

Good Psychiatric Practice

3rd edition

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- Core attributes – good psychiatrists
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- Teaching, training, appraising and assessing
- Relationships with patients
- Consent
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Royal College of **Psychiatrists**

College Report CR154

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3rd edition

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Introduction

Good Psychiatric Practice sets out standards of practice for psychiatrists. It is aligned to the General Medical Council's (GMC's) *Good Medical Practice* (2006), the standards for all medical practitioners. In this edition, the GMC standards for *Good Medical Practice* (2006) are followed by the additional standards required for good psychiatric practice. Repetition of standards is avoided where possible. *Good Medical Practice* (2006) is not reproduced in full in this document and is available at www.gmc-uk.org/guidance/good_medical_practice/index.asp.

CR154 replaces the second edition of *Good Psychiatric Practice* (CR125). The document has been revised with the GMC's approach to revalidation in mind. The standards set out in *Good Psychiatric Practice* are those psychiatrists will need to meet for recertification in the UK. Reference is also made to legal principles relevant to the UK. The standards of practice do, however, apply to members of the Royal College of Psychiatrists, or other psychiatrists, whatever their grade, whatever the clinical setting and wherever they are practising.

Good Psychiatric Practice does not set out the competencies of psychiatric practice, nor those of the practice of subspecialties. Competencies are detailed in the competency based curriculum available on the College website (www.rcpsych.ac.uk/training/curriculum.aspx)

For ease of reference and continuity, the framework of the document has been revised to follow that of *Good Medical Practice* (2006).

Good Psychiatric Practice should be read in conjunction with the following guidance documents published by the College in the *Good Psychiatric Practice* series. The dates and references of these documents will change over time.

- *Good Psychiatric Practice: Confidentiality and Information Sharing* (CR133) (2006)
- *Vulnerable Patients, Safe Doctors: Good Practice in our Clinical Relationships* (CR146) (2007)
- *Sexual Boundary Issues in Psychiatric Settings* (CR145) (2007)
- *Good Psychiatric Practice: Continuing Professional Development* (CR90) (2001)
- *Good Psychiatric Practice: Relationships with Pharmaceutical and Other Commercial Organisations* (CR148) (2008)
- *Court Work* (CR147) (2008)

The above reports, and many others, are available in PDF format on the College's website at www.rcpsych.ac.uk/publications/collegereports/college-reports.aspx. Some reports have been printed, and hard copies of these are available for purchase from the College's Book Sales Office.

The duties of a doctor registered with the GMC

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 the 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.

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.

Core attributes – good psychiatrists

Patients, their carers, their families and the public need good psychiatrists. Good psychiatrists make the care of their patients their first concern: they are competent; keep their knowledge up to date; are able and willing to use new research evidence to inform practice; establish and maintain good relationships with patients, carers, families and colleagues; are honest and trustworthy, and act with integrity. Good psychiatrists have good communication skills, respect for others and are sensitive to the views of their patients, carers and families.

A good psychiatrist must be able to consider the ethical implications of treatment and clinical management regimes. The principles of fairness, respect, equality, dignity and autonomy are considered fundamental to good ethical psychiatric practice. A good psychiatrist will take these issues into account when making decisions, and will need to pay particular attention to issues concerning boundaries and the vulnerability of individual patients. A good psychiatrist will not enter into a relationship with a patient or with someone who has been a patient.

Unacceptable psychiatric practice will include failure to adhere to the standards set in this document.

Good clinical care

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.
- 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 investigations 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.

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.

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.

RAISING CONCERNS ABOUT PATIENTS' 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 taken to try to resolve them.

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.
- 8 If carrying out a 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.
- 9 You must give priority to the investigation and treatment of patients on the basis of clinical need, when such decisions are in 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.

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.

Good clinical care

Good psychiatric practice involves providing the best level of clinical care that is commensurate with training, experience and the resources available. It involves the ability to formulate a diagnosis and management plan based on often complex evidence from a variety of sources. Good psychiatric practice involves the particular skills of being a good listener and good communicator.

ENSURING GOOD CLINICAL CARE

- 1 A psychiatrist must undertake competent assessments of patients with mental health problems and must:
 - (a) be competent in obtaining a full and relevant history that incorporates developmental, psychological, social, cultural and physical factors, and:
 - i be able to gather this information in difficult or complicated situations
 - ii in situations of urgency, prioritise what information is needed to achieve a safe and effective outcome for the patient
 - iii seek and listen to the views and knowledge of the patient, their carers and family members and other professionals involved in the care of the patient
 - (b) have knowledge of:
 - i human development and developmental psychopathology, and the influence of social factors and life experiences
 - ii gender and age differences in the presentation and management of psychiatric disorders
 - iii biological and organic factors present in many psychiatric disorders
 - iv the impact of alcohol and substance misuse on physical and mental health
 - (c) be competent in undertaking a comprehensive mental state examination
 - (d) be competent in evaluating and documenting an assessment of clinical risk, considering harm to self, harm to others, harm from others, self-neglect and vulnerability
 - (e) be competent in determining the necessary physical examination and investigations required for a thorough assessment
 - (f) ensure that they are competent and trained, where appropriate, in the use of any assessment or rating tools used as part of the assessment.

- 2 A psychiatrist must demonstrate a consultation style that fosters a therapeutic alliance with the patient and, where appropriate, their carers and families, and must:
 - (a) endeavour to maximise patient participation in assessment and treatment planning
 - (b) communicate effectively with patients, carers and families using verbal, non-verbal and written skills as appropriate, taking into account whatever additional support may be required to meet any language or communication needs.
- 3 In making the diagnosis and differential diagnosis, a psychiatrist should use a widely accepted diagnostic system.
- 4 A psychiatrist must appropriately assess situations where the level of disturbance is severe and risk of adverse events, such as injury to self or others, or harm from others, may be high, and take appropriate clinical action.
- 5 A psychiatrist must work with patients, carers and the multidisciplinary team to make management decisions that balance risks to the patient or the public with the desire to facilitate patient independence. This should involve consideration of positive therapeutic risk-taking.
- 6 A psychiatrist must ensure that treatment is planned and delivered effectively, and must:
 - (a) formulate a care plan that relates to the patient's goals, symptoms, diagnosis, risk, outcome of investigations and psychosocial context; this should be carried out in conjunction with, and agreed with, the patient, unless this is not feasible
 - (b) if the treatment proposed is outside existing clinical guidelines or the product license of medication, discuss and obtain the patient's agreement, and where appropriate, the agreement of carers and family members
 - (c) involve detained patients in treatment decisions as much as possible, taking into account their mental health and the need to provide treatment in their best interests
 - (d) recognise the importance of family and carers in the care of patients, share information and seek to fully involve them in the planning and implementation of care and treatment, having discussed this with and considered the views of the patient.
- 7 A psychiatrist must have specialist knowledge of treatment options in the clinical areas within which they are working and, more generally, knowledge of treatment options within mental health. The psychiatrist must:

- (a) ensure that treatments take account of clinical guidance available from relevant bodies/the College/scientific literature, and be able to justify clinical decisions outside accepted guidance
 - (b) have knowledge or, when needed, seek specialist advice in the prescribing of psychotropic medication; in so doing, the psychiatrist must have an understanding of the effects of prescription drugs, both beneficial and adverse
 - (c) have knowledge of the basic principles of the major models of psychological treatments, and only undertake psychological interventions within their competence
 - (d) understand the range of clinical interventions available within mental health services and arrange referrals where appropriate to the needs of the patient
 - (e) have sufficient knowledge and skills of psychiatric specialties other than their own in order to be able to provide emergency assessment, care and advice in situations where specialist cover is not immediately available.
- 8 A psychiatrist must refer patients to other services or colleagues as indicated by clinical need and local protocols:
- (a) the psychiatrist should facilitate the smooth transfer of care between services, and provide a comprehensive summary of the clinical case to the receiving doctor/professional to enable them to take over the safe management and treatment of the patient
 - (b) when discharging from care, the psychiatrist should inform the patient, the referrer and the primary care team about the possible indications for future treatment and how to access help in future
 - (c) if there are disagreements or difficulties about transfer arrangements, the psychiatrist must ensure that the safety of the patient and others remains the first concern and must facilitate the swift resolution of any difficulties.
- 9 A psychiatrist must recognise the limits of their own competence, and value and utilise the contribution of peers, multidisciplinary colleagues and others as appropriate.
- 10 A psychiatrist should seek and carefully consider advice, assistance or a second opinion if there are uncertainties in diagnosis and management, or if there is conflict between the clinical team and the patient or their carer and family.
- 11 A psychiatrist should be readily accessible to patients and colleagues when on duty.

- 12 A psychiatrist must maintain knowledge of current mental health and other legislation as it applies to psychiatric practice, ensuring that it is applied appropriately in clinical practice.
- 13 A psychiatrist must provide care that does not discriminate and is sensitive to issues of gender, ethnicity, colour, culture, lifestyle, beliefs, sexual orientation, age and disability.
- 14 A psychiatrist must maintain a high standard of record-keeping:
 - (a) good psychiatric practice involves keeping complete and understandable records and adhering to the following:
 - i handwritten notes must be legible, dated and signed with the doctor's name and title printed
 - ii electronic records must be detailed, accurate and verified
 - iii a record must be kept of all assessments and significant clinical decisions
 - iv the reasoning behind clinical decisions must be explained and understandable in the record and, if appropriate, an account of alternative plans considered but not implemented must be recorded
 - v the record should include information shared with or received from carers, family members or other professionals
 - vi notes must not be tampered with, changed or added to once they have been signed or verified, without identifying the changes, and signing and dating them.
 - (b) the psychiatrist should ensure that a process is in place to obtain and record in the clinical record patients' consent to share clinical information, and that this is completed for patients with whom they have direct contact and for whom they have clinical responsibility
 - (c) if the psychiatrist has agreed to provide a report, this must be completed in a timely fashion so that the patient is not disadvantaged by delay
 - (d) letters with details of the treatment plan should be provided to patients following a consultation.
- 15 A psychiatrist must communicate treatment decisions, changes in treatment plans and other necessary information to all relevant professionals and agencies, with due regard to confidentiality.

Maintaining good medical practice

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.

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

Lifelong learning is expected of all doctors. Patients rightly expect the knowledge and skills of a psychiatrist to be up to date. The process of remaining up to date is not only the demonstrable acquisition of information but also the establishment of a process of personal learning that enables a psychiatrist to maintain development, learning, competence and performance over the course of their professional career. As most psychiatrists work in teams, learning may be team based as well as individual. Psychiatrists should recognise that learning comes from a variety of methods. These include listening to the experiences of their patients and colleagues, reading journals, attending conferences, and learning from complaints and adverse incidents, from clinical audit and from the review of outcome measures.

MAINTAINING LIFELONG LEARNING

- 16 A psychiatrist must ensure that their continuing professional development (CPD) activities are at least equivalent to those that will allow them to be in good standing for CPD within the College. In particular, the psychiatrist should:
 - (a) undertake CPD activities that reflect the needs of their current and planned professional activities
 - (b) keep up to date with clinical advances relevant to their practice
 - (c) take advice from colleagues and from the appraisal process when determining their CPD activities
 - (d) be able to provide evidence of learning from private study and meetings attended, for example by documented reflection on the key learning points, and demonstrate that new knowledge is incorporated into clinical practice.
- 17 A psychiatrist must take part in and, where appropriate, lead on processes that aim to monitor and maintain the quality of clinical care and patient safety. In particular, the psychiatrist:
 - (a) should take part in quality monitoring programmes such as clinical audit, national audits, confidential inquiries, use of outcome measures, benchmarking and accreditation schemes
 - (b) should be knowledgeable about audit methodology and participate in clinical audit to measure and improve clinical care provided by themselves and their team
 - (c) should, where possible, work with colleagues to determine and monitor meaningful measures of clinical outcome

- (d) must approach adverse incidents and complaints that involve both themselves and their team as learning opportunities, reflecting on lessons to be learned and lessons to be shared
 - (e) must respond to the results of audit, quality monitoring programmes and investigations to improve practise, undertaking further training or professional development as appropriate.
- 18 A psychiatrist must participate in regular appraisal of their work in an open manner, using the appraisal process to guide their professional development.
 - 19 A psychiatrist must be up-to-date with the relevant law, codes of practice and statutory body regulations that govern medical practice, including Human Rights legislation, and legislation covering equality and diversity, and capacity.
 - 20 A psychiatrist must accept and actively participate in appropriate supervision of their clinical and other work.

Teaching, training, appraising and assessing

- 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.

Teaching, training, appraising and assessing

Teaching and training are an important aspect of the role of a psychiatrist. They involve teaching not only doctors and medical students but also other professionals and, where appropriate, members of the public.

STANDARDS FOR PSYCHIATRISTS INVOLVED IN TEACHING, TRAINING, APPRAISING AND ASSESSING

- 21 The content of teaching must provide an accurate representation of current knowledge in the area.
- 22 Information must be provided in a form suitable for the audience and be based on an understanding of the principles of education and learning.
- 23 Patients must be asked to consent before they are involved in teaching and training.
- 24 Written informed consent must be obtained before a patient's personal data are used for the purposes of public teaching, training or presentations.
- 25 Written informed consent must be obtained before the recording, including video recording, of patient interviews. Consent for any subsequent use or disclosure of the recording must be obtained.
- 26 Constructive criticism must be provided, when necessary, to improve performance and clinical skills.
- 27 As an appraiser, a psychiatrist must maintain high professional standards. In particular, the psychiatrist must ensure that:
 - (a) the appraisal is conducted in a way that facilitates the development of their colleague
 - (b) appropriate aspects of the appraisal process remain confidential, while at the same time raising concerns with others where this is necessary to ensure patient safety.

Relationships with patients

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 patient's 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.

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

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

The GMC gives further online ethical guidance in 0–18 years: *Guidance for All Doctors*.

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: Protecting and Providing Information*.

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.

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.

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 [of *Good Medical Practice*]. 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.

Relationships with patients

Good psychiatric practice and successful relationships between psychiatrists and patients depend on respect, openness, trust and good communication.

The need for psychiatrists to develop trusting relationships with patients may be more difficult where patients need to be detained against their wishes and/or treatments given without consent, or when concerns arise regarding the safeguarding of children and vulnerable adults.

It is also important for psychiatrists to develop trusting relationships with the carers and families of their patients when this is appropriate and with the agreement of the patient.

It may not be possible or appropriate for psychiatrists to provide, or refer on for, the treatment interventions requested by patients. The psychiatrist must at all times act in the best interests of the patient.

Particular attention must be paid to the vulnerability of some patients and to the need to maintain clear boundaries in professional relationships with all patients. The College has published detailed guidance on maintaining boundaries and on sexual boundary issues. Psychiatrists must be familiar with the following documents: *Vulnerable Patients, Safe Doctors: Good Practice in our Clinical Relationships* (CR146); *Sexual Boundary Issues in Psychiatric Settings* (CR145).

ESTABLISHING AND MAINTAINING TRUST AND GOOD COMMUNICATION

- 28 A psychiatrist must listen to the patient, ask for and respect their views, and must:
- (a) respect the patient's right to seek a second opinion
 - (b) respect the patient's right to decline to take part in teaching or research and ensure that refusal does not adversely affect care and treatment
 - (c) respect the patient's right to lodge a complaint or appeal, and ensure that this does not adversely affect care and treatment
 - (d) consider and explain to the patient the risks and benefits of acting in accordance with or against the patient's expressed wishes.
- 29 A psychiatrist must provide information, both verbal and written, to support patients in maintaining their health. In particular, the psychiatrist must:
- (a) provide information in understandable terms regarding diagnosis, treatment, prognosis and the support services available; this should recognise diversity of language, literacy and verbal skills

- (b) if any medication is prescribed, provide information about side-effects and, where appropriate, dosage, as well as relevant information should an off-license drug be recommended.
- 30 A psychiatrist must respect a patient's right to be accompanied, supported or represented by their choice of carer, family, friend or advocate.
- 31 When negotiating the aims and outcomes of treatment plans, a psychiatrist must recognise and respect the diversity of patients' lifestyles, including cultural issues, religious and spiritual beliefs, ambitions and personal goals.
- 32 A psychiatrist must take a child-centred, developmentally appropriate approach to engaging, assessing and communicating with children that is at the same time respectful of their parents, family and carers.
- 33 Following an incident of harm to a patient, a psychiatrist must explain fully and promptly to the patient, and family and carers where appropriate, what has happened and the likely long- and short-term effects of such harm. The psychiatrist should act immediately to put matters right if possible and, where appropriate, offer an apology:
- (a) in the case of an adult patient who lacks capacity, the explanation should be given to a person with responsibility for the care and welfare of the patient, or the patient's partner, close relative or a friend who has been involved in the care of the patient, unless there is reason to believe the patient would have objected to the disclosure
 - (b) in the case of children, the incident should be explained to those with parental responsibility and to the child if the child has the maturity to understand the issues.

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.

Psychiatrists often decide on treatment options, and also on detention of patients, where the patient is either unwilling to consent or lacks capacity to make a judgement. Psychiatrists must ensure that the principle of fairness informs all their decisions concerning patients, irrespective of the patient's age or capacity.

GOOD PSYCHIATRIC PRACTICE IN RELATION TO CONSENT

- 34 A psychiatrist must participate in hearings and tribunals, and other similar activities that protect the rights of the patient, in a timely and appropriate manner, ensuring adherence to mental health legislation relating to consent to treatment and detention. The psychiatrist must provide written reports as required.
- 35 A psychiatrist must engage the patient and, where appropriate, carers, family members and patient advocates (particularly any person with the right to consent for the patient) in full and open discussions about treatment options.
- 36 Where patients have capacity to make a decision, a psychiatrist must ensure that the patient's valid consent to any proposed treatment is sought and their decision recorded.
- 37 A psychiatrist must demonstrate an awareness of the rights of children and the responsibilities of parents when deciding on treatment options.
- 38 Where the issues are complex, unclear or beyond their competence, a psychiatrist must seek legal advice and a second opinion.

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 with *Confidentiality: Protecting and providing information*.

Patients have a right to expect that information about them will be held in confidence by psychiatrists. Information about patients must be treated as confidential. There will be circumstances when, in the best interest of the patient or the public, disclosure of confidential information without a patient's consent is considered. This includes disclosure of information to carers and families. In so doing, a psychiatrist must follow the GMC guidance *Confidentiality: Protecting and Providing Information* (in the ethical guidance series) and the detailed guidance in the College document *Good Psychiatric Practice: Confidentiality and Information Sharing* (CR133). A psychiatrist must have knowledge of and practise in accordance with the Data Protection Act, the policies and information-sharing protocols of employing and partner organisations, and seek the advice of the organisation's Caldicott Guardian as appropriate.

GOOD PSYCHIATRIC PRACTICE IN RELATION TO CONFIDENTIALITY

- 39 A psychiatrist must maintain up-to-date knowledge on issues relating to confidentiality and ensure that their practice is in accordance with current GMC advice.
- 40 A psychiatrist must acknowledge and consider the views of carers and family members, recognising the right of the patient to confidentiality but also recognising the right of carers and family members to share and highlight their concerns:
 - (a) the psychiatrist must ensure that the patient understands the benefits of sharing, and the risks of not sharing, information with their carers and family, acknowledging the important role that carers and family have in the patient's care and treatment, and of their need for information to fulfil this role
 - (b) when treating children or adults lacking capacity, particular attention needs to be given to relationships with carers, parents, family members and other professionals involved. Consideration should be given to sharing information in the best interests of the patient.
- 41 A psychiatrist must be aware when dealing with children that there may be situations in which disclosure ensures that the psychiatrist is acting in the overall best interests of the child.

Working with colleagues

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*.

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*.

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.

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.

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.

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.

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.

Working with colleagues

WORKING AS A MEMBER OF A TEAM

Most psychiatrists work as members of multidisciplinary teams. Psychiatrists should be aware of the key role that they often play in ensuring the success and good functioning of such teams. Whether or not psychiatrists have a formal leadership role within the team, they should use their skills and knowledge to ensure that the focus of the team is on the provision of high-quality care for patients. If a psychiatrist is responsible for leading a team, they must follow the GMC guidance in *Management for Doctors* (in the ethical guidance series).

Psychiatrists should recognise that although individual members of a team may have different roles, successful teams have shared goals. Psychiatrists should play a key role in formulating and delivering these shared goals by working collaboratively with their colleagues. Working in teams does not change personal accountability for professional conduct and the care provided. When working in a team, a psychiatrist should act as a positive role model to motivate and inspire colleagues.

The GMC has published guidance on delegation and referral as it applies to psychiatrists working within multidisciplinary or multi-agency teams in *Accountability in Multi-Disciplinary and Multi-Agency Mental Health Teams* (in the ethical guidance series). This is summarised in the following points.

- Psychiatrists should be competent in all aspects of their work, including: reviewing and auditing the standards of care they provide; training and supervising colleagues; and managing staff and the performance of the teams in which they work when they have management responsibility.
- Psychiatrists should ensure that the systems in which they are working provide a good standard of care to patients. If they cannot be satisfied that this is the case, they should draw the matter to the attention of their employing or contracting body.
- Psychiatrists should establish clearly with their employing or contracting body both the scope and the responsibilities of their role. This includes clarifying: lines of accountability for the care provided to individual patients; any leadership roles and/or line management responsibilities that they hold for colleagues or staff; and responsibilities for the quality and standards of care provided by the teams of which they are members. This is particularly important in circumstances in which responsibility for providing care is spread between a number of practitioners and/or different agencies.
- Doctors are not accountable for the decisions and actions of other clinicians. This means that when a psychiatrist delegates assessment,

treatment and care to a more junior doctor, the psychiatrist is not accountable to the GMC for the decision or actions of the junior doctor but is responsible for ensuring that the junior doctor is appropriately trained, experienced and supervised.

- Psychiatrists can delegate the care of patients for whom they have agreed to take responsibility. However, many psychiatrists work in systems that are not based on referral of patients to a specific consultant. Referrals are often made to multidisciplinary teams and decisions about allocation are made according to the team's policies. The responsibility for the care of the patients is distributed between the clinical members of the team. Consultant psychiatrists retain oversight of the group of patients allocated to their care. They are responsible for providing advice and support to the team. They are not accountable for the actions of other clinicians in the team. Nevertheless, they must do their best to ensure that arrangements are in place to monitor standards of care, and to identify potential or current problems. They should notify their employer about any unresolved concerns or problems.
- 42 A psychiatrist must work with colleagues in a collaborative way, having the best interests of the patient as a guiding principle, and must:
 - (a) have an understanding of the various professional roles within the team
 - (b) listen to, respect and take account of the opinions of colleagues in determining the care of patients
 - (c) work with colleagues to ensure that patients receive the best possible care within the resources available
 - (d) be willing to provide advice to colleagues when requested and where appropriate within their expertise.
 - 43 A psychiatrist must develop collaborative working relationships with other professionals based on mutual professional respect, facilitating an atmosphere within the team in which individual opinions and the diversity of team members are valued.
 - 44 A psychiatrist must treat colleagues fairly and with respect, seek to resolve professional difficulties and conflicts, and ensure that such difficulties do not impair patient care.
 - 45 A psychiatrist must acknowledge and work within the lines of accountability established in their own and partner organisations.
 - 46 A psychiatrist must set an example of good communication both within the team and with other agencies/professionals.
 - 47 If a psychiatrist has concerns about a colleague or other professional, the concerns should be raised in a considered and measured way.

- 48 A psychiatrist must work flexibly with colleagues in other teams, and must not be constrained by rigid demarcations, to provide care that is in the best interests of the patient.
- 49 A psychiatrist must provide sufficient information when making a referral to ensure that the receiving team is able to provide safe and complete management.

Working with management

For detailed guidance see *Management for Doctors*, in the GMC's ethical guidance series.

All doctors are responsible for the use of resources. Psychiatrists who take on management roles assume a responsibility for resources provided to groups of patients and cannot simply advocate on behalf of a single patient. This role needs to be recognised, valued and supported by colleagues. Many psychiatrists also lead teams or are involved in the supervision of colleagues. Most work in managed systems. Psychiatrists have responsibilities to their patients, employers and those who contract for their services. This means that psychiatrists are both managers and managed.

STANDARDS FOR PSYCHIATRISTS AS EMPLOYEES OR WORKING WITH MANAGERS IN A MANAGED SYSTEM

- 50 A psychiatrist must demonstrate respect for and an understanding of the different roles and responsibilities of clinical and non-clinical management colleagues.
- 51 A psychiatrist must work collaboratively with colleagues who have management responsibilities for healthcare in order to plan and deliver patient-focused services and to develop a clear articulation of the values and working practices of the multidisciplinary team.
- 52 A psychiatrist must support management colleagues in resolving difficult clinical situations and demonstrate awareness of the balance between the needs of an individual patient and the needs of the wider clinical service.
- 53 A psychiatrist must alert managers if there are concerns about the provision of patient care.
- 54 A psychiatrist must collaborate with managers in improving patient services and in seeking appropriate remedies for identified areas of concern.
- 55 A psychiatrist must be open to challenge and to peer review, and be prepared to justify and/or adjust clinical decisions in light of discussion.
- 56 A psychiatrist must fully cooperate with complaint and adverse incident investigations that involve themselves or their team, including the development and implementation of appropriate action plans.
- 57 A psychiatrist must maintain professional standards when reviewing a colleague's or team's clinical management or performance.

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*.

Research is important to improving the psychiatric care and treatment, and the mental well-being, of the population as a whole.

- 58 A psychiatrist must be aware of the importance of research in the understanding and treatment of mental illness.
- 59 A psychiatrist involved in designing, organising, supervising, conducting or publishing research must be aware of the associated issues regarding ethics, research and information governance, consent and publication, and probity.

Probity

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.

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.
- 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: Protecting and providing information*.
- 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.

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.
- 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.

HEALTH

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.

Probity

Probity is at the heart of medical and psychiatric professionalism. A psychiatrist must make sure that their conduct at all times justifies their patients' trust in them and the public's trust in the profession. It is of particular importance to maintain a high standard of practice and vigilance with regard to issues of probity when dealing with vulnerable children and adults.

A psychiatrist must be aware of and comply with equal opportunities legislation and work to ensure the ongoing development of antidiscriminatory practice, including challenge to stigma and cultural bias.

The College has published further guidance with regard to probity in relationships with pharmaceutical and other commercial organisation in *Good Psychiatric Practice: Relationships with Pharmaceutical and Other Commercial Organisations* (CR148).

PROBITY IN GOOD PSYCHIATRIC PRACTICE

- 60 A psychiatrist must be aware of the risks of accepting gifts from patients, seek advice if necessary, and declare gifts that are other than small tokens.
- 61 A psychiatrist must not accept gifts or inducements that could be seen as affecting judgement in making clinical decisions, be they of prescribing, treatment or referral.
- 62 A psychiatrist must provide references for staff that are fair, factually correct and do not omit relevant information, in particular performance or conduct issues.

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