set out agreed criteria for access to particular treatments and allocating resources, and make sure that these policies are available to clinical staff.
- 88** If you are concerned about how management decisions might conflict with your primary duty to patients, you must take steps to manage or deal with any conflict; for example, by:
- a** asking for colleagues' advice
 - b** declaring the conflict to your board or other decision-making body
 - c** asking for advice from external professional or regulatory bodies, including defence organisations, if necessary.

Honesty, integrity and conflicts of interest

All doctors

89 If you have financial or other personal interests in organisations providing health or social care, or in products used in health or social care, you must follow the advice in *Conflicts of interest*¹⁷ and in *Good Medical Practice*².

Doctors with extra responsibilities

90 If you are responsible for managing and allocating funds or resources, you must make sure that they are used for the purposes they were intended for and are clearly and properly accounted for. You should also make sure that appropriate professional services, including audits, are commissioned when necessary.

91 You should make sure there are adequate systems in place to monitor financial and management information. You and those you manage should make full use of these systems, including when awarding contracts and managing waiting lists and service plans.

92 You must make sure that there are appropriate systems in place to make sure that actual or perceived conflicts of interests are managed in an open way, and in line with the guidance in *Conflicts of interest*¹⁷ and *Good Medical Practice*².

References

- 1 General Medical Council (2012) *Raising and acting on concerns about patient safety* London, GMC, available at www.gmc-uk.org/guidance
- 2 General Medical Council (2006) *Good Medical Practice* London, GMC, available at www.gmc-uk.org/guidance
- 3 Follett B, Paulson-Ellis M (2001) *A review of appraisal, disciplinary and reporting arrangements for senior NHS and university staff with academic and clinical duties* London, Department for Education and Skills, available at www.academicmedicine.ac.uk/uploads/folletreview.pdf
- 4 *Medical Profession (Responsible Officers) Regulations 2010* (which cover England, Wales and Scotland) or the *Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010*
- 5 Department of Health (England 2010) *The Role of the Responsible Officer – Closing the gap in Medical Regulation – Responsible Officer Guidance*, Department of Health, available at www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119418.pdf. At the time of printing, no additional guidance had been published by the departments of health in Northern Ireland, Scotland and Wales
- 6 General Medical Council (2009) *Confidentiality* London, GMC, paragraphs 12–16 (Protecting information) and 24–32 (Disclosing information), available at www.gmc-uk.org/guidance

-
- 7 General Medical Council (2009) *Confidentiality* London, GMC, paragraph 15 (Protecting information), available at www.gmc-uk.org/guidance
 - 8 General Medical Council (2008) *Taking up and ending appointments* London, GMC, available at www.gmc-uk.org/guidance
 - 9 Slowther A et al (2009) *Non UK qualified doctors and Good Medical Practice: the experience of working within a different professional framework* University of Warwick, available at www.gmc-uk.org/about/research/research_commissioned_3.asp
 - 10 Department of Health and Doctors' Forum (2004) *Mentoring for doctors: signposts to current practice for career grade doctors* Department of Health, available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089395
 - 11 Royal College of Psychiatrists (2008) *Mentoring and coaching* Occasional paper, London, Royal College of Psychiatrists, available at www.rcpsych.ac.uk/files/pdfversion/OP66x.pdf
 - 12 Royal College of Surgeons of England (2011) *Locum surgeons: principles and standards*, London, Royal College of Surgeons England, available at www.rcseng.ac.uk/publications/docs/locum-surgeons-principles-and-standards

- 13 General Medical Council (2011) *Gateways to the professions: advising medical schools: encouraging disabled students* London, General Medical Council, available at www.gmc-uk.org/education/undergraduate/gateways_guidance.asp
- 14 General Medical Council (2009) *Confidentiality* London, GMC, available at www.gmc-uk.org/guidance
- 15 General Medical Council (2012) *Writing references* London, GMC, available at www.gmc-uk.org/guidance
- 16 General Medical Council (2008) *Consent: patients and doctors making decisions together* London, GMC, paragraph 9(l), available at www.gmc-uk.org/guidance
- 17 General Medical Council (2008) *Conflicts of interest* London, GMC, available at www.gmc-uk.org/guidance

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