

Good medical
practice

2024

General
Medical
Council

Good medical practice



Good medical practice

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You can find the latest version of all our professional standards at www.gmc-uk.org/guidance.

Contents

<i>Good medical practice</i>	1
About Good medical practice	4
What is <i>Good medical practice</i> ?	4
How to use <i>Good medical practice</i>	4
What are the professional standards?.....	5
How the professional standards relate to revalidation	5
How the professional standards relate to our fitness to practise process.....	5
The duties of medical professionals registered with the GMC.....	7
Domain 1: Knowledge, skills and development.....	8
Introduction	8
Being competent.....	8
Providing good clinical care	8
Maintaining, developing and improving your performance.....	10
Managing resources effectively and sustainably.....	10
Domain 2: Patients, partnership and communication.....	11
Introduction	11
Treating patients fairly and respecting their rights	11
Treating patients with kindness, courtesy and respect.....	12
Supporting patients to make decisions about treatment and care.....	12
Sharing information with patients	13
Communicating with those close to a patient.....	14
Caring for the whole patient.....	14
Safeguarding children and adults who are at risk of harm.....	15
Helping in emergencies.....	15
Making sure patients who pose a risk of harm to others can access appropriate care.....	15
Being open if things go wrong	15
Domain 3: Colleagues, culture and safety	17
Introduction	17
Treating colleagues with kindness, courtesy and respect	17
Contributing to a positive working and training environment.....	18

Demonstrating leadership behaviours.....	19
Contributing to continuity of care	20
Delegating safely and appropriately	20
Recording your work clearly, accurately, and legibly	21
Keeping patients safe	22
Responding to safety risks	22
Managing risks posed by your health	23
Domain 4: Trust and professionalism	24
Introduction	24
Acting with honesty and integrity.....	24
Maintaining professional boundaries	24
Communicating as a medical professional	25
Managing conflicts of interest	26
Cooperating with legal and regulatory requirements	26
Footnotes	28

About Good medical practice

What is *Good medical practice*?

Good medical practice sets out the principles, values, and standards of care and professional behaviour expected of all medical professionals registered with us. It is an ethical framework, which supports medical professionals to deliver safe care to a good standard, in the interests of patients.

We work closely with medical professionals, patients and others to develop *Good medical practice*, so it is a shared agreement of what the professional standards should be.

We use the term ‘medical professionals’ to describe all our registrants¹ who we address directly (as ‘you’) throughout this guidance.

Good medical practice is divided into four domains to make it easier to navigate. Each domain is equally important in describing what makes a good medical professional.

How to use *Good medical practice*

It’s your responsibility to be familiar with *Good medical practice* and the professional standards it contains, wherever you practise, whatever your field of medicine or practice setting.

But it isn’t a set of rules. You must use your professional judgement to apply the standards in *Good medical practice* to your day-to-day practice. This means working out which of the professional standards are relevant to the specific circumstances you are facing, and using your knowledge, skills and experience to follow them in that context.

If you do this, act in good faith and in the interests of patients, you’ll be able to explain and justify your decisions and actions.

We use the terms ‘you must’ and ‘you should’ in the following ways.

- ‘You must’ is used for a legal or ethical duty you’re expected to meet (or be able to justify why you didn’t).

¹ At the time of publication we regulate doctors. We are preparing to regulate Physician Associates and Anaesthesia Associates in the future, at which point this guidance will also apply to them.

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- 'You should' is used for duties or principles that either:
 - may not apply to you or to the situation you're currently in, or
 - you may not be able to comply with because of factors outside your control.

What are the professional standards?

Good medical practice is our core guidance on professional standards. It's supported by a range of more detailed guidance which expands on some of the standards set out in *Good medical practice*.

When we use the term 'professional standards' we mean *Good medical practice* and the more detailed guidance.

How the professional standards relate to revalidation

Revalidation supports you to develop your practice, drives improvements in clinical governance, and gives your patients confidence that you're up to date.

To maintain your licence to practise, you must continuously engage with local clinical governance systems, including annual appraisal. This will demonstrate that you're working in line with the principles, values and standards of care, and behaviour set out in the professional standards.

How the professional standards relate to our fitness to practise process

The professional standards describe good practice, and not every departure from them will be considered serious.

When a concern is raised with us about a medical professional, we must assess if that medical professional poses any current and ongoing risk to one or more of the three parts of public protection:

- protecting, promoting and maintaining the health, safety and wellbeing of the public
- promoting and maintaining public confidence in the medical professions, and
- promoting and maintaining proper professional standards and conduct for members of those professions.

We do this by considering the following.

- a How serious the concern is. This includes looking at the extent of the medical professional's departure from the professional standards and/or the impact of a health condition on their behaviour or performance. It also includes other factors that may impact on seriousness, such as premeditated or persistent behaviour, abuse of power,

and whether the behaviour or poor performance the concern relates to is an isolated incident or has been repeated.

- b** Any relevant context that may impact on risk, for example systems factors and interpersonal factors in the medical professional's working environment or their role and level of experience.
- c** How the medical professional responded to the concern, including evidence of insight and remediation.

Once we've assessed the risk, we'll need to consider if regulatory action may be required in response to the concern. You can read more about our processes and the types of action we might need to take on our fitness to practise webpages.

The duties of medical professionals registered with the GMC

Patients must be able to trust medical professionals with their lives and health. To justify that trust you must make the care of patients your first concern, and meet the standards expected of you in all four domains.

Knowledge, skills and development

- Provide a good standard of practice and care, and work within your competence.
- Keep your knowledge and skills up to date.

Patients, partnership and communication

- Respect every patient's dignity and treat them as an individual.
- Listen to patients and work in partnership with them, supporting them to make informed decisions about their care.
- Protect patients' personal information from improper disclosure.

Colleagues, culture and safety

- Work with colleagues in ways that best serve the interests of patients, being willing to lead or follow as circumstances require.
- Be willing to share your knowledge, skills and experience with colleagues, whether informally or through teaching, training, mentoring or coaching.
- Treat people with respect and help to create a working and training environment that is compassionate, supportive and fair, where everyone feels safe to ask questions, talk about errors and raise concerns.
- Act promptly if you think that patient safety or dignity may be seriously compromised.
- Take care of your own health and wellbeing needs, recognising and taking appropriate action if you may not be fit to work.

Trust and professionalism

- Act with honesty and integrity, and be open if things go wrong.
- Protect and promote the health of patients and the public.
- Never unfairly discriminate against patients or colleagues.
- Never abuse patients' trust in you or the public's trust in your profession.

Domain 1: Knowledge, skills and development

Introduction

Medical practice is a lifelong journey. Keeping pace with rapidly changing social, legal and technological developments means learning new skills while maintaining others. Sharing knowledge – gained through research and innovation, as well as experience – is fundamental to being a medical professional.

Good medical professionals are competent, keep their knowledge and skills up to date and provide a good standard of practice and care. They strive to develop and improve their professional performance. They reflect regularly on their standards of practice and use feedback and evidence to develop personal and professional insight.

Being competent

- 1 You must be competent in all aspects of your work including, where applicable, formal leadership or management roles, research and teaching.
- 2 You must recognise and work within the limits of your competence.
- 3 You must keep up to date with guidelines and developments that affect your work.
- 4 You must follow the law, our guidance on professional standards, and other regulations relevant to your work.
- 5 You must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK.

Providing good clinical care

- 6 You must provide a good standard of practice and care. If you assess, diagnose, or treat patients, you must work in partnership with them to assess their needs and priorities. The investigation or treatment you propose, provide or arrange must be based on this assessment, and on your clinical judgement about the likely effectiveness of the treatment options.

7 In providing clinical care you must:

- a** adequately assess a patient's condition(s), taking account of their history, including
 - i. symptoms
 - ii. relevant psychological, spiritual, social, economic, and cultural factors
 - iii. the patient's views, needs, and values
- b** carry out a physical examination where necessary
- c** promptly provide (or arrange) suitable advice, investigation or treatment where necessary
- d** propose, provide or 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 will meet their needs
- e** propose, provide or prescribe effective treatment based on the best available evidence
- f** follow our more detailed guidance on professional standards, *Good practice in prescribing and managing medicines and devices*, if you prescribe
- g** consult colleagues or seek advice from your supervising clinician, where appropriate
- h** refer a patient to another suitably qualified practitioner when this serves their needs.

8 If relevant to your area of practice, you must follow our *Guidance for doctors who offer cosmetic interventions*.

Offering remote consultations

- 9** You must provide safe and effective clinical care whether face to face, or through remote consultations via telephone, video link, or other online services. If you can't provide safe care through the mode of consultation you're using, you should offer an alternative if available, or signpost to other services.

Considering research opportunities

- 10** Research is vital in improving our understanding of health conditions, and increasing the availability of options for effective prevention, treatment, and care. You should consider opportunities to conduct or participate in research that may benefit current and/or future patients, and help to improve the health of the population. You should tell patients if you're aware of opportunities for them to participate in appropriate research.

Maintaining, developing and improving your performance

- 11** You must keep your professional knowledge and skills up to date.
- 12** When you join an organisation, or when your role changes significantly throughout your career, you should be willing to find and take part in structured support opportunities offered by your employer or contracting body, such as mentoring or coaching schemes.
- 13** You must take steps to monitor, maintain, develop, and improve your performance and the quality of your work, including taking part in systems of quality assurance and quality improvement to promote patient safety across the whole scope of your practice.

This includes:

- a** contributing to discussions and decisions about improving the quality of services and outcomes
- b** taking part in regular reviews and audits of your work, and your team's work, and responding constructively to the outcomes, taking steps to address problems, and carrying out further training where necessary
- c** regularly taking part in training and/or continuing professional development
- d** regularly reflecting on your standards of practice and the care you provide, including
 - i. reflecting on any constructive feedback available to you
 - ii. considering how your life experience, culture and beliefs influence your interactions with others and may impact on the decisions you make and the care you provide.

Managing resources effectively and sustainably

- 14** You must make good use of the resources available to you, and provide the best service possible, taking account of your responsibilities to patients and the wider population.
- 15** You should choose sustainable solutions when you're able to, provided these don't compromise care standards. You should consider supporting initiatives to reduce the environmental impact of healthcare.

Domain 2: Patients, partnership and communication

Introduction

The approach and attitude of a medical professional can have a lasting impact on a patient. Treating patients with kindness, compassion and respect can profoundly shape their experience of care.

Good medical professionals recognise that patients are individuals with diverse needs, and don't make assumptions about the options or outcomes a patient will prefer. They listen to patients and work in partnership with them. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.

Treating patients fairly and respecting their rights

- 16** You must recognise and respect every patient's dignity and right to privacy.
- 17** If relevant to your practice, you must follow our more detailed guidance on *Intimate examinations and chaperones*.
- 18** You must recognise a patient's right to choose whether to accept your advice, and respect their right to seek a second opinion.
- 19** You must treat patients fairly. You must not discriminate against them or allow your personal views to affect your relationship with them, or the treatment you provide or arrange. You must not refuse or delay treatment because you believe that a patient's actions or choices contributed to their condition.
- 20** You must give priority to patients based on their clinical need if these decisions are within your power. If inadequate resources, policies, or systems prevent you from doing this – and patient safety or dignity may be seriously compromised as a result – you must follow the guidance in paragraph 75.
- 21** If you have a conscientious objection to a particular procedure, you must make sure that the way you manage this doesn't act as a barrier to a patient's access to appropriate care to meet their needs. You must follow the guidance in paragraph 87 and our more detailed guidance on *Personal beliefs and medical practice*.
- 22** You must treat information about patients as confidential, including after a patient has died. You must follow our more detailed guidance on *Confidentiality: good practice in handling patient information*.

Treating patients with kindness, courtesy and respect

- 23** You must treat patients with kindness, courtesy and respect. This doesn't mean agreeing to every request (see paragraph 7d) or withholding relevant information that may be upsetting or unwelcome (see paragraph 28). It means:
- a** communicating sensitively and considerately, particularly when you're sharing potentially distressing issues about the patient's prognosis and care
 - b** listening to patients, recognising their knowledge and experience of their health, and acknowledging their concerns
 - c** trying not to make assumptions about what a patient will consider significant or the importance they will attach to different outcomes
 - d** being willing to explain your reasons for the options you offer (and the options you don't) and any recommendations you make
 - e** recognising that patients may be vulnerable, even if they don't seem it
 - f** being alert to signs of pain or distress, and taking steps to alleviate pain and distress whether or not a cure may be possible.

Supporting patients to make decisions about treatment and care

- 24** All patients have the right to be involved in decisions about their treatment and care, and be supported to make informed decisions if they are able to. You must start from the presumption that all adult patients have capacity to make decisions about their treatment and care.
- 25** You must be satisfied that you have consent or other valid authority before examining or treating patients, or involving patients or volunteers in teaching or research. More detail about this is given in our guidance on *Decision making and consent* which you must follow. If relevant to your practice, you must also follow our guidance on *Making and using visual and audio recordings of patients*.

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- 26** You must be aware of your legal and ethical duties relating to consent and capacity. This means you must:
- a** be aware of the relevant law on capacity and mental health
 - b** have regard to relevant codes of practice
 - c** follow our guidance on *Decision making and consent*.
- 27** When treating patients coming to the end of their lives, you must follow our more detailed guidance on *Treatment and care towards the end of life: good practice in decision making*.

Sharing information with patients

- 28** The exchange of information between medical professionals and patients is central to good decision making. You must give patients the information they want or need in a way they can understand. This includes information about:
- a** their condition(s), likely progression, and any uncertainties about diagnosis and prognosis
 - b** the options for treating or managing the condition(s), including the option to take no action
 - c** the potential benefits, risks of harm, uncertainties about, and likelihood of success for each option.
- 29** You must listen to patients and encourage an open dialogue about their health, asking questions to allow them to express what matters to them, and responding honestly to their questions.
- 30** You must make sure that the information you give patients is clear, accurate and up to date, and based on the best available evidence.
- 31** You should check patients' understanding of the information they've been given, and do your best to make sure they have the time and support they need to make informed decisions if they are able to.
- 32** You must take steps to meet patients' language and communication needs, so you can support them to engage in meaningful dialogue and make informed decisions about their care. The steps you take should be proportionate to the circumstances, including the patient's needs and the seriousness of their condition(s), the urgency of the situation and the availability of resources.

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- 33** You must consider and respond to the needs of patients with impairments or disabilities. Not all impairments and disabilities are easy to identify so you should ask patients what support they need, and offer reasonable adjustments that are proportionate to the circumstances.
 - 34** You must treat each patient as an individual. You must not rely on assumptions about the treatment options or outcomes a patient will prefer, or the factors they will consider significant.
 - 35** If patients are asked to agree to be involved in teaching or research, you must share any information they'll need to make a decision and you must follow the guidance in paragraph 85 and our more detailed guidance on *Good practice in research*.
 - 36** You must be open and honest with patients about any interests you have that may affect (or could be seen to affect) the way you propose, provide or prescribe treatments, or refer patients. You must follow our more detailed guidance on *Financial and commercial arrangements and conflicts of interest*.

Communicating with those close to a patient

- 37** You must be considerate and compassionate to those close to a patient and be sensitive and responsive in giving them support and information. You must follow our more detailed guidance on *Confidentiality: good practice in handling patient information*.

Caring for the whole patient

- 38** You must support patients in caring for themselves and empower them to improve and maintain their health. This may include:
 - a** helping them to access information and support to manage their health successfully
 - b** supporting them to make decisions that improve their health and wellbeing.
- 39** You should ask patients about any other care or treatment they are receiving – including over-the-counter medications – and check that any care or treatment you propose, provide or prescribe is compatible.
- 40** If a patient is taking multiple medications, you should discuss the importance of regular reviews to check that the medications continue to meet the patient's needs and are optimised for them. You should consider the overall impact of the patient's treatments, and whether the benefits outweigh any risk of harm.

Safeguarding children and adults who are at risk of harm

- 41 You must consider the needs and welfare of people (adults, children and young people) who may be vulnerable, and offer them help if you think their rights are being abused or denied. You must follow our more detailed guidance on *Protecting children and young people* and *0-18 years: guidance for all doctors*.
- 42 You must act promptly² on any concerns you have about a patient – or someone close to them – who may be at risk of abuse or neglect, or is being abused or neglected.

Helping in emergencies

- 43 You must offer help in an emergency, taking account of your own safety, your competence, and the availability of other options for care.

Making sure patients who pose a risk of harm to others can access appropriate care

- 44 Patients must not be denied care because their condition puts others at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before either providing treatment yourself, or making alternative arrangements for the patient to access care to meet their needs.

Being open if things go wrong

- 45 You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you must follow our guidance on [*Openness and honesty when things go wrong: the professional duty of candour*](#), and you should:
 - a put matters right, if possible
 - b apologise (apologising does not, of itself, mean that you are admitting legal liability for what's happened)

² See our ethical hub advice on Adult safeguarding which you can find at <https://www.gmc-uk.org/ethical-guidance/ethical-hub/adult-safeguarding>

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- c** explain fully and promptly what has happened and the likely short-term and long-term effects
 - d** report the incident in line with your organisation's policy so it can be reviewed or investigated as appropriate – and lessons can be learnt and patients protected from harm in the future.
- 46** You must respond promptly, fully and honestly to complaints. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange.
- 47** You should only end a professional relationship with a patient when the breakdown of trust between you and the patient means you can't continue to provide good clinical care to them. You must follow our more detailed guidance on *Ending your professional relationship with a patient*.

Domain 3: Colleagues, culture and safety

Introduction

Culture is determined by the shared values and behaviours of a group of people. Everyone has the right to work and train in an environment which is fair, free from discrimination, and where they're respected and valued as an individual.

Good medical professionals communicate clearly and work effectively with colleagues in the interests of patients. They develop their self-awareness, manage their impact on others, and do what they can to help create civil and compassionate cultures where all staff can ask questions, talk about errors and raise concerns safely.

Treating colleagues with kindness, courtesy and respect

- 48** You must treat colleagues³ with kindness, courtesy and respect.
- 49** To develop and maintain effective teamworking and interpersonal relationships you must:
- a** listen to colleagues
 - b** communicate clearly, politely and considerately
 - c** recognise and show respect for colleagues' skills and contributions
 - d** work collaboratively with colleagues and be willing to lead or follow as the circumstances require.
- 50** When you are on duty you must be accessible to colleagues seeking information, advice, or support.
- 51** You must be compassionate towards colleagues who have problems with their performance or health. But you must put patient safety first at all times.

³ 'Colleagues' includes anyone you work with, whether or not they are a medical professional.

Contributing to a positive working and training environment

- 52** You must help to create a culture that is respectful, fair, supportive, and compassionate by role modelling behaviours consistent with these values.
- 53** You should be aware of how your behaviour may influence others within and outside the team.
- 54** You should be aware of the risk of bias, and consider how your own life experience, culture and beliefs influence your interactions with others, and may impact on your decisions and actions.
- 55** You must show respect for, and sensitivity towards, others' life experience, cultures and beliefs.
- 56** You must not abuse, discriminate against, bully, or harass anyone based on their personal characteristics, or for any other reason. By 'personal characteristics' we mean someone's appearance, lifestyle, culture, their social or economic status, or any of the characteristics protected by legislation – age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.
- 57** You must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress. What we mean by acting 'in a sexual way' can include – but isn't limited to – verbal or written comments, displaying or sharing images, as well as unwelcome physical contact. You must follow our more detailed guidance on *Maintaining personal and professional boundaries*.
- 58** If you witness any of the behaviours described in paragraphs 56 or 57 you should act, taking account of the specific circumstances. For example, you could:
 - a** check in and offer support to anyone targeted or affected by the behaviour, and/or let them know that you feel that the behaviour you witnessed is unacceptable
 - b** challenge the behaviour by speaking to the person responsible – either at the time, if safe to do so, or at an appropriate time and place
 - c** speak to a colleague and/or consider reporting the behaviour in line with your workplace policy and our more detailed guidance on *Raising and acting on concerns about patient safety*. Before you report the behaviour you witnessed, try and make sure that the person who was targeted is aware of, and supports, your intention to report it.

We recognise some people may find it harder than others to speak up⁴ but everyone has a responsibility – to themselves and their colleagues – to do something to prevent these behaviours continuing and contributing to a negative, unsafe environment.

- 59** If you have a formal leadership or management role and you witness – or are made aware of – any of the behaviours described in paragraphs 56 or 57, you must act. You must:
- a** make sure such behaviours are adequately addressed
 - b** make sure people are supported where necessary, and
 - c** make sure concerns are dealt with promptly, being escalated where necessary.

Demonstrating leadership behaviours

- 60** You must follow our more detailed guidance on *Leadership and management for all doctors*.
- 61** You must make sure that all colleagues whose work you are overseeing have appropriate supervision.
- 62** You must be accurate, fair and objective when writing references, and when appraising or assessing the performance of colleagues, including locums and students. You should not leave out any information relevant to your colleagues' competence, performance, and conduct.
- 63** You should be willing to offer professional support to colleagues, including students, for example through mentoring, coaching, teaching or training. This type of support is especially important for those new to practice in the UK, those returning from a period away from practice, and those who cannot easily access support.
- 64** If part of your role is helping staff access training, development and employment opportunities, you should do this fairly.

⁴ See our ethical hub advice on Speaking up which you can find at <https://www.gmc-uk.org/ethical-guidance/ethical-hub/speaking-up>

Contributing to continuity of care

- 65** Continuity of care is important for all patients, but especially those who may struggle to navigate their healthcare journey or advocate for themselves. Continuity is particularly important when care is shared between teams, between different members of the same team, or when patients are transferred between care providers.
- a** You must promptly share all relevant information about patients (including any reasonable adjustments and communication support preferences) with others involved in their care, within and across teams, as required.
 - b** You must share information with patients⁵ about:
 - i. the progress of their care
 - ii. who is responsible for which aspect of their care
 - iii. the name of the lead clinician or team with overall responsibility for their care.
 - c** You must be confident that information necessary for ongoing care has been shared:
 - i. before you go off duty
 - ii. before you delegate care, or
 - iii. before you refer the patient to another health or social care provider.
 - d** You must check, where practical, that a named clinician or team has taken over responsibility when your role in a patient's care has ended.

Delegating safely and appropriately

- 66** You must be confident that any person you delegate to has the necessary knowledge, skills and training to carry out the task you're delegating. You must give them clear instructions and encourage them to ask questions and seek support or supervision if they need it.

⁵ If a patient lacks capacity, information should be shared with those with legal authority to make decisions on a patient's behalf.

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- 67** If a task is delegated to you by a colleague but you're not confident you have the necessary knowledge, skills or training to carry it out safely, you must prioritise patient safety and seek help, even if you've already agreed to carry out the task independently.
- 68** You must follow our more detailed guidance on *Delegation and referral*.

Recording your work clearly, accurately, and legibly

- 69** You must make sure that formal records of your work (including patients' records) are clear, accurate, contemporaneous⁶ and legible.
- 70** You should take a proportionate approach to the level of detail but patients' records should usually include:
- a** relevant clinical findings
 - b** drugs, investigations or treatments proposed, provided or prescribed
 - c** the information shared with patients
 - d** concerns or preferences expressed by the patient that might be relevant to their ongoing care, and whether these were addressed
 - e** information about any reasonable adjustments and communication support preferences
 - f** decisions made, actions agreed (including decisions to take no action) and when/whether decisions should be reviewed
 - g** who is creating the record and when.
- 71** You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection law requirements and you must follow our guidance on *Confidentiality: good practice in handling patient information*.

⁶ Contemporaneous means making records at the same time as the events you are recording, or as soon as possible afterwards.

Keeping patients safe

- 72** You should be familiar with, and use, the clinical governance and risk management structures and processes in any organisation that you work for or are contracted to.
- 73** To help keep patients safe you must:
- a** contribute to confidential inquiries⁷
 - b** contribute to adverse event recognition
 - c** report adverse incidents involving medical devices (including software, diagnostic tests, and digital tools) that put the safety of a patient or another person at risk, or have the potential to do so
 - d** contribute to incident reviews and/or investigations
 - e** report suspected adverse drug reactions
 - f** respond to requests from organisations monitoring public health.

When providing information for these purposes you must follow our guidance on *Confidentiality: good practice in handling patient information*.

- 74** You must take up any post you have accepted, work any shift you have agreed to, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements or your personal circumstances prevent this.

Responding to safety risks

- 75** You must act promptly if you think that patient safety or dignity is, or may be, seriously compromised.
- a** If a patient is not receiving basic care to meet their needs, you must act to make sure the patient is cared for as soon as possible, for example by asking someone who delivers basic care to attend to the patient straight away.

⁷ A confidential inquiry (or enquiry) is a method of investigating adverse events without attributing blame. Examples include [NCEPOD - National Confidential Enquiry into Patient Outcome and Death](#), [CIPOLD \(Confidential Inquiry into Premature Deaths of People with Learning Disabilities\)](#) and [Confidential Enquiry into Maternal Deaths | MBRRACE-UK | NPEU \(ox.ac.uk\)](#)

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- b** If patients are at risk because of inadequate premises, equipment or other resources, policies or systems, you should first protect patients and put the matter right if that's possible. Then you must raise your concern in line with your workplace policy and our more detailed guidance on *Raising and acting on concerns about patient safety*.
 - c** If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body, or us. If you are still concerned, you must report this, in line with your workplace policy and our more detailed guidance on *Raising and acting on concerns about patient safety*.
- 76** If you have a formal leadership or management role, you must take active steps to create an environment in which people can talk about errors and concerns safely. This includes making sure that any concerns raised with you are dealt with promptly and adequately, in line with your workplace policy and our more detailed guidance on *Raising and acting on concerns about patient safety*.

Managing risks posed by your health

- 77** You should avoid seeking medical care from a family member or anyone you work closely with. If you are registered with a general practitioner this should be someone outside your family and your workplace.
- 78** You should try to take care of your own health and wellbeing, recognising if you may not be fit for work. You should seek independent professional advice about your fitness for work, rather than relying on your own assessment.
- 79** You must consult a suitably qualified professional and follow their advice about any changes to your practice they consider necessary if:
- a** you know or suspect that you have a serious condition that you could pass on to patients
 - b** your judgement or performance could be affected by a condition or its treatment.

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

- 80** You should be immunised against common serious communicable diseases (unless contraindicated).

Domain 4: Trust and professionalism

Introduction

Patients must be able to trust medical professionals with their lives and health, and medical professionals must be able to trust each other.

Good medical professionals uphold high personal and professional standards of conduct. They are honest and trustworthy, act with integrity, maintain professional boundaries and do not let their personal interests affect their professional judgements or actions.

Acting with honesty and integrity

- 81** You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.
- 82** You must always be honest about your experience, qualifications, and current role.
- 83** If a patient, colleague, or anyone else you have contact with in your professional role asks for your registered name and/or GMC reference number, you must give this information to them.
- 84** You must be honest in financial and commercial dealings with patients, employers, insurers, indemnifiers and other organisations or individuals.

Acting with honesty and integrity in research

- 85** When designing, organising or carrying out research, you must put the interests of participants first. You must act with honesty and integrity, and follow national research governance guidelines and our more detailed guidance on *Good practice in research*.

Maintaining professional boundaries

- 86** You must not act in a sexual way towards patients or use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them. You must follow our more detailed guidance on *Maintaining personal and professional boundaries*.
- 87** You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or could reasonably cause them distress. You must follow our more detailed guidance on *Personal beliefs and medical practice*.

Communicating as a medical professional

All professional communication

- 88** You must be honest and trustworthy, and maintain patient confidentiality in all your professional written, verbal and digital communications.
- 89** You must make sure any information you communicate as a medical professional is accurate, not false or misleading. This means:
- a** you must take reasonable steps to check the information is accurate
 - b** you must not deliberately leave out relevant information
 - c** you must not minimise or trivialise risks of harm
 - d** you must not present opinion as established fact.

Public professional communication, including using social media, advertising, promotion, and endorsement

- 90** When communicating publicly as a medical professional – including using social media, advertising your services, and promoting or endorsing any services or products:
- a** you must follow the guidance in paragraph 88 and 89
 - b** you must declare any conflicts of interest
 - c** you must not exploit people's vulnerability or lack of medical knowledge
 - d** you must make sure what you communicate is in line with your duty to promote and protect the health of patients and the public.
- 91** You must follow our more detailed guidance on *Using social media as a medical professional*.

Giving evidence and acting as a witness

- 92** When giving evidence or acting as a witness, you must follow the guidance in paragraphs 88 to 90 and our more detailed guidance on *Providing witness statements or expert evidence as part of legal proceedings*, and you must make clear the limits of your knowledge and expertise.

Private communication

- 93** When communicating privately, including using instant messaging services, you should bear in mind that messages or other communications in private groups may become public.

Managing conflicts of interest

- 94** You must not allow any interests you have to affect, or be seen to affect the way you propose, provide or prescribe treatments, refer patients, or commission services.
- 95** If you are faced with a conflict of interest, you must be open about it with patients and employers, declare it in line with local and national arrangements, and be prepared to exclude yourself from decision making. You must follow our more detailed guidance in *Identifying and managing conflicts of interest*.
- 96** You must not ask for or accept – from patients, colleagues or others – any incentive payments, gifts or hospitality that may affect or be seen to affect the way you propose, provide or prescribe treatments, refer or commission services for patients. You must not offer such incentives to others.
- 97** You must, wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship. You must follow our more detailed guidance on *Good practice in prescribing and managing medicines and devices*.

Cooperating with legal and regulatory requirements

- 98** To maintain patient safety, you must cooperate with formal inquiries, patient safety investigations, and complaints procedures. You must provide all relevant information and be open and honest.
- 99** You must tell us without delay if, anywhere in the world:
- a** you have accepted a caution (or equivalent) from a prosecuting authority
 - b** you have been charged with a criminal offence in person or by post
 - c** you have been found guilty of a criminal offence

-
- d** you have been criticised by an official inquiry⁸
 - e** another professional body has made a finding against your registration as a result of fitness to practise process.

See our guidance on *Reporting criminal and regulatory proceedings* for more detailed information.

- 100** If you are suspended by an organisation from a healthcare role or post requiring professional registration, or have restrictions placed on your practice, you must, without delay, inform any organisations for which you carry out medical work, and any patients you see independently of these organisations.
- 101** You must make sure that you have appropriate and adequate insurance or indemnity that covers the full scope of your practice. You should keep your level of cover under regular review.

⁸ By 'official inquiry' we mean a public or formal inquiry or a tribunal in the public domain. These are publicly funded, investigate matters in the public interest and publish their findings. See our more detailed guidance on [Reporting criminal and regulatory proceedings](#) for more information

Footnotes





- 1 At the time of publication we regulate doctors. We are preparing to regulate Physician Associates and Anaesthesia Associates in the future, at which point this guidance will also apply to them.
- 2 See our ethical hub advice on adult safeguarding which you can find at <https://www.gmc-uk.org/ethical-guidance/ethical-hub/adult-safeguarding>
- 3 ‘Colleagues’ includes anyone you work with, whether or not they are a medical professional.
- 4 See our ethical hub advice on Speaking up which you can find at <https://www.gmc-uk.org/ethical-guidance/ethical-hub/speaking-up>
- 5 If a patient lacks capacity, information should be shared with those with legal authority to make decisions on a patient’s behalf.
- 6 Contemporaneous means making records at the same time as the events you are recording, or as soon as possible afterwards.
- 7 A confidential inquiry (or enquiry) is a method of investigating adverse events without attributing blame. Examples include [NCEPOD - National Confidential Enquiry into Patient Outcome and Death](#) , [CIPOLD \(Confidential Inquiry into Premature Deaths of People with Learning Disabilities\)](#) and [Confidential Enquiry into Maternal Deaths | MBRRACE-UK | NPEU \(ox.ac.uk\)](#)
- 8 By ‘official inquiry’ we mean a public or formal inquiry or a tribunal in the public domain. These are publicly funded, investigate matters in the public interest and publish their findings. See our more detailed guidance on [Reporting criminal and regulatory proceedings](#) for more information

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You are welcome to contact us in Welsh. We will respond in Welsh, without this causing additional delay.

Mae croeso i chi gysylltu â ni yn Gymraeg. Byddwn yn ymateb yn Gymraeg, heb i hyn achosi oedi ychwanegol.

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