Good medical practice: guidance for occupational physicians

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Following a catalogue of serious, highly publicized medical misdemeanours, the General Medical Council (GMC) has introduced plans for a new system of medical licensing in the UK called 'revalidation'. Under this, the onus will fall on individual doctors, including occupational physicians, to demonstrate their continuing fitness to practice. Doctors will need to show that they meet basic minimum standards in terms of the care they provide, their own continuing professional development, and other aspects of professional life like probity and ethical behaviour. As part of the process, the Faculty of Occupational Medicine, Royal College of Physicians, has produced its own guidance on good medical practice for occupational physicians, following an extensive consultation exercise. This paper summarizes the background to the initiative, the development process and the standards that have been recommended to aid professional accountability.

Key words: Governance; professional standards; revalidation.

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Background

In the UK, doctors are regulated by the General Medical Council (GMC), a statutory body which is required by parliament to maintain a medical register and investigate in circumstances where a doctor's fitness to practice has been questioned [1]. For the individual physician, registration runs uninterrupted following qualification, unless an investigation by the GMC indicates that they have fallen short of acceptable norms of probity, conduct, or competence.

Since 1999, the GMC has been developing plans for a new system of licensing, called 'revalidation', in which the onus will fall on individual practitioners to demonstrate their continuing fitness to practice to an external review panel at 5 yearly intervals [2]. In the wake of a catalogue of serious, highly publicized medical misdemeanours [3–9], pressure had built on the profession's governing body to protect the public from poorly performing doctors and to restore public confidence in the health care system [10–12]. Shortly, therefore, all doctors in the UK will be compelled to assemble a folder of evidence against benchmarks set out in the earlier GMC guidance, *Good Medical Practice* [13], to show that they maintain good standards of care, keep up to date, and satisfy other standards of probity and performance. The new requirements arise against a background of wider national reform in which greater accountability is being demanded by health service employers and bodies that influence academic and general medical practice [14–23].

To aid implementation of the new measures, each medical royal college and faculty has been encouraged to develop an interpretation of *Good Medical Practice* which suits the circumstances of its own speciality and guidance

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of this kind has now been prepared by general practitioners [24], surgeons [25], psychiatrists [26], obstetricians and gynaecologists [27], public health physicians [28], and doctors from a range of other disciplines [29–32]. The Faculty of Occupational Medicine, Royal College of Physicians of London (FOM), also responded by developing a standards document, *Good Medical Practice for Occupational Physicians* [33], which is the focus of this report.

The content of *Good Medical Practice for Occupational Physicians* was developed by a working group of the FOM's members (the authors), but shaped also by a consultation exercise in which many occupational physicians offered constructive detailed feedback. In February 2001, a working draft of this document (the fourth revision) was posted to 120 consultees, comprising past and current deans (or presidents) of the Faculty; former academic registrars; members of the FOM's board; members of its academic committee, and its committees on ethics, training and examination management; past and current presidents of the Society of Occupational Medicine, UK; heads of academic departments of occupational medicine in the UK; the General Medical Council; the UK Health & Safety Executive; the chair of the British Medical Association's Occupational Health Committee; Faculty members who had recently assisted the GMC in developing its performance assessment process; and 23 recently elected Faculty members. (The working group additionally included members who acted in one of more of these capacities, including two former deans, one academic registrar and the Director of Continuing Professional Development.) Where necessary, a reminder was sent after 6 weeks. In addition, the consultation draft was posted on the FOM's website (www.facoccmed.ac.uk) and notice given of this, with an invitation to comment, in the newsletters of the FOM and the UK Society of Occupational Medicine.

By the closing deadline of April 2001, 92 detailed responses had been received, including one on behalf of the Association of NHS Occupational Physicians and several which were themselves the product of secondary consultation exercises in organizations. Many constructive suggestions were received and around a half of these were incorporated in a fifth draft, which underwent several further iterations before being shared with lay bodies representing the interests of employers, employees and patients (the Chartered Institute of Personnel and Development, the Trades Union Congress, Patient Concern, and the Patient and Carers' Committee of the Royal College of Physicians of London).

The final document is of particular significance to occupational physicians in the UK. It means that a set of explicit statements on standards and values has been set out for the first time in a language similar to that used by the GMC, and a benchmark defined for purposes of professional accountability. Guidance of this kind is also novel internationally: although position papers have been produced on selected clinical topics by standards bodies such as the American College of Occupational and Environmental Medicine [34–37], we know of no exactly equivalent product in the specialty.

The guidance, which has been published and distributed freely to members of FOM, is repeated here (with minor amendment) for the benefit of other occupational physicians and to stimulate debate among a wider readership. Good standards of occupational medical practice are of benefit to employers, workers and the public at large. Upholding them in a clear, transparent and accountable way is a basic duty of all doctors who practise occupational medicine. We hope that our guidance will help to further these aims.

Good medical practice for occupational physicians: guidelines for doctors in the United Kingdom

Introduction

These guidelines are based on the document *Good Medical Practice* [13], in which the GMC has set out the standards, conduct and behaviour expected of all doctors. As the practice of occupational physicians differs in many respects from that of other doctors, the Faculty of Occupational Medicine has produced this supplementary guidance on standards of good occupational medical practice for the benefit of specialists, doctors training in the specialty and other doctors who practise occupational medicine. It should also assist their appraisers.

One important difference between occupational medicine and other medical specialities is that many consultations arise in the context of routine preventive assessments; another is that consultations are often conducted at the behest of employers, or to fulfil a statutory requirement; and a third is that occupational physicians have a particular set of obligations to employers and groups of fellow workers, in addition to their duty to individual patients. In particular, some decisions that arise within the context of a medical consultation carry implications for the health and safety of others, and even members of the public. Finally, some occupational physicians spend a good deal of their practice in advising on health and safety arrangements and policies. They are often concerned with the health of the whole organization as well as individuals who constitute it. This function carries implications for individual workers, but is fulfilled outwith the traditional medical consultation.

These differences require the GMC's guidelines to be interpreted in the context of an individual's occupational medical practice. Where possible, however, the original

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words and passages of *Good Medical Practice* have been retained in this guidance, including the general duties of doctors. Our recommendations on standards in occupational medical practice do not over-ride those set out in the GMC document.

Scope and definitions

In these guidelines we intend the term 'patient' to include individuals who consult when they are obliged or requested to by third parties, workers undergoing routine preventive assessments and those attending a pre-employment or fitness-to-work assessment, as well as those individuals who consult the occupational physician of their own volition. Individuals who may be affected by the occupational health advice given to employers, or by the health policies an occupational physician advocates should also be regarded as 'patients', as should individuals who may use the health and safety services for which a doctor has a management responsibility. Note that many occupational physicians use the term 'client', 'employee', or 'worker', rather than 'patient', to emphasize a relationship that is frequently non-therapeutic.

The term 'colleague' is meant to include fellow doctors and other occupational health care workers and health and safety professionals.

As in the GMC's guidelines, we have focused mainly on the clinical obligations of doctors to their *patients*, rather than their professional and managerial obligations to *employers* or *third parties*. The ethical code of occupational physicians recognizes these dual responsibilities as well as the responsibility for advice that may affect the health of groups of people and, where appropriate, mention is made of this. Nevertheless, the doctor should make care of the individual patient his or her first concern and this responsibility takes precedence over other responsibilities, save for the exceptions described by the GMC. Detailed ethical guidance has been published in *Guidance on Ethics for Occupational Physicians* [23].

Reference is made throughout (as in the GMC's guidelines) to prescribing for and treating patients. Occupational physicians seldom prescribe drugs therapeutically, but do sometimes prescribe immunizations, travel medicines, post-exposure prophylaxis and specific occupational interventions; they may also 'prescribe' items that should be worn for personal protection, administer first aid, or advise patients on avoidance measures and other courses of action that contribute to the overall medical management of an illness. In all of these situations, due care is required, as it would be for other physicians, and the standards which are described should apply.

Because there is a great deal of variation between occupational physicians in the content of their work, the relevance of each guideline to their personal practices may vary. We recommend that account be taken of this in any formal appraisal of performance which draws upon this document for guidance.

Providing a good standard of occupational medical practice: the guidelines

1. All patients of occupational health services are entitled to good standards of practice from their doctors. Essential elements of this are: professional competence; good relationships with patients, colleagues and patients' managers; and observance of professional ethical obligations. Individuals who may be affected by the decisions and advice of occupational physicians have a similar entitlement.

Good occupational health practice

2. Good occupational health practice generally includes protecting the health of groups of workers as well as individuals and encompasses advice on health and safety arrangements and policies, as well as consultations with individual patients. (Indeed, for some specialist practitioners this may represent most or all of their practice.) This section should be read with these mixed functions in mind.

Providing a good standard of practice and care

3. Good clinical practice in the occupational health setting should include:

   - making an adequate assessment of the patient's health, based on the clinical and occupational history and clinical signs, an understanding of the work (including contemplated work) and, if necessary, an appropriate examination of the patient and any relevant medical reports and tests;
   - making a competent assessment of the interaction between workers and their jobs—including occupational factors that may adversely affect their health and safety, or that of others, and factors in the individual that may pose special difficulties in the safe, effective conduct of their duties and their fitness for work;
   - organizing investigations important to the assessment of occupational risks or fitness for work;
   - providing specific occupational interventions where indicated;
   - taking suitable and prompt action when necessary;
   - providing patients with the information they need to protect themselves against occupational risks;
   - apprising the patient of other sources of help and advice (such as the Health & Safety Executive,

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human resource managers and safety representatives);
- referring the patient to their general practitioner when indicated;
- collecting enough information to make a competent assessment of the risks from work (including contemplated work), including information on groups of workers;
- visiting the workplace, where appropriate, in order to gain an understanding of the work environment, the nature and demands of the work and the risks to health;
- advising on the measures required to control the health and safety risks arising from work activities, especially any obligations which are statutory;
- advising on health surveillance when indicated (e.g. to protect workers' health, to confirm the adequacy of control measures, or to fulfil a statutory obligation) and interpreting the findings;
- assessing competently patients' capability for work and the options for rehabilitation or redeployment in cases considered for ill-health retirement;
- encouraging employers to accommodate workers with illness or disability and advising employers and employees on any statutory requirements and sources of assistance relating to disability;
- encouraging employers not to discriminate unfairly against employees with health problems.

4. In providing services in the occupational health setting you must:

    - recognize and work within the limits of your professional competence;
    - be willing to consult colleagues and seek specialist advice or supervision where appropriate;
    - be competent when making diagnoses, giving advice on issues of health and safety, recommending placements or work restrictions and when giving or arranging treatment;
    - keep clear, accurate and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and managers and any treatments prescribed or interventions recommended;
    - pay due regard to efficacy and the use of resources;
    - do your best to ensure that the premises and equipment you use are adequate for the procedures and treatment you provide and enable you to manage patients safely. Deficiencies you cannot rectify should be drawn to the attention of your employer.

5. When prescribing drugs or appliances, or providing treatment, you must:

    - prescribe only the treatment, drugs or appliances that serve the patient's needs;
    - prescribe treatment, drugs and appliances only when you have adequate knowledge of the patient's health, medical needs and, where appropriate, their work environment;
    - prescribe only the drugs and treatments that need to be given in the occupational health department or under its control (however, in liaison with the patient's general practitioner, it may be agreed that a treatment can be offered safely and more conveniently at the place of work);
    - report adverse drug reactions as required under the relevant reporting scheme and co-operate with requests for information from organizations monitoring the public health; in making these disclosures you must follow the GMC guidance on confidentiality.

Decisions about access to medical care and advice

6. You must try as far as possible to give priority to the assessment of patients on the basis of their own clinical needs and the risks to human health and safety.
7. The investigations, treatment, or advice you provide or arrange must be based on your clinical judgement of the patient's needs, the likely effectiveness of the intervention and, where appropriate, the risk to third parties. You must not allow your views about a patient's lifestyle, culture, beliefs, race, colour, gender, sexuality, disability, age, or social or economic status to prejudice the advice, investigations, or treatment you give or arrange.
8. If you feel that your beliefs might affect the advice you give, you must explain this to patients and must make arrangements for them to see another occupational physician.
9. You must not refuse treatment or withhold advice because you believe the patient's actions or omissions have contributed to their condition.

Treatment in emergencies in emergencies

10. In an emergency, you must offer anyone at risk of serious harm the assistance you could reasonably be expected to provide.
11. If you have overall responsibility for an occupational health service, you should also advise employers on the requirements for first aid at work, including specific needs arising from special hazards of the work. Although the duty of provision lies with the employer, you should normally seek to ensure that appropriate arrangements are made and monitored.

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Maintaining good medical practice

Keeping up to date

12. You must keep your knowledge and skills up to date and appropriate for all areas of your practice throughout your working life. In particular, you should take part regularly in educational activities which maintain and further develop your competence and performance.
13. Some parts of medical practice are governed by law or are regulated by other statutory bodies. You must observe and keep up to date with the laws and statutory codes which affect your practice.

Maintaining your performance

14. You must work with colleagues to monitor and maintain your awareness of the quality of the service you provide and be open and honest with the results. In particular, you must:

- take part in regular and systematic medical and clinical audit, recording data honestly. Where necessary, you must respond to the results of audit to improve your practice, for example by altering your procedures or undertaking further training;
- respond constructively to the outcome of reviews, assessments and appraisals of your performance;
- take part in confidential enquiries and adverse event recognition and reporting organized by appropriate professional bodies and also investigations of untoward incidents, injuries, adverse health outcomes and dangerous occurrences in the workplaces for which you have responsibility.

Teaching and training, appraising and assessing

Making assessments and providing references

15. You must be honest and objective when appraising or assessing the performance of any colleague you have supervised or trained. Patients and other members of the public may be put at risk if you confirm the competence of someone who has not reached or maintained a satisfactory standard of practice.
16. When providing references for colleagues or writing reports about them, your comments must be honest and justifiable; you must include all relevant information which has any bearing on the colleague's competence, performance and conduct.

Teaching and training

17. You should be willing to contribute to the education and training of colleagues.
18. If you have responsibilities for teaching, you must develop the skills, attitudes and practices of a competent teacher. Equally, you must make sure that students and junior colleagues are properly supervised.

Relationships with patients

Obtaining consent

19. You must:

- ensure that patients understand the purpose, context and potential outcomes of the consultation, including what information employers or other third parties may have requested of you;
- be satisfied that, wherever possible, the patient has understood what is proposed and consents to it, before you provide treatment or investigate a patient's condition or provide a report to employers or other third parties; guidance on consent is given in the GMC documents *Seeking Patients' Consent: The Ethical Considerations* [38], which you must read and follow, in *Serious Communicable Diseases* [39] and in the Faculty's *Guidance on Ethics for Occupational Physicians* [23];
- seek agreement with patients regarding the content of any sensitive personal information conveyed about them to employers or third parties;
- ensure that they have provided informed consent to any disclosures, make a record of this and respect their right to withhold such information if agreement cannot be reached (in the context of a statutory assessment, this may result in you being unable to endorse the patient's record as fit and, in the context of a manager's referral, being unable to offer an opinion; however, agreement is always desirable, to ensure that the employer takes a decision that is properly informed by medical opinion);
- when seeking information from another clinical specialist you must obtain informed consent from the patient and observe their rights under the Access to Medical Reports Act; if you provide services to a NHS employer, you must not abuse your privileged position as a doctor to gain access to the hospital/medical records of a patient—clinical information must be requested with the patient's consent in the usual fashion;
- where appropriate, seek agreement with workers' representatives regarding the arrangements for any necessary health surveillance procedures.

Respecting confidentiality and autonomy

20. You must treat information about patients as confidential. If, in exceptional circumstances, you

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feel there are good reasons you should pass on information without a patient's consent, or against a patient's wishes, you should follow guidance on confidentiality from the GMC [13] and the FOM [23] and be prepared to justify your decision. Data required to make decisions regarding health and safety policy should be suitably anonymized to ensure that the details of named individuals cannot be identified.

21. You must ensure that managers understand the constraints on disclosure of personal health information imposed by the patient's entitlement to confidentiality.
22. You must ensure the confidentiality of the medical records you hold on patients, including security of their storage and transmission. You must also ensure that team members understand and respect the requirement to preserve confidentiality of information held on patients.
23. Successful relationships between doctors and patients depend on trust. To establish and maintain that trust you must:

- be truthful and open;
- treat patients politely and considerately;
- listen to patients and have respect for their perceived needs;
- respect patients' privacy and dignity;
- ensure that you do not enter into any improper personal relationships with patients;
- respect the right of patients to decline treatment and to decline to participate in a fitness assessment, teaching, or research;
- respect the right of patients to enlist the help of an advocate (such as a relative or union representative);
- respect the right of patients to be fully involved in decisions about their care, including decisions of job placement and medical retirement (this does not imply a patient's right to veto advice on job placement or medical retirement; patients' views should be taken into account and you should ensure that their views are recorded and considered in the final advice; your advice, however, must represent, where possible, an evidence-based medical opinion);
- respect the right of patients to have access to their medical records;
- respect the right of patients to a second opinion where service arrangements allow this (and where arrangements do not include this provision, patients should be advised how they could obtain another opinion).

Where appropriate, patients should be made aware of these rights.

24. Wherever possible, a doctor should avoid acting both as an occupational health adviser to an individual and as his or her primary health care physician. If this is unavoidable, particular care should be taken to ensure that the patient understands the context of the consultation and agrees to its terms.

Transfer of medical records

25. It may become necessary to end a professional relationship with your patients if an employer decides to engage an alternative source of occupational medical advice. Advice on the disposal and transfer of records containing personal health information is provided in *Guidance on Ethics for Occupational Physicians* [23].

Good communication

26. Good communication with patients involves:

- listening to them and respecting their views and beliefs;
- giving patients information they ask for or need in a way they can understand; this should include information about their condition, including its causation and relationship to work (where known), its treatment and prognosis and any remedial steps that can be taken to limit its effects or prevent recurrences;
- where necessary, providing information about exposures and risks in the workplace in a clear, open and effective way;
- ensuring that the patient has understood the outcome of a consultation.

27. If a patient under your care has suffered serious harm through misadventure or through a mistake or omission, or an occupational exposure, you should act to put matters right, if that is possible. You should explain fully and promptly to the patient what has happened and the likely short- and long-term health effects, including, if necessary, where they can obtain advice or counselling services about their condition. Where appropriate you should offer an apology.
28. Good communication with employers and worker representatives is also important in creating a relationship of trust. The occupational physician must adopt the role of an independent and impartial adviser, prepared to communicate similar information to managers and workers alike.

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Dealing with problems in professional practice

Conduct or performance of colleagues

29. You must act to protect patients when you believe that a doctor's or other colleague's conduct, professional performance or health (including problems of alcohol or other substance abuse) is a threat to health and safety. The safety of patients must come first at all times.
30. If you have grounds for concern, you must give an honest explanation of your concerns to an appropriate person from the other health care worker's employer, employing authority, or a regulatory body. If you are not sure what to do, discuss your concerns with an experienced colleague or contact the GMC (or the relevant regulatory body) for advice.

Complaints and formal inquiries

31. Patients who complain about the care or advice they have received have a right to expect a prompt, open, constructive and honest response. This should include an explanation of what has happened and, where appropriate, an apology. You should co-operate with any complaints procedure which applies to your work. You must not allow a patient's complaint to prejudice the care or advice you provide or arrange for that patient.
32. You must comply with requests for information from a relevant authority in connection with an investigation into your own conduct, performance, or health, or that of another doctor.
33. If you have been suspended from a post or had limitations put on your practice because of concerns about your clinical competence or health, you must inform other organizations for whom you work, or to whom you have contractual obligations.
34. You should co-operate with other requests for information from organizations monitoring the public health and enforcing authorities (the Health & Safety Executive and local authorities). If you identify a reportable occupational disease, you must inform the employer in writing so that they may fulfil their statutory duty of reporting to the enforcing authority.
35. You must assist the coroner or procurator fiscal when an inquest is held into a death. Only when this may lead to criminal proceedings being taken against you are you entitled to remain silent.

Indemnity insurance

36. In your own interests and those of your patients, you should obtain adequate insurance or professional indemnity cover for any part of your practice not covered by an employer's indemnity scheme.

Working with colleagues

Treating colleagues fairly

37. You must always treat your colleagues fairly. In accordance with the law, you must not discriminate against them on grounds of their gender, race or disability. Furthermore, you must not allow your views of a colleague's lifestyle, culture, beliefs, race, colour, sex, disability, sexuality, or age to prejudice your professional relationship with them.
38. You must not make any patient or employer doubt a colleague's knowledge or skills, or those of a competing occupational health provider, by making malicious, unfounded or unproven comments about them.

Working in teams

39. Teamwork is an essential part of occupational medical practice. You must work constructively within teams and respect the skills and contributions of your colleagues. Working in a team does not change your personal accountability for your professional conduct and the care you provide.
40. When working in teams you must:
    - communicate effectively with colleagues within and outside the team;
    - make sure that your patients and colleagues understand your professional status and specialty, your role and responsibilities in the team, who is responsible for each aspect of patients' care and what information will be shared between team members (in general, clinical details should not be shared with non-medical team members such as occupational hygienists and safety officers; but with informed consent, the implication of such information may need to be shared to ensure effective management and protection of workers);
    - participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies;
    - be willing to deal openly and supportively with problems in the performance, conduct or health of other team members.
41. If you disagree with your team's decision, you may be able to persuade other team members to change their minds. If not and you believe that the decision would harm the patient, you should tell someone who can take action. As a last resort, you should take action yourself to protect the patient's safety and health. If you feel that the actions of your employer may cause harm and these concerns cannot be addressed, you should similarly take action to protect safety and health.

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Leading teams

42. Teams need effective leadership. If you lead the occupational health team, you must ensure that team members meet the standards of conduct and care set in this guidance.
43. You should ensure that fellow registered medical practitioners are aware of and follow the guidance of the GMC, and that colleagues from other professions follow the guidance of their own regulatory bodies.
44. As a team leader you must be satisfied that:

- all team members understand their personal and collective responsibility for the safety of patients and for openly and honestly recording and discussing problems;
- all team members recognize and work within their limitations;
- each patient's care is properly co-ordinated and managed and that patients know whom to contact if they have questions or concerns;
- regular reviews and audit of the standards and performance of the team are undertaken and any deficiencies are addressed;
- the principles of clinical governance are applied to the team's activities;
- systems are in place for dealing supportively with problems in the performance, conduct or health of team members;
- mechanisms are in place to identify the educational and training needs of staff;
- within the team, safe working practices are followed and working methods conform to the requirements of health and safety legislation.

45. In addition you should:

- take responsibility for ensuring that the team works effectively to achieve high standards of care, including clinical effectiveness and efficiency;
- do your best to make sure that the whole team understands the need to provide a polite, responsive, accessible and effective service and to treat patient information as confidential;
- if necessary, work to improve your skills as a team leader and participate in educational activities relevant to your managerial responsibilities.

Further advice on working in teams is provided in the GMC booklets *Maintaining Good Medical Practice* [40] and *Management in Health Care—The Role of Doctors* [41].

Sharing information with colleagues

46. It is in patients' best interests for one doctor, usually a general practitioner, to be fully informed about and responsible for maintaining continuity of a patient's medical care. As an occupational physician, you should support this role by, for example:

- keeping colleagues well informed when sharing the clinical and occupational health care of patients;
- referring the patient back to their own doctor for matters of general medical care;
- ensuring that their doctor is informed when you wish to request a specialist's opinion on the case;
- ensuring, with the patient's informed consent, that their doctor is given any information you hold that is necessary for their continuing care.

47. You should provide information to patients about how information is shared within teams and between those who will be providing care. If a patient objects to such disclosures you should explain the benefits to their own care of information being shared, but you must not disclose information if a patient maintains such objections. For further advice see the GMC guidance *Confidentiality: Protecting and Providing Information* [42].
48. Occupational physicians have responsibilities to managers and third parties, and quite often accept patients for assessment or screening at their behest and without a referral from a general practitioner. If you accept a patient without such a referral, you should provide the general practitioner with any information you obtain which is material to the patient's continuing care, provided you have the patient's informed consent. Except in emergencies or when it is impracticable, you should inform the general practitioner before starting any therapeutic treatment. If you do not tell the patient's general practitioner, before or after providing such treatment, you will be responsible for providing or arranging all after care which is necessary until another doctor agrees to take over.

Delegation and referral

49. Delegation involves asking a colleague to provide treatment, care or advice on your behalf. When you delegate in this way you must be sure that the person to whom you delegate is competent to carry out the procedure or provide the therapy or advice involved and, where possible, accountable to a statutory regulatory body. If you delegate within the team to someone other than a doctor, you will still be responsible for the overall occupational medical care of the patient.
50. When you refer a patient, you should provide all relevant information about the patient's history and current condition, including details of the working environment, occupational exposures and work requirements. The reason for referral should be made clear. Generally, the responsibility for advising

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employers on fitness for work resides with the occupational physician.

Probity

Providing information about your services

51. If you publish, on paper or electronically, or broadcast information about services you provide, the information must be factual and verifiable. It must be published in a way that conforms with the law and with the guidance issued by the Advertising Standards Authority. Further advice is provided in the Faculty's *Guidance on Ethics for Occupational Physicians* [23] and this should be consulted.
52. The information you publish must not make unjustifiable claims about the quality of your services. It must not, in any way, offer guarantees of cures, or convey an exaggerated impression of your effectiveness, nor exploit patients' or employers' vulnerability or lack of medical knowledge.
53. Information you publish about your services must not put pressure on people to use a service, for example by arousing ill-founded fear for their future health or that of their employees.
54. Only doctors with postgraduate training in occupational medicine should describe themselves as occupational physicians and they should only describe themselves as 'consultants' or 'specialists' in occupational medicine if they are eligible for inclusion on the specialist register established by the GMC under the European Specialist Medical Qualifications Order 1995.

Writing reports, giving evidence and signing documents

55. You must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. This means that you must take reasonable steps to verify any statement before you sign a document. You must not write or sign documents which are false or misleading because they omit relevant information.

Research

56. If you participate in research you must not put pressure on patients and volunteers to participate and you must always put their care and safety first. You must ensure that approval has been obtained for research from an independent research ethics committee and that patients have given informed consent, also that the research is not contrary to the individual's interests. You must follow the principles of the GMC guidance on research and take note of other governance and good practice guidelines issued by the Departments of Health and other authoritative bodies. (In situations that do not involve direct patient participation, such as audits of process or outcome, and in trials of service enhancement, the necessity for ethical approval is less clear-cut, but if in doubt about this, you should consult appropriately with colleagues who have experience in clinical research.)
57. You have an absolute duty to conduct all research with honesty and integrity:

    - you must follow all aspects of the research protocol (or record any departures from the protocol and seek revised ethical approval where necessary);
    - you may accept only those payments or gifts approved by a research ethics committee;
    - your conduct must not be influenced by payments or gifts;
    - you must always record your research results truthfully and maintain adequate records;
    - when publishing results you must not make unjustified claims for authorship;
    - where appropriate, you should communicate and explain the significance of the findings to participants before publishing them;
    - you have a duty to report evidence of fraud or misconduct in research to an appropriate person or authority.

More detailed advice on the ethical responsibilities of doctors working in research is published in the GMC booklet *Research: The Role and Responsibilities of Doctors* [22].

Financial and commercial dealings

58. You must be honest and open in any financial arrangements with patients and employers. In particular:
    - you should provide information about fees and charges before obtaining patients' consent to consultation or treatment, wherever possible. You must tell patients if any part of the fee goes to another doctor.
59. You must not:

    - exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services or advice;
    - encourage your patients to give, lend or bequeath money or other gifts which directly or indirectly benefit you or other people;
    - put pressure on patients to accept private treatment;
    - allow the pressure put on you by the patient's employer or other third party to affect your professional judgement about the correct course of action or advice;

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- allow commercial considerations (such as maintaining a contract to provide services) to affect your professional judgement and advice;
- exploit commercially sensitive information gained in your occupational medical practice for financial or personal gain.

60. You must be honest in financial and commercial matters relating to your work. In particular:

- if you manage finances, you must make sure that funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances;
- you must not defraud patients or the service or organization for which you work;
- before taking part in discussions about buying goods or services, you must declare any relevant financial or commercial interest which you or your family might have in the purchase;
- you must act with integrity when tendering for occupational health services;
- you must ensure, if you contract services, that these are resourced at an appropriate level of competence.

Conflicts of interest

61. Occupational physicians will generally have responsibilities both to employees and to employers. These responsibilities extend to individuals whose health and safety may be affected by the patient's work, as well as pension funds, insurers, law courts and other parties who seek an impartial medical opinion. Potential conflicts of interest may therefore arise.

- In general, your primary clinical responsibility is to the patient and you must act in his or her best interests at all times, within the scope of these guidelines.
- However, your advice to patients and employers should take proper account of the risks to the health and safety of others. It must also be honest and impartial.
- At the pre-employment assessment, the contractual responsibility of the occupational physician is to the employer; however, you should ensure that any assessment is strictly relevant to the job in question, that applicants who have pre-existing medical conditions are fairly considered and that unnecessary barriers are not placed in the path of employment.

Further information can be found in *Guidance on Ethics for Occupational Physicians* [23].

62. You must not ask for or accept any inducement, gift or hospitality which might affect or be seen or thought to affect your judgement. You should not offer such inducements to colleagues.

Financial interests in medical organizations and health and safety organizations

63. If you have financial or commercial interests in organizations providing health care, in pharmaceutical or other biomedical companies, or in organizations that sell health and safety services, these must not affect the way you prescribe for, treat, refer or advise patients.
64. If you have a financial interest in the performance of an organization in which you work (such as a profit-related pay or share option), you should not let this influence your clinical conduct towards patients, or your professional judgement about their health and safety needs or those of the organization as a whole.
65. Similarly, if you have a financial or commercial interest in an organization to which you plan to refer a patient, you must tell the patient about your interest and anyone funding their treatment must be made aware of your financial interest.

Health

If your health may put patients at risk

66. If you have a serious condition which you could pass on to patients, or if your judgement or performance could be significantly affected by an illness or its treatment, you must obtain and follow advice from an independent specialist in occupational medicine or another suitably qualified colleague on whether and in what ways you should modify your practice. You must not rely on your own assessment of the risk to patients.
67. If you think you have a serious condition which you could pass on to patients, you must have all the necessary tests and act on the advice given to you by a suitably qualified colleague about necessary treatment and/or modifications to your clinical practice.
68. You will find more advice on what to do when you believe that you or a colleague (including a health care worker for whom you are providing medical care) may be placing patients at risk in the GMC statement *Maintaining Good Medical Practice* [40] and in its guidance on serious communicable diseases [39].

Concluding remarks

This guidance is not exhaustive. Additional guidance is provided by the Faculty document *Guidance on Ethics for*

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Occupational Physicians [23] in a number of important areas which have not been covered here (including pre-employment assessments, medical assessments relating to sickness absence, drug and alcohol screening, biological monitoring and business ethics). This should also be consulted. *A Guide to Standards in Private Practice: Occupational Medicine* [43] represents another valuable guide.

Collectively, however, these documents cannot cover all forms of professional practice or misconduct which may cause the GMC to question your registration or which may fall short of standards considered appropriate by your peers. You must therefore always be prepared to explain and justify your actions and decisions.

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