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Faculty of Occupational Medicine  
of the Royal College of Physicians



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# Charitable Objects and Mission Statement

## Charitable Objects of the Faculty of Occupational Medicine

The charitable objects of the Faculty are to:

- promote for the public benefit the advancement of education and knowledge in the field of occupational medicine
- act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning occupational medicine
- develop and maintain for the public benefit the good practice of occupational medicine with a view to providing for the protection of people at work by ensuring the highest professional standards of competence and ethical integrity.

## Mission Statement of the Faculty of Occupational Medicine

Our aim is for healthy working lives through:

- maximising people's opportunities to benefit from healthy and rewarding work while not putting themselves or others at unreasonable risk
- elimination of preventable injury and illness caused or aggravated by work
- access for everyone to advice from a competent occupational physician as part of comprehensive occupational health and safety services

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# Introduction

This document sets down standards of good practice for occupational physicians and is based on *Good Medical Practice* (2006) in which the General Medical Council (GMC) defines the standards, conduct and behaviour expected of all doctors.

The need for specific additional guidance for occupational physicians arises because their practice differs significantly from that of doctors in most other specialties. The occupational physician usually has responsibilities to employers as well as to workers. Moreover, occupational physicians often work in privately organised occupational health services, and undertake a range of clinical and managerial activities that differ markedly from those of other doctors (see below).

## **From: *The Occupational Physician***

*The precise duties of an occupational physician may include:*

- visiting the workplace regularly and advising on the provision of safe and healthy conditions by informed scientific assessment of the physical and psychological aspects of the working environment
- promoting compliance with relevant health and safety legislation
- helping to develop policies, practices and cultures that promote and maintain the physical, mental and social wellbeing of all workers
- assessing the fitness of individual job applicants and workers for specific tasks, ensuring a good fit between applicants and job, recommending suitable adjustments to enable a person to undertake the work they have been selected to perform safely and effectively, considering any health issues or disabilities they may have
- monitoring the health of workers who are potentially exposed to hazards at work through health surveillance programmes
- analysing data from surveillance programmes using sound epidemiological methods to identify trends in worker health and recommend any remedial measures necessary to improve worker health
- advising employees and employers regarding work-related health issues
- assessing potential cases of occupational injuries and illness; investigating, managing and reporting individual cases appropriately and establishing if this is a single case or if there is wider incidence
- managing immunisation programmes for workplace biological hazards and for business travellers
- case-managing workers who are on sick leave, working with other health professionals to ensure the earliest return of functional capacity and return to work
- recommending suitable alternate work in circumstances where a worker cannot perform their normal job, either temporarily or on a permanent basis
- determining whether employees satisfy the medical criteria for ill-health retirement under the terms of the relevant pension fund rules
- ensuring that people have the necessary health information to undertake their work safely and to improve their own health.

This document sets down standards of good practice for occupational physicians and interprets the GMC's guidelines in the context of occupational medical practice. However, our recommendations on standards do not over-ride those set out in GMC documentation, and this should also be consulted. (Other valuable sources of advice include **Guidance on Ethics for Occupational Physicians**, elements of which have been incorporated into the document and **Occupational Health Service Standards for Accreditation**, which set standards of good practice for occupational health services.)

To emphasise that occupational physicians share many obligations in common with other doctors, the original words and passages of **Good Medical Practice**, and selected abstracts from supplementary guidelines of the GMC, are retained and presented. **Where appropriate, extra commentary, written specifically by the Faculty of Occupational Medicine, then follows in a distinguishing (blue) typeface.**

As in the GMC's guidelines, we focus mainly on the clinical obligations of doctors to their patients, rather than their professional and managerial obligations to employers or third parties. Doctors must make care of the individual patient their first concern. However, the effective discharge of care in the occupational context requires good communication and collaboration with managers and other healthcare professionals. Professional codes of ethics and occupational physicians' terms of employment reflect dual responsibilities to employers and workers. Thus, where appropriate, mention is made of good practice in the interface with managers. Finally, many occupational physicians manage occupational health services, and for them we provide good practice guidelines modelled on the supplementary guidance from the GMC, entitled **Management for Doctors**.

We anticipate these guidelines will be of interest not only to occupational physicians but also to appraisers, managers, workers and their representatives, other healthcare and occupational health professionals, health and safety advisers and the general public. 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 practice may vary. We recommend that account be taken of this in any formal appraisal of performance that draws upon this document for guidance.

# Good Practice Guidelines

## How Good Medical Practice applies to you

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

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

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

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

**Good Occupational Medical Practice** is also guidance, rather than a statutory code: you must relate the general principles to your own practice as an occupational physician.

In the guidelines **Good Occupational Medical Practice**, the term 'patient'\* includes workers who:

- consult the occupational physician either voluntarily or by obligation, e.g. statutory medical examination
- may be affected by the occupational health advice given to employers, or by the health policies an occupational physician advocates
- may use the health and safety services for which a doctor has a managerial or professional responsibility.

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 immunisations, travel medicines, post-exposure prophylaxis, and specific occupational interventions; they may, also, provide emergency care, or advise patients on exposure avoidance measures and other actions 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.

## The duties of a doctor registered with the General Medical Council

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

- make the care of your patient your first concern
- protect and promote the health of patients and the public
- provide a good standard of practice and care
  - keep your professional knowledge and skills up to date
  - recognise and work within the limits of your competence
  - work with colleagues in the ways that best serve patients' interests

\* Many occupational physicians use the term 'client', 'employee', or 'worker', rather than 'patient', to emphasise a relationship that is frequently non-therapeutic and with the intent of keeping workers healthy.

- work in partnership with patients
- listen to patients and respond to their concerns and preferences
- give patients the information they want or need in a way they can understand
- respect patients' right to reach decisions with you about their treatment and care
  - support patients in caring for themselves to improve and maintain their health
- be honest and open and act with integrity
  - act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
  - never discriminate unfairly against patients or colleagues
  - never abuse your patients' trust in you or the public's trust in the profession.

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

### Good doctors

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

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

All patients and purchasers 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 clinical care

#### Providing good clinical care

2. Good clinical care must include:
  - a adequately assessing the patient's conditions, taking account of the history (including the symptoms, and psychological and social factors), the patient's views, and where necessary examining the patient
  - b providing or arranging advice, investigations or treatment where necessary
  - c referring a patient to another practitioner, when this is in the patient's best interests.
3. In providing care you must:
  - a recognise and work within the limits of your competence
  - b prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs
  - c provide effective treatments based on the best available evidence
  - d take steps to alleviate pain and distress whether or not a cure may be possible
  - e respect the patient's right to seek a second opinion
  - f keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment
  - g make records at the same time as the events you are recording or as soon as possible afterwards



- h be readily accessible when you are on duty
- i consult and take advice from colleagues, where appropriate
- j make good use of the resources available to you.

Good clinical practice in the occupational health setting should include:

- a) assessing adequately the patient's health, based on the clinical and occupational history, and clinical signs, an understanding of the work (including contemplated work) and workplace, and if necessary an appropriate examination of the patient, and any relevant medical reports and tests;
- b) assessing competently the interaction between workers and their jobs - including personal and occupational factors that may adversely affect their ability to safely discharge their duties or adversely affect the health and safety of others;
- c) organising investigations important to the assessment of occupational risks, potential occupational illness, or fitness for work;
- d) recommending specific occupational interventions where indicated;
- e) taking suitable and prompt action when necessary;
- f) providing patients with the information they need to protect themselves against occupational risks and in a way that is easily understandable;
- g) apprising the patient of other sources of help and advice (such as the Health and Safety Executive, human resource managers and safety representatives);
- h) referring the patient to their general practitioner when indicated;
- i) collecting enough information to make a competent assessment of the risks from work, including relevant information on groups of workers;
- j) assessing 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;
- k) according high priority to the health and safety of individuals in the workplace;
- l) advising workers, managers, and employee representatives on the measures required to control the health risks arising from work activities, especially any obligations which are statutory;
- m) 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;
- n) assessing competently a worker's functional capability for work and options including reasonable adjustments to their work, rehabilitation, redeployment and ill-health retirement;
- o) encouraging employers to accommodate workers with disability, and advising employers and employees on any statutory requirements and sources of assistance relating to disability;
- p) encouraging employers not to discriminate unfairly against employees with illness or health-related problems;
- q) ensuring adequate and appropriate communication with managers, so that workers' health problems and health and safety issues can be handled in an effective and balanced way.

Note that good occupational medical 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 workers. Indeed, for some specialist practitioners this may represent most or all of their practice.

### Supporting self-care

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



## Avoid treating those close to you

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

In addition, wherever possible, a doctor should avoid acting as an occupational health adviser to an individual where another relationship exists, e.g. as manager, departmental colleague or primary healthcare physician. If this is unavoidable, particular care should be taken to ensure that the individual understands the context of the consultation and agrees to its terms.

## Raising concerns about patient safety

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

If you feel that the actions of an employer to whom you contract services may cause harm, and these concerns cannot be addressed through consultation and discussion, you should similarly take responsible and professional action to protect safety and health.

## Decisions about access to medical care

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

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

8. If carrying out a particular procedure or giving advice about it conflicts with your religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and tell them they have the right to see another doctor. You must be satisfied that the patient has sufficient information to enable them to exercise that right. If it is not practical for a patient to arrange to see another doctor, you must ensure that arrangements are made for another suitably qualified colleague to take over your role.
9. You must give priority to the investigation and treatment of patients on the basis of clinical need, when such decisions are within your power. If inadequate resources, policies or systems prevent you from doing this, and patient safety is or may be seriously compromised, you must follow the guidance in paragraph 6.

As an occupational physician, you should also consider the risk to human health and safety, including that of individuals who may be affected by the work performed. Such risks may necessitate specific health assessments and investigations, and sometimes result in a restriction on work duties.

10. All patients are entitled to care and treatment to meet their clinical needs. You must not refuse to treat a patient because their medical condition may put you at risk. If a patient poses a risk to your health or safety, you should take all available steps to minimise the risk before providing treatment or making suitable alternative arrangements for treatment.

### Treatment in emergencies

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

If you have overall responsibility for an occupational health service, you should 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 seek to ensure that appropriate arrangements are made and monitored.

### Maintaining good medical practice

#### Keeping up to date

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

Occupational physicians must undertake Continuing Professional Development (CPD) relevant to their practice (see: <http://www.facocmed.ac.uk/cpd/cpdfom.jsp>).

#### Maintaining and improving your performance

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

Occupational physicians must participate in the processes of revalidation set out by the GMC.

Occupational physicians also play an important role in the reporting of occupational diseases that occur in workplaces for which they have responsibility. With appropriate consent, the occupational physician should ensure that the employer is able to report occupational disease under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations.

### Teaching and training, appraising and assessing

15. Teaching, training, appraising and assessing doctors and students are important for the care of patients now and in the future. You should be willing to contribute to these activities.

You should also be willing to contribute to the education and training of other colleagues.

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

### Relationships with patients

#### The doctor-patient partnership

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

To establish and maintain trust as an occupational physician you must also:

- a) respect the right of workers to decline participation in a fitness assessment, teaching, or research, and inform them of the potential consequences;
- b) respect the right of a worker to enlist the help of an advocate such as an employee representative;

- c) respect the right of a worker to be fully involved in decisions about their care (including decisions of job placement and medical retirement); this does not imply a worker's right to dictate the recommendation that a doctor wishes to make on job placement or medical retirement. Workers' 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 an impartial opinion, based on medical evidence.
- d) respect the right of workers to have access to their medical records;
- e) respect the right of workers to a second opinion where service arrangements allow this (and where arrangements do not include this provision, patients should be advised how they can obtain another opinion);
- f) provide appropriate information regarding complaints procedures.

Occupational physicians also need to build good relationships with **managers**. Integrity, respect, good communication, and a focus on impartial evidence-based medical advice are important elements in building a relationship of trust in which patients' health problems and health and safety issues can be discussed constructively.

### Good communication

22. To communicate effectively you must:

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

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 adviser, prepared to communicate similar information to managers and workers alike. Similar general qualities will apply in effective communication with these other parties - for example: a willingness to listen to concerns, to keep managers updated on the progress of cases, and to share relevant information in ways that can be understood.

Occupational physicians should provide necessary information about exposures and health and safety risks in the workplace in a clear, open and effective way.

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

### Children and young people

- 24. The guidance that follows in paragraphs 25-27 is relevant whether or not you routinely see children and young people as patients. You should be aware of the needs and welfare of children and young people when you see patients who are parents or carers, as well as any patients who may represent a danger to children or young people.
- 25. You must safeguard and protect the health and well-being of children and young people.
- 26. You should offer assistance to children and young people if you have reason to think that their rights have been abused or denied.

27. When communicating with a child or young person you must:
- treat them with respect and listen to their views
  - answer their questions to the best of your ability
  - provide information in a way they can understand.
28. The guidance in paragraphs 25-27 is about children and young people, but the principles also apply to other vulnerable groups.

Occupational physicians do not normally care for under-16 year-olds. However, during their clinical contacts with workers (e.g. those whose job it is to look after children, to undertake social work or visit or work in care homes) they may discover matters of concern related to the safety of minors. They then have a duty to follow the GMC's guidelines in paragraphs 24 to 26, or 28 in relation to other vulnerable groups.

Vulnerable workers whose occupational health needs may need special consideration, include those with physical or learning disabilities.

### Relatives, carers and partners

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

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

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

Employers have a similar entitlement to receive an honest explanation if things go wrong in the occupational healthcare of a worker. This should incorporate constructive advice on how matters can be made better or put right.

### Maintaining trust in the profession

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

## Consent

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

Other sources of guidance on consent include the Faculty's ***Guidance on Ethics for Occupational Physicians***.

When acting as an occupational physician you:

- a) should ensure that workers understand, clearly and fully, the purpose, context, and potential outcomes of the consultation;
- b) should ensure that workers understand what information you propose to release, to whom, with what purpose, and the likely consequences associated with granting or withholding consent;
- c) must be satisfied that, prior to a consultation or release of any information to employers or third parties, the worker consents to these proposed actions;
- d) should offer to show the worker, or give them a copy of, any report you write about them before it is sent, unless:
  - (i) they have already indicated that they do not wish to see it; or
  - (ii) disclosure would be likely to cause serious harm to the patient or anyone else; or
  - (iii) disclosure would be likely to reveal information about another person who does not consent;
- e) must, when assessing a worker for the purposes of making a report to a third party, ensure that they have provided consent to the process, document this, and respect their right to withhold agreement to release of the report. Consent may be withdrawn at any stage (but occupational physicians do not need to seek consent repeatedly) during the process.
- f) must, when seeking information from another clinical specialist, obtain informed consent from the worker and observe their rights under the Access to Medical Reports Act.

If consent is withheld special difficulties may arise. Further advice on consent and medical report writing appears in an update (paragraphs 3.37-3.40) to the Faculty's *Guidance on Ethics*, published in February 2010 ([http://www.facocmed.ac.uk/library/docs/m\\_gmconf\\_ethicsrev.pdf](http://www.facocmed.ac.uk/library/docs/m_gmconf_ethicsrev.pdf)).

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.

Extracts from ***Consent: patients and doctors making decisions together*** and ***Confidentiality*** that illustrate important principles about consent and disclosure are copied in red below.

### **Consent (from *Consent: patients and doctors making decisions together*)**

Patients must be able to trust doctors with their lives and health. To justify that trust you must give patients the information they want or need in a way they can understand and respect patients' right to reach decisions with you about their treatment and care. For a relationship between doctor and patient to be effective, it should be a partnership based on openness, trust and good communication. Each person has a role to play in making decisions about care.

\* *Seeking patients' consent: the ethical considerations* (1998) has been replaced by *Consent: patients and doctors making decisions together* (2008).

You must not exceed the scope of the authority given by a patient, except in an emergency.

You should discuss with patients the possibility of additional problems coming to light.

You must respond to any new or repeated concerns or questions the patient raises. This is particularly important if: significant time has passed since the earlier decision was made; there have been material changes in the patient's condition, or in any aspect of the proposed investigation or treatment; and if new information has become available, e.g. about the risks of treatment or about other treatment options.

### **Disclosure (from Confidentiality)**

You should make sure that information is readily available to patients explaining that, unless they object, their personal information may be disclosed for the sake of their own care and for local clinical audit. Patients usually understand that information about them has to be shared within the healthcare team to provide their care. But it is not always clear to patients that others who support the provision of care might also need to have access to their personal information. And patients may not be aware of disclosures to others for purposes other than their care, such as service planning or medical research. You must inform patients about disclosures for purposes they would not reasonably expect, or check that they have already received information about such disclosures.

Confidentiality is an important duty, but it is not absolute. You can disclose personal information if:

- (a) it is required by law
- (b) the patient consents - either implicitly for the sake of their own care or expressly for other purposes
- (c) it is justified in the public interest.

When disclosing information about a patient, you must:

- (a) use anonymised or coded information if practicable and if it will serve the purpose
- (b) be satisfied that the patient:
  - (i) has ready access to information that explains that their personal information might be disclosed for the sake of their own care, or for local clinical audit, and that they can object, and
  - (ii) has not objected
- (c) get the patient's express consent if identifiable information is to be disclosed for purposes other than their care or local clinical audit, unless the disclosure is required by law or can be justified in the public interest
- (d) keep disclosures to the minimum necessary, and
- (e) keep up to date with, and observe, all relevant legal requirements, including the common law and data protection legislation.

When you are satisfied that information should be disclosed, you should act promptly to disclose all relevant information.

You should respect, and help patients to exercise, their legal rights to:

- (a) be informed about how their information will be used, and
- (b) have access to, or copies of, their health records.



### Disclosures where express consent must be sought (from *Confidentiality*)

As a general rule, you should seek a patient's express consent before disclosing identifiable information for purposes other than the provision of their care or local clinical audit, such as financial audit and insurance or benefits claims.

If you are asked to provide information to third parties, such as a patient's insurer or employer or a government department or an agency assessing a claimant's entitlement to benefits, either following an examination or from existing records, you should:

- (a) be satisfied that the patient has sufficient information about the scope, purpose and likely consequences of the examination and disclosure, and the fact that relevant information cannot be concealed or withheld
- (b) obtain or have seen written consent to the disclosure from the patient or a person properly authorised to act on the patient's behalf; you may accept an assurance from an officer of a government department or agency or a registered health professional acting on their behalf that the patient or a person properly authorised to act on their behalf has consented
- (c) only disclose factual information you can substantiate, presented in an unbiased manner, relevant to the request; so you should not usually disclose the whole record, although it may be relevant to some benefits paid by government departments and to other assessments of patients' entitlement to pensions or other health-related benefits, and
- (d) offer to show your patient, or give them a copy of, any report you write about them for employment or insurance purposes before it is sent, unless:
  - (i) they have already indicated they do not wish to see it
  - (ii) disclosure would be likely to cause serious harm to the patient or anyone else
  - (iii) disclosure would be likely to reveal information about another person who does not consent.

### Confidentiality

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

You must treat information about patients as confidential. *Confidentiality* provides guidance on disclosures required by law and discusses circumstances in which disclosures may be in the public interest but individual consent is not forthcoming. If in exceptional circumstances you feel there are good reasons why you should pass on information without a patient's consent or against a patient's wishes, you should follow this GMC supplementary guidance as well as that from the Faculty of Occupational Medicine and be prepared to justify your decision. You should make every effort to explain your position to the patient. (You may also wish to consult your medical indemnifier.)

Health data that are required, e.g. as part of a health surveillance programme or to make decisions of health and safety policy, should be suitably anonymised, to ensure that the details of named individuals cannot be identified.

You must ensure the confidentiality of the medical records you hold on patients. You must also ensure that team members understand and respect the requirement to preserve confidentiality of information held on patients. You must:

- ensure that medical records are stored and transferred safely and securely;
- protect against improper or accidental disclosures;
- ensure compliance with all relevant legislation (e.g. Access to Medical Reports Act 1988, Access to Health Records Act 1990, Data Protection Act 1998);
- keep personal information, including medical information, confidential, releasing such information only with the individual's informed consent or when required by law or overriding public interest.

For further guidance, see ***Guidance on Ethics for Occupational Physicians***.

You must ensure that managers understand the constraints on disclosure of personal health information imposed by the patient's entitlement to confidentiality. One abiding principle is that employers are entitled to advice about an individual's fitness for work, but are not entitled to diagnoses or specific clinical details, without the prior informed consent of the employee and a genuine need to know.

### **Ending your professional relationship with a patient**

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

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

It may become necessary to end a professional relationship with your patients if an employer decides to engage an alternative source of occupational health advice. In this event, you should conduct transfer of services in a professional, impartial and courteous manner so as not to disrupt the provision of a continuous service. Advice on the disposal and transfer of records containing personal health information is provided in ***Guidance on Ethics for Occupational Physicians***.

### **Working with colleagues**

#### **Working in teams**

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

- c make sure that your patients and colleagues understand your role and responsibilities in the team, and who is responsible for each aspect of patient care
- d participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies
- e support colleagues who have problems with performance, conduct or health.

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

Teams need effective leadership. If you **lead** an occupational health team, you must ensure that team members meet the standards of conduct and care set out guidance in **Management for Doctors**.

As a team leader you must also provide an environment in which the general standards and obligations of **Good Medical Practice** can be met by the individuals and services that you manage. You must for example be satisfied that:

- a) clinical members of a team are registered with their respective regulatory bodies (e.g. doctors with the GMC, nurses with the NMC, physiotherapists with the HPC);
- b) 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;
- c) all clinicians have suitable liability insurance or indemnity;
- d) all occupational health team members recognise and work within their limitations;
- e) all occupational health team members are appraised;
- f) mechanisms are in place to identify the educational and training needs of staff, as well as any deficiencies of performance;
- g) there is sufficient opportunity and support for training;
- h) there is sufficient supervision, including access to advice from a Specialist in Occupational Medicine;
- i) regular reviews and audit of the performance of the team are undertaken and any opportunities for improvement are addressed;
- j) the principles of clinical governance are applied to the team's activities;
- k) systems are in place for dealing supportively with problems in the performance, conduct or health of team members;
- l) within the team, safe working practices are followed and working methods conform to the requirements of health and safety legislation;
- m) all statutory obligations are observed;
- n) systems are in place to store, use and disclose confidential information in line with the law and professional guidance;
- o) there are adequate systems in place for investigating complaints promptly and fully;
- p) there are adequate resources to support the services you contract to provide;
- q) each patient's care is properly co-ordinated and managed and that patients know whom to contact if they have questions or concerns.

In addition you should:

- a) define the lines of accountability for the quality and standards of care;
- b) take responsibility for ensuring that the team works effectively to achieve and maintain high standards of practice;
- c) 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;
- d) work within the limits of your competence as a manager, keep up to date as a manager, and seek expert advice when you need it;

- e) take part in professional development and educational activities appropriate to your management responsibilities, as well as annual appraisal and revalidation looking at your performance as a manager, and reviews and audit of your managerial performance.

Extracts from *Management for Doctors* that illustrate important principles are reproduced in red below.

**(from *Management for Doctors*)**

All practising doctors are responsible for the use of resources; many will also lead teams or be involved in the supervision of colleagues; and most will work in managed systems, whether in the NHS or in the independent, military, prison or other sectors. Doctors have responsibilities to their patients, employers and those who contract their services. This means that doctors are both managers and are managed.

Doctors' management roles often involve responsibility for teams, people and the resources they use. If you manage resources other than people, or develop policies, set standards or audit others, you should follow the guidance in [*Management for Doctors*] as far as it is relevant to your role... You continue to have a duty of care for the safety and well-being of patients when you work as a manager. You remain accountable to the GMC for your decisions and actions even when a non-doctor could perform your management role.

The Committee on Standards in Public Life (the Nolan Committee) set out seven principles for the conduct of holders of public office: selflessness, integrity, objectivity, accountability, openness, honesty, and leadership. [These are] a useful set of principles for doctors who manage.

Management involves making judgements about competing demands on available resources. If managerial concerns conflict with your primary duty [to patients] to the extent that you are concerned for the safety or well-being of your patients, you should declare the conflict, seek colleagues' advice, and raise your concerns formally with senior management and external professional bodies as appropriate.

You must keep financial, employment, research and other records for which you are responsible in good order... You should keep clear, accurate and legible management records of relevant decisions and transactions in line with the law, local procedures and good practice... You should make sure there are adequate systems in place to monitor financial and management information and that you and those you manage make full use of them... You must make sure that the funds you manage are used for the purposes they were intended for and are clearly and properly accounted for.

As an effective manager, you:

*should be able to:*

- lead a team effectively
- identify and set objectives
- communicate clearly
- manage resources and plan work to achieve maximum benefits
- make sound decisions in difficult situations
- know when to seek help and do so when appropriate
- offer help to those you manage, when they need it
- demonstrate leadership qualities through your own example
- manage projects
- manage change
- delegate appropriately
- consider and act upon constructive feedback from colleagues.

*need a sound working knowledge of the:*

- main clinical and other issues relevant to those you manage
- key skills and contributions of other health professionals
- roles and policies of local agencies involved in healthcare
- needs of patients, carers and colleagues
- use and application of information and information technology
- nature of clinical and other risks
- limits of what is affordable and achievable
- principles of change management
- culture of the organisations in which you work
- structure and lines of accountability in the organisations in which you work
- principles of good employment practice and effective people management.

### Conduct and performance of colleagues

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

### Respect for colleagues

46. You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views\* to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.

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

47. You must not make malicious and unfounded criticisms of colleagues that may undermine patients' trust in the care or treatment they receive, or in the judgement of those treating them.

You must not damage the professional, personal, or commercial reputation of a colleague or that of a competing occupational health provider, by making malicious, unfounded or unproven comments about them.

### Arranging cover

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

Occupational physicians only occasionally belong to a clinical team that has assumed 24 hour or out of hours responsibility for patient care. However, if you belong to such a team the obligations of paragraph 48 will arise, as they may in relation to the effective provision of first aiders in the workplace.

### Taking up and ending appointments

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

### Sharing information with colleagues

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

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

- a) keeping colleagues well informed when sharing the clinical and occupational healthcare of workers;
- b) referring the worker back to their own GP for matters of general medical care;
- c) ensuring that their GP is informed when you request a specialist's opinion;
- d) ensuring, with the worker's informed consent, that their GP is given any information you hold that is necessary for their continuing care.

Except in emergencies or when it is impracticable, you should inform the GP before starting any treatment. If you do not tell the worker's GP, before or after providing such treatment, you will be responsible for providing or arranging after-care which is necessary until another doctor agrees to take over.

In general, you should not prescribe for a worker, nor refer them to a specialist for treatment, (as opposed to an opinion) when this would be the normal responsibility of the patient's GP. You should offer only the drugs and treatments that need to be given in the occupational health department or under its control.

### Delegation and referral

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

Occupational health services may be multi-disciplinary. Other professionals may include occupational health nurses, physiotherapists, counsellors and safety advisors. In delegating within the team, occupational physicians are still responsible for the overall occupational medical care of the patient. You must only delegate professional tasks to those who are specifically trained and competent to perform the task in question.

In referring a patient, as well as providing relevant clinical details, you should include pertinent details of the working environment, occupational exposures and work requirements. The reason for referral should be made clear, as should the nature of the information requested in the report. Generally the responsibility for advising employers on fitness for work resides with the occupational physician.

## **Probity**

### **Being honest and trustworthy**

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

### **Providing and publishing information about your services**

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

In addition, you must not make unjustifiable claims about the quality of your services or convey an exaggerated impression of your effectiveness to employers; nor should you arouse ill-founded fear for the future health of their employees as a means of putting pressure on employers to use your service.



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

63. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.
64. You must always be honest about your experience, qualifications and position, particularly when applying for posts.

Only doctors who possess a postgraduate qualification in occupational medicine recognised by the Faculty of Occupational Medicine and have particular competencies, acquired through specialist postgraduate training and experience and who maintain these through ongoing continuing professional development, and annual appraisal in occupational medicine should describe themselves as occupational physicians. 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.

65. You must do your best to make sure that any documents you write or sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents, and that you must not deliberately leave out relevant information.
66. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.
67. If you are asked to give evidence or act as a witness in litigation or formal inquiries, you must be honest in all your spoken and written statements. You must make clear the limits of your knowledge or competence.
68. You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure that applies to your work. You must disclose to anyone entitled to ask for it any information relevant to an investigation into your own or a colleague's conduct, performance or health. In doing so, you must follow the guidance in **Confidentiality: Protecting and providing information**.

You should also co-operate with requests for information from enforcing authorities such as the Health and Safety Executive and Local Authorities.

69. You must assist the coroner or procurator fiscal in an inquest or inquiry into a patient's death by responding to their enquiries and by offering all relevant information. You are entitled to remain silent only when your evidence may lead to criminal proceedings being taken against you.

## Research

70. Research involving people directly or indirectly is vital in improving care and reducing uncertainty for patients now and in the future, and improving the health of the population as a whole.

You should strive to support ethical research efforts. You should also participate in reporting schemes aimed at improving knowledge about occupational ill-health.

71. If you are involved in designing, organising or carrying out research, you must:
  - a put the protection of the participants' interests first
  - b act with honesty and integrity
  - c follow the appropriate national research governance guidelines and the guidance in **Research: The role and responsibilities of doctors\***.

\**Research: The role and responsibilities of doctors (2002)* has been replaced by *Good practice in research and Consent to research (2010)*.

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, where appropriate, 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 **Good Practice in Research and Consent to 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.

You have an absolute duty to conduct all research with honesty and integrity:

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

### Financial and commercial dealings

72. You must be honest and open in any financial arrangements with patients. In particular:

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

73. You must be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular:

- a) before taking part in discussions about buying or selling goods or services, you must declare any relevant financial or commercial interest that you or your family might have in the transaction
- b) if you manage finances, you must make sure the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances.

As an occupational physician, you must not:

- a) 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;
- b) allow commercial considerations (such as maintaining a contract to provide services) to affect your professional judgement and advice;
- c) exploit commercially sensitive information gained in your occupational medical practice for financial or personal gain (the intellectual property of your employer should remain protected).

You must:

- a) act with integrity when tendering for occupational health services;
- b) ensure, if you contract services, that your assessment is appropriate for the client's need;
- c) ensure, if you contract services, that these are resourced at an appropriate level and that you accept only the work that you are competent to discharge.

### Conflicts of interest

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

Occupational physicians will generally be responsible both to employees and to employers. Responsibilities may also extend to other parties such as pension fund trustees, insurers, and at times to Employment Appeal Tribunals and courts of Law. Potential conflicts of interest may therefore arise. Occupational physicians should be open in their dealings and strive to ensure advice is always impartial and objective, and wherever possible based on medical evidence. You should declare conflicts of interest to the relevant parties.

If you have a financial interest in the performance of an organisation 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 organisation as a whole.

### Health

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

# Concluding remarks

This guidance is not exhaustive. Additional guidance is provided by the Faculty document **Guidance on Ethics for Occupational Physicians** 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. **Occupational Health Service Standards for Accreditation** 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.

## Further reading

The weblinks given below were correct at the time of publication.

GMC. *Confidentiality*. 2009.

[http://www.gmc-uk.org/guidance/ethical\\_guidance/confidentiality.asp](http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp)

GMC. *Confidentiality: disclosing information for insurance, employment and similar purposes*. 2009.

[http://www.gmc-uk.org/Confidentiality\\_disclosing\\_info\\_insurance\\_2009.pdf\\_27493823.pdf](http://www.gmc-uk.org/Confidentiality_disclosing_info_insurance_2009.pdf_27493823.pdf)

GMC. *Consent: patients and doctors making decisions together*. 2008.

[http://www.gmc-uk.org/guidance/ethical\\_guidance/consent\\_guidance\\_index.asp](http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp)

GMC. *Good medical practice*. 2006 (updated March 2009).

[http://www.gmc-uk.org/guidance/good\\_medical\\_practice/index.asp](http://www.gmc-uk.org/guidance/good_medical_practice/index.asp)

GMC. *Good Practice in Research and Consent to Research*. May 2010.

[http://www.gmc-uk.org/static/documents/content/Research\\_guidance\\_FINAL.pdf](http://www.gmc-uk.org/static/documents/content/Research_guidance_FINAL.pdf)

GMC. *Guidance on Continuing Professional Development*.

[http://www.gmc-uk.org/education/continuing\\_professional\\_development/cpd\\_guidance.asp](http://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp)

GMC. *Management for doctors*. 2006.

[http://www.gmc-uk.org/guidance/ethical\\_guidance/management\\_for\\_doctors.asp](http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp)

GMC. *Research: The role and responsibilities of doctors*. 2002.

[http://www.gmc-uk.org/guidance/ethical\\_guidance/research.asp#introduction](http://www.gmc-uk.org/guidance/ethical_guidance/research.asp#introduction)

GMC. *Seeking patients' consent: The ethical considerations*. 1998.

[http://www.gmc-uk.org/Seeking\\_patients\\_consent\\_The\\_ethical\\_considerations.pdf\\_25417085.pdf](http://www.gmc-uk.org/Seeking_patients_consent_The_ethical_considerations.pdf_25417085.pdf)

The Faculty of Occupational Medicine, Royal College of Physicians. *Guidance on Ethics for Occupational Physicians* (Sixth edition). London: Faculty of Occupational Medicine. 2006.

The Faculty of Occupational Medicine, Royal College of Physicians. *Occupational Health Service Standards for Accreditation*. London: Faculty of Occupational Medicine. 2010.

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