



**GOOD  
OCCUPATIONAL  
MEDICAL  
PRACTICE**

# About the Faculty of Occupational Medicine

The Faculty of Occupational Medicine is a charity committed to improving health at work. It is the professional and educational body for occupational medicine in the UK and seeks to ensure the highest standards in the practice of occupational medicine.

## Charitable Objects of the Faculty of Occupational Medicine

- To promote for the public benefit the advancement of education and knowledge in the field of occupational medicine;
- to act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning occupational medicine;
- to 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.

## Our Vision

Healthy working lives for all.

## Our Position

The Faculty of Occupational Medicine believes everyone of working age has the right to benefit from healthy and rewarding work while not putting themselves or others at unreasonable risk. They have the right to access competent occupational medical advice as part of comprehensive occupational health and safety services, ensuring that they can access the rewards of good employment and avoid preventable injury and illness caused or aggravated by work.

## Our Mission

To drive improvement in the health of the working age population through outstanding occupational health capability by developing and supporting the good practice of occupational medicine. To provide public benefit through the protection of people at work by ensuring the highest professional standards of competence, quality and ethical integrity.

## Our Values

**C**ollaborative, **A**uthoritative, **R**elevant, **E**thical.

# Contents

Introduction.....	4
Good Practice Guidelines.....	6
How Good Medical Practice applies to you.....	6
The duties of a doctor registered with the General Medical Council .....	7
Professionalism in action.....	8
Domain 1: Knowledge, skills and performance .....	8
Develop and maintain your professional performance.....	8
Apply knowledge and experience to practice .....	9
Record your work clearly, accurately and legibly.....	17
Domain 2: Safety and quality .....	17
Contribute to and comply with systems to protect patients .....	18
Respond to risks to safety .....	18
Protect patients and colleagues from any risk posed by your health.....	19
Domain 3: Communication, partnership and teamwork.....	20
Communicate effectively .....	20
Work collaboratively with colleagues to maintain or improve patient care .....	20
Teaching, training, supporting and assessing .....	25
Continuity and coordination of care .....	26
Establish and maintain partnerships with patients.....	27
Domain 4: Maintaining trust.....	29
Show respect for patients.....	29
Treat patients and colleagues fairly and without discrimination .....	29
Act with honesty and integrity .....	31
Concluding remarks .....	35
Acknowledgements.....	36
References .....	37

**Disclaimer:** *The purpose of this publication of the Faculty of Occupational Medicine is limited to providing occupational physicians with specific supplementary guidance to GMC Good Medical Practice publications. Consequently the contents may not always represent the views of the authors or the Faculty. Before relying on the material, users should carefully make their own assessment as to its relevance for their purposes, and should obtain any appropriate professional advice relevant to their particular circumstances.*

# Introduction

*This document sets down standards of good practice for occupational physicians and is based on **Good Medical Practice (2013, amended in 29<sup>th</sup> April 2014)** in which the GMC defines the standards, conduct and behaviour expected of all doctors. It updates and supersedes earlier guidance by the Faculty of Occupational Medicine (**Good Occupational Medical Practice 2010**).*

*The need for specific additional guidance for occupational physicians arises because their practice differs significantly from that of doctors in most other specialities. 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 to:

- visit the workplace and advise on the provision of safe and healthy conditions by informed scientific assessment of the physical and psychological aspects of the working environment
- promote compliance with relevant health and safety legislation
- help develop policies, practices and cultures that promote and maintain the physical, mental and social wellbeing of all workers
- assess the fitness of workers for specific tasks, ensuring a satisfactory fit between person 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
- monitor the health of workers who are potentially exposed to hazards at work through health surveillance programmes
- analyse data from surveillance programmes using sound epidemiological methods
- identify trends in worker health and recommend any remedial measures necessary to improve worker health
- advise employees and employers regarding work-related health issues
- assess 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
- manage immunisation programmes for workplace biological hazards and for business travellers
- work with employers to promote best practice in physical and mental health in the workplace to help prevent sick leave
- case manage workers who are on sick leave, working with other health professionals to ensure the earliest return of functional capacity and return to work

- recommend suitable alternate work in circumstances where a worker cannot perform their normal job, either temporarily or on a permanent basis because of a health problem
  - determine whether employees satisfy the medical criteria for ill health retirement under the terms of the relevant pension fund rules
  - ensure 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 **SEQOHS: Occupational Health Service Standards**, 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** (displayed in black), and selected abstracts from supplementary guidelines of the GMC (displayed in red), 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 and allied 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 **Leadership and 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 health care 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, as well as in procedures used to support medical revalidation.*

# 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 the explanatory guidance which supports it, and to follow the guidance they contain. You must use your judgement in applying the principles to the various situations you will face as a doctor, whatever field of medicine you work in, and 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 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.

To maintain your licence to practise, you must demonstrate, through the revalidation process, that you work in line with the principles and values set out in **Good Medical Practice**. Serious or persistent failure to follow this guidance will put your registration at risk.

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

*The GMC advises that the term 'patient' in its guidance "also refers to employees, clients, athletes and anyone else whose personal information [a registered medical practitioner] holds or has access to, whether or not caring for them in a traditional therapeutic relationship". In the guidelines **Good Occupational Medical Practice**, the term 'patient'<sup>\*</sup> 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 services for which a doctor has a managerial or professional responsibility.*

---

*\* 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.*

*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 make sure your practice meets the standards expected of you in four domains.

### **Knowledge, skills and performance**

- Make the care of your patient your first concern
- 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

### **Safety and quality**

- Take prompt action if you think that patient safety, dignity or comfort is being compromised
- Protect and promote the health of patients and the public

### **Communication, partnership and team work**

- Treat patients as individuals and respect their dignity
- Treat patients politely and considerately
- Respect patients' right to confidentiality
- Work in partnership with patients
- Listen to 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
- Work with colleagues in the ways that best serve patients' interests

### **Maintaining trust**

- 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.

### Professionalism in action

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 [anyone a doctor works with, whether or not they are also doctors] are honest and trustworthy, and act with integrity and within the law.
2. Good doctors work in partnership with patients and respect their rights to privacy and dignity. They treat each patient as an individual. They do their best to make sure all patients receive good care and treatment that will support them to live as well as possible, whatever their illness or disability.

*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.*

## Domain 1: Knowledge, skills and performance

### Develop and maintain your professional performance

3. You must be competent in all aspects of your work, including management, research and teaching.<sup>1, 2, 3</sup>
4. You must keep your professional knowledge and skills up to date.
5. You must regularly take part in activities that maintain and develop your competence and performance.<sup>4</sup>
6. You should be willing to find and take part in structured support opportunities offered by your employer or contracting body (for example, mentoring). You should do this when you join an organisation and whenever your role changes significantly throughout your career.
7. You must be familiar with guidelines and developments that affect your work.
8. You must keep up to date with, and follow, the law, GMC guidance and other regulations relevant to your work.
9. You must take steps to monitor and improve the quality of your work.

*Occupational physicians must undertake Continuing Professional Development (CPD) relevant to their practice (see: <http://www.facocmed.ac.uk/professional-development/fom-cpd-scheme>). They must*

*participate in the processes of revalidation set out by the GMC. They should take up structured support opportunities offered by their employer or contracting body; those who practice independently may find mentorship and support opportunities through the Society of Occupational Medicine and professional and educational meetings of the Faculty of Occupational Medicine.*

### Apply knowledge and experience to practice

10. You must recognise and work within the limits of your competence.
11. You must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK.
12. You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:
  - a adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient
  - b promptly provide or arrange suitable advice, investigations or treatment where necessary
  - c refer a patient to another practitioner when this serves the patient's needs.<sup>5</sup>
13. In providing clinical care you must:
  - a 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<sup>6</sup>
  - b provide effective treatments based on the best available evidence
  - c take all possible steps to alleviate pain and distress whether or not a cure may be possible<sup>7</sup>
  - d consult colleagues where appropriate
  - e respect the patient's right to seek a second opinion
  - f check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications

*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. *accordng 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, including any impairments or disabilities, and considering these in relation to relevant fitness standards and options for reasonable adjustments to their work, rehabilitation, redeployment or ill-health retirement;*
- o. *advising competently on relevant health and safety and equalities legislation, including the Equality Act, Data Protection Act, Health and Safety at Work Act and secondary health and safety regulations;*
- p. *encouraging employers to accommodate workers with disability, and advising employers and employees on any statutory requirements and sources of assistance relating to disability;*
- q. *encouraging employers not to discriminate unfairly against employees with illness or health-related problems;*
- r. *ensuring adequate and balanced consideration of the medical evidence pertaining to individual employees;*
- s. *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.*

- g [you must] wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.<sup>6</sup>

*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 health care 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.*

14. You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.<sup>2, 8, 9</sup>

*Other sources of guidance on consent include the Faculty's Ethics Guidance for Occupational Health Practice. Extracts from **Consent: patients and doctors making decisions together** and **Confidentiality** that illustrate important principles about consent and disclosure are copied in red below, with some additional commentary.*

#### **Disclosure (extracts from 'Confidentiality' (2009))**

Patients have a right to expect that information about them will be held in confidence by their doctors. Confidentiality is central to trust between doctors and patients. Without assurances about confidentiality, patients may be reluctant to seek medical attention or to give doctors the information they need in order to provide good care.

#### **(Safeguarding information)**

You must make sure that any personal information about patients that you hold or control is effectively protected at all times against improper disclosure. Many improper disclosures are unintentional: you should not share identifiable information about patients where you can be overheard and not share passwords or leave patients' records, either on paper or on screen, unattended or where they can be seen by other patients, unauthorised healthcare staff, or the public. You should familiarise yourself with and follow policies and procedures designed to protect patients' privacy where you work and when using computer systems provided for your use. You must not abuse your access privileges and must limit your access to information you have a legitimate reason to view.

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. You must respect the wishes of any patient who objects to particular personal information being shared within the healthcare team or with others providing care.

### **(Audit)**

All doctors in clinical practice have a duty to participate in clinical audit and to contribute to National Confidential Inquiries. If an audit is to be undertaken by the team that provided care, or those working to support them, such as clinical audit staff, you may disclose identifiable information, provided you are satisfied that the patient: has ready access to information that explains that their personal information may be disclosed for local clinical audit; and that they have the right to object, and has not objected. If a patient does object, you should explain why the information is needed and how this may benefit their own, and others' care. If it is not possible to provide safe care without disclosing information for audit, you should explain this to the patient and the options open to them. If clinical audit is to be undertaken, but not by the team that provided care or those who support them, the information should be anonymised or coded where practicable.

You should respect, and help patients to exercise, their legal rights to be informed about how their information will be used, and have access to, or copies of, their health records.

### **(Circumstances in which disclosure may occur without consent)**

Although confidentiality is an important duty, it is not absolute. You can disclose personal information if

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

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. Disclosures should be kept to the minimum necessary. Anonymised or coded information must be used if practicable and if it will serve the purpose.

Various regulatory bodies have statutory powers to access patients' records as part of their duties to investigate complaints, accidents or health professionals' fitness to practise. You should satisfy yourself that any disclosure sought is required by law or can be justified in the public interest. Whenever practicable, you should inform patients about such disclosures, even if their consent is not required.

You must disclose information if ordered to do so by a judge or presiding officer of a court. You should object to the judge or the presiding officer if attempts are made to compel you to disclose what appears to you to be irrelevant information. You must not disclose personal information to a third party such as a

solicitor, police officer or officer of a court without the patient's express consent, unless it is required by law or can be justified in the public interest.

Personal information may be disclosed in the public interest, without patients' consent, and in exceptional cases where patients have withheld consent, if the benefits to an individual or to society of the disclosure outweigh both the public and the patient's interest in keeping the information confidential. You must weigh the harms that are likely to arise from non-disclosure of information against the possible harm, both to the patient and to the overall trust between doctors and patients, arising from the release of that information.

*The GMC advises that factors that may weigh in a decision to disclose in the public interest include the nature of the information to be disclosed, what use will be made of it, by how many people, with what safeguards and with what potential for distress or harm to patients. Need for disclosure in the overriding interests of public safety is a particular concern that may arise. Occupational physicians should seek the advice of colleagues or a professional body if faced with such a serious dilemma.*

### **Disclosing information for insurance, employment and similar purposes**

There are, however, many circumstances in which you might be asked to disclose information from existing records or after examining a patient, and in which you face dual obligations. By this we mean that you have obligations both to the patient and to the person or organisation that has requested the information. ... Usually, dual obligations arise when a doctor works for, is contracted by, or otherwise provides services to:

- i. a patient's employer (as an occupational health doctor)
- ii. an insurance company
- iii. an agency assessing a claimant's entitlement to benefits
- iv. the police (as a police surgeon)
- v. the armed forces
- vi. the prison service, or
- vii. a sports team or association.

Alternatively, a person or organisation you have previously had no direct relationship with, such as your patient's employer or insurance company, might ask you to provide a medical report or information about a patient. You might be offered payment for your own or your staff's time and effort, giving rise to an obligation in addition to the one you have to your patient.

[If asked to provide information in such cases], 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. 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 a patient's entitlement to pensions or other health-related benefits
- 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.

You do not need to ask for separate consent to release a report following an examination as long as you are satisfied that the patient has given informed consent both for the examination and for the release of any subsequent reports ... You should, however, usually 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.

If a patient asks you to amend a report, you should correct any errors of fact and any opinion that is based on errors of fact. You should not remove information, opinion or advice if you believe the report would be false or misleading as a result.

If a patient withdraws consent for the report to be disclosed, it may be appropriate for you to tell the patient that their decision may lead to adverse consequences for them. For example, the absence of occupational health information could disadvantage the patient in negotiations with their employer. You must, however, abide by the patient's wishes unless the disclosure is required by law ... or can be justified in the public interest ... If a patient withdraws consent for a report to be disclosed, or fails to attend an appointment, you can let the report commissioner know but you should not disclose any further information.

You may still disclose information if it can be justified in the public interest (see GMC Confidentiality paragraphs 63-70). You must disclose information if it is required by law (see GMC Confidentiality paragraphs 87-94).

*The text above makes special mention of information that doctors provide to third parties, including employers. 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 the Faculty's publication **Ethics Guidance for Occupational Health Practice 2012** (paragraphs 3.43-3.50). This guidance recognises that, while consent may be withdrawn at any stage in the process, this may not always serve the patient's best interests (as employers, especially in safety critical situations, will then work with whatever information is available to them); careful counselling is therefore essential. It further recognises that there may be cases where there is "a legal requirement or a public interest justification" for disclosure without consent and an onus to advise workers about this possibility.*

*Some occupational physicians giving pensions advice have experienced the difficulty that an applicant, applying for pension benefit that falls under regulation, may withdraw their initially proffered consent because they disagree with independently provided professional opinion. The GMC has clarified that if a patient has both given consent at the time of a consultation and indicated that they did not wish to see the final report before supply then this such consent is valid and does not require to be rechecked; also, that informing an employer of the fact that an employee did not attend does not require consent (as it does not constitute clinical information). Updated GMC advice (2017) further clarifies that, while the patient should be counselled as to the potential impacts of non-disclosure, nonetheless, a physician **must** abide by the patient's wishes (except in the unusual circumstances of disclosure required by law or disclosure that can be justified in the public interest).*

*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.*

*You should disclose only information relevant to the request for disclosure, which means you should not usually disclose a patient's whole record. Exceptions to this general rule include benefit claims and litigation. A solicitor may need to see their client's whole record to assess which parts are relevant, for example, to personal injury claims. If the claim goes ahead, the person the claim is made against may ask for copies of important documents, which could include records containing the patient's medical*



history. Under court rules in England and Wales, they can see all the patient's health records. The solicitor should explain this to the patient. In Scotland and Northern Ireland, you should disclose records in accordance with your patient's wishes or as ordered by a court.

### **Consent (extracts from '*Consent: patients and doctors making decisions together*' (2008))**

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 ....

You must work on the presumption that every adult patient has the capacity to make decisions about their care, and to decide whether to agree to, or refuse, an examination, investigation or treatment... No one else can make a decision on behalf of an adult who has capacity. If a patient asks you to make decisions on their behalf or wants to leave decisions to [others] close to them, you should explain that it is still important that they understand the options open to them ...

How much information you share with patients will vary, depending on their individual circumstances. You should tailor your approach... You should explore matters with patients, listen to their concerns, ask for and respect their views, and encourage them to ask questions. ...You must answer patients' questions honestly and, as far as practical, answer as fully as they wish.... .... You must make it clear that they can change their mind about a decision at any time... You should give information to patients in a balanced way... you must not put pressure on a patient to accept your advice. ...Before accepting a patient's consent, you must consider whether they have been given the information they want or need, and how well they understand the details and implications of what is proposed.

You should check whether the patient needs any additional support to understand information, to communicate their wishes, or to make a decision. You should bear in mind that some barriers to understanding and communication may not be obvious... You should accommodate a patient's wishes if they want another person...to be involved in discussions or to help them make decisions.

You must explain clearly to patients the **scope** of any decisions to be made. ...You should establish whether the patient agrees to all or only parts of the proposed plan. You must not exceed the scope of the authority given by a patient, except in an emergency.

Clear, accurate information about the **risks** of any proposed investigation or treatment, presented in a way patients can understand, can help them make informed decisions... you must identify the adverse outcomes that may result from the proposed options. This includes the potential outcome of taking no action. You must tell patients if an investigation or treatment might result in a serious adverse outcome, even if the likelihood is very small. You must give information about risk in a balanced way. You must use clear, simple and consistent language when discussing risks with patients. You should be aware

that patients may understand information about risk differently from you. You should check that the patient understands the terms that you use...

Patients may be put under pressure by **employers**, insurers, relatives or others, to accept a particular investigation or treatment. You should be aware of this and of other situations in which patients may be vulnerable... You should do your best to make sure that such patients have considered the available options and reached their own decision.

Patients can give consent orally or in writing, or they may imply consent by complying with the proposed examination or treatment... In cases that involve higher risk, it is important that you get the patient's written consent. This is so that everyone involved understands what was explained and agreed. **You should also get written consent from a patient if... there may be significant consequences for the patient's employment**, or social or personal life.

*Occupational physicians should discuss clearly with their patients the possible impact on their employment circumstances of an agreed action plan or agreed report (also, the possible impact of taking no action). They should not collude with employers to put inappropriate pressure on their patients to pursue or accept a given course of action.*

15. You must make good use of the resources available to you.<sup>1</sup>

### Record your work clearly, accurately and legibly

16. Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.

17. You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection requirements.<sup>10</sup>

18. Clinical records should include:

- a relevant clinical findings
- b the decisions made and actions agreed, and who is making the decisions and agreeing the actions
- c the information given to patients
- d any drugs prescribed or other investigation or treatment
- e who is making the record and when.

## Domain 2: Safety and quality

## Contribute to and comply with systems to protect patients

19. You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:

- a taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary
- b regularly reflecting on your standards of practice and the care you provide
- c reviewing patient feedback where it is available.

20. To help keep patients safe you must:

- a contribute to confidential inquiries
- b contribute to adverse event recognition
- c report adverse incidents involving medical devices that put or have the potential to put the safety of a patient, or another person, at risk
- d report suspected adverse drug reactions
- e respond to requests from organisations monitoring public health.

When providing information for these purposes you should still respect patients' confidentiality.<sup>10</sup>

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

## Respond to risks to safety

21. You must promote and encourage a culture that allows all staff to raise concerns openly and safely.<sup>1, 11</sup>

22. You must take prompt action if you think that patient safety, dignity or comfort is or may be seriously compromised.

- a If a patient is not receiving basic care to meet their needs, you must immediately tell someone who is in a position to act straight away.
- b If patients are at risk because of inadequate premises, equipment or other resources, policies or systems, you should put the matter right if that is possible. You must raise your concern in line with GMC guidance<sup>11</sup> and your workplace policy. You should also make a record of the steps you have taken.
- c If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or the GMC. If you are still

concerned you must report this, in line with GMC guidance and your workplace policy, and make a record of the steps you have taken.<sup>11, 12</sup>

*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. If the employer does not take adequate action, you should take independent advice on how to take the matter further.*

23. You must offer help if emergencies arise in clinical settings or in the community, 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.*

24. Whether or not you have vulnerable\* adults or children and young people as patients, you should consider their needs and welfare and offer them help if you think their rights have been abused or denied.<sup>13, 14</sup>

\* Some patients are likely to be more vulnerable than others because of their illness, disability or frailty or because of their current circumstances, such as bereavement or redundancy. You should treat children and young people under 18 years as vulnerable. Vulnerability can be temporary or permanent.

#### **This replaces old deleted text on children, young adults and vulnerable individuals, as follows**

*Occupational physicians do not normally care for under 16 year-olds. However, during their clinical contacts with workers they may discover matters of concern related to the safety of minors, be these related to a worker's professional contacts with children (e.g. as a carer, teacher, social worker, etc.) or in their personal lives and social history. They then have a duty to follow the GMC's guidelines in relation to vulnerable groups.*

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

#### **Protect patients and colleagues from any risk posed by your health**

25. If you know or suspect that you 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 follow their advice about any changes to your practice they consider necessary. You must not rely on your own assessment of the risk to patients.

26. You should be immunised against common serious communicable diseases (unless otherwise contraindicated).

27. You should be registered with a general practitioner outside your family.

*Occupational physicians must also declare such concerns in their clinical appraisal.*

## Domain 3: Communication, partnership and teamwork

### Communicate effectively

28. You must listen to patients, take account of their views, and respond honestly to their questions.

29. You must give patients [including those with the legal authority to make healthcare decisions on their behalf] the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.<sup>15</sup>

*Good communication with employers and worker representatives is also important. The occupational physician must adopt the role of an independent adviser, prepared to communicate similar information to managers and workers alike. Also important is 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, including with those who have particular language and communication needs or who are of limited literacy.*

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

30. You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support.

*Occupational physicians should be willing, with their patient's agreement or at their request, to share agreed information with a third party, such as a relative, partner, carer, helper, friend, or union representative.*

31. When you are on duty you must be readily accessible to patients and colleagues seeking information, advice or support.

### Work collaboratively with colleagues to maintain or improve patient care

32. You must work collaboratively with colleagues, respecting their skills and contributions.<sup>1</sup>

*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 health care 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.*

33. You must treat colleagues fairly and with respect.

*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.*

34. You must be aware of how your behaviour may influence others within and outside the team.

*Team working is a common important element of occupational health practice. 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 in **Leadership and Management for all Doctors (2012)**.*

*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 cover;*
- 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 if required to advice from a consultant listed on the GMC's register of medical specialists for 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) *systems are in place through which colleagues can raise concerns about risks to patients;*
- m) *within the team, safe working practices are followed and working methods conform to the requirements of health and safety legislation;*
- n) *all statutory obligations are observed;*
- o) *systems are in place to store, use and disclose confidential information in line with the law and professional guidance;*
- p) *there are adequate systems in place for investigating complaints promptly and fully;*
- q) *there are adequate resources to support the services you contract to provide;*
- r) *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 **Leadership and Management for All Doctors** that illustrate key principles are reproduced in red below.*

**Extracts from 'Leadership and Management for All Doctors' (2012)**  
**(All doctors)**

All doctors have some responsibilities for using resources; many will also lead teams or be involved in supervising colleagues. Whether you have a management role or not, your primary duty is to patients.

Their care, dignity and safety must be your first concern. You also have a duty to the health of the wider community, your profession, your colleagues and the organisation in which you work. Most doctors work in multidisciplinary teams... The formal leader of the team is accountable for the performance of the team, but the responsibility for identifying problems, solving them and taking the appropriate action is shared by the team as a whole. You must be willing to work with other people and teams to maintain and improve performance... You should respect the leadership and management roles of other team members, including non-medical colleagues... You should establish clearly with your employer the scope of your role and the responsibilities it involves, including non-clinical responsibilities. You should raise any issues of ambiguity or uncertainty about responsibilities, including in multidisciplinary or multi-agency teams.

**(Doctors with a leadership role)**

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

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

If you are responsible for leading or managing a team, you must make sure that staff are clear about: a) their individual and team roles and objectives, b) their personal and collective responsibilities for patient and public safety, c) their personal and collective responsibilities for honestly recording and discussing problems. You should: a) contribute to setting up and maintaining systems to identify and manage risks in the team's area of responsibility, b) make sure that all team members have an opportunity to contribute to discussions, c) make sure that team members understand the decisions taken and the process for putting them into practice, d) make sure that each patient's care is properly coordinated and managed... Leading by example, you should promote and encourage a culture that allows all staff to contribute and give constructive feedback on individual and team performance. You should make sure that systems are in place to achieve this.

You must be honest and objective and keep to the principles of equality and diversity when appraising or assessing colleagues' performance. This includes when assessing trainees during the Annual Review of Competence Progression (ARCP) or other equivalent process. The safety of patients and the public could be put at risk if you make false, exaggerated or incomplete comments about another professional's competence or experience. You should support staff you manage to complete learning and development activities identified by appraisals or performance reviews. If you appraise or assess colleagues, you should make sure that you have the appropriate knowledge and skills.



If you are responsible for designing and delivering services, you should make sure that there is an appropriate appraisal or performance review process in place and that staff understand and follow it. You should also make sure that there are ways of dealing with any problems that appraisals bring to light...

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

If you are involved in any aspects of employing staff such as recruiting, promoting or rewarding staff, including sitting on appointment or reward committees, you must work within your professional values and your organisation's policies and procedures, and observe the principles of fairness, equality and diversity. If you have specific responsibility for recruitment, promotion or other staff rewards or compensation, you must make sure that the process is fair and transparent, and that decisions are based on objective criteria. You must make sure that any new doctor or other healthcare professional you manage is offered relevant induction...

You should be willing to take on a mentoring role for more junior doctors and other healthcare professionals. If you have agreed to act as a mentor, you must make sure that you are competent to take on the role and that you can fulfil your responsibilities... You must make sure that staff who are new to an organisation or are moving into a new role have access to an appropriate mentoring arrangement... You must make sure that the people you manage have appropriate supervision, whether through close personal supervision ... or through a managed system with clear reporting structures. If you are responsible for supervising staff, whatever your role, you must understand the extent of your supervisory responsibilities... You must support any colleagues you supervise or manage to develop their roles and responsibilities by appropriately delegating tasks and responsibilities... If you are formally involved in teaching in the workplace – for example, teaching trainee doctors on placements – you must develop the skills, attitudes and practices of a competent teacher. If you are responsible for managing teaching and training in your organisation, you must make sure only people with the appropriate knowledge, skills and attitudes carry out any teaching... there are enough staff members from appropriate disciplines, and with the necessary skills and experience, to deliver teaching... systems are in place to identify and record the educational and training needs of students, trainees and staff, including locums... an appropriate environment for training is provided

... You must promote the health and wellbeing of staff you manage. You must make sure that there are clear and effective procedures for responding to concerns about colleagues' conduct, performance or health... You should be prepared to discuss constructively and sympathetically any work problems that

the people you manage may have. You must deal supportively and, where possible, openly with problems... You must make sure that people you manage have access to support for any health or performance problems they have...

If you are responsible for managing resources, or commissioning or delivering health services, you should have detailed knowledge of how management processes work... You must make sure that you are competent and have the necessary training or advice for any financial responsibilities that are part of your role... If you have a management role or responsibility, you will often have to make judgements about competing demands on available resources. When making these decisions, you must consider your primary duty for the care and safety of patients. If you are concerned about how management decisions might conflict with your primary duty to patients, you must take steps to manage or deal with any conflict – e.g. asking for colleagues' advice, declaring the conflict to your board or other decision-making body, asking for advice from external professional or regulatory bodies, including defence organisations, if necessary... If you are responsible for managing and allocating funds or resources, you must make sure that they are used for the purposes they were intended for and are clearly and properly accounted for. You should also make sure that appropriate professional services, including audits, are commissioned when necessary. You should make sure there are adequate systems in place to monitor financial and management information. You must make sure that there are appropriate systems in place to make sure that actual or perceived conflicts of interests are managed in an open way...

If, as a member of a board or similar body, you are concerned that a decision would put patients or the health of the wider community at risk of serious harm, you should raise the matter promptly with the chair. You must also ask for your objections to be formally recorded and you should consider taking further action in line with GMC guidance in **Raising and Acting on Concerns about Patient Safety**.

35. Patient safety may be affected if there is not enough medical cover. So you must take up any post you have formally accepted, and work your contractual notice period before leaving a job, unless the employer has reasonable time to make other arrangements.

### Teaching, training, supporting and assessing

36. *You should be prepared to contribute to teaching and training doctors and students.*

*You should also be willing to contribute to the education and training of other colleagues within the occupational health team. If you are involved in teaching you must develop the skills, attitudes and practices of a competent teacher.*

37. You must make sure that all staff you manage have appropriate supervision.

*This and other responsibilities of doctors leading occupational health teams are described in the previous section.*

38. You must be honest and objective when writing references, and when appraising or assessing the performance of colleagues, including locums and students. References must include all information relevant to your colleagues' competence, performance and conduct.<sup>16</sup>

39. You should be willing to take on a mentoring role for more junior doctors and other healthcare professionals.<sup>1</sup>

*You should also be willing to contribute to the mentorship of other colleagues within the occupational health team.*

40. You must support colleagues who have problems with their performance or health. But you must put patient safety first at all times.<sup>1</sup>

### Continuity and coordination of care

41. You must contribute to the safe transfer of patients between healthcare providers and between health and social care providers. This means you must:

- a share all relevant information with colleagues involved in your patients' care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers<sup>5, 10</sup>
- b check, where practical, that a named clinician or team has taken over responsibility when your role in providing a patient's care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons.

42. When you do not provide your patients' care yourself, for example when you are off duty, or you delegate the care of a patient to a colleague, you must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient.<sup>5</sup>

*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.*

*Occupational physicians only occasionally belong to a clinical team that has assumed 24 hour or out of hour responsibility for patient care or is involved in transfer of medical care. However, if you belong to such a team the obligations of paragraph 41 will arise, as they may in relation to the effective provision of first aiders in the workplace. More commonly there is a need for appropriate sharing of health information between professionals.*

## Establish and maintain partnerships with patients

43. You must be polite and considerate.

44. You must treat patients as individuals and respect their dignity and privacy.<sup>12</sup>

45. You must treat patients fairly and with respect whatever their life choices and beliefs.

46. You must work in partnership with patients, sharing with them the information they will need to make decisions about their care,<sup>15</sup> including:

- a their condition, its likely progression and the options for treatment, including associated risks and uncertainties
- b the progress of their care, and your role and responsibilities in the team
- c who is responsible for each aspect of patient care, and how information is shared within teams and among those who will be providing their care
- d any other information patients need if they are asked to agree to be involved in teaching or research.<sup>9</sup>

*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 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.*

47. You must treat information about patients as confidential. This includes after a patient has died.<sup>10</sup>

*You must treat information about patients as confidential. However, The GMC document **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 for example 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 **Ethics Guidance for Occupational Health Practice**.*

*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.*

48. You must support patients in caring for themselves to empower them to improve and maintain their health. This may, for example, include:

- a** advising patients on the effects of their life choices and lifestyle on their health and well-being
- b** supporting patients to make lifestyle changes where appropriate.

49. You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient's lifestyle, choices or beliefs. If it is not practical for a patient to arrange to see another doctor,

you must make sure that arrangements are made for another suitably qualified colleague to take over your role.<sup>17</sup>

## Domain 4: Maintaining trust

### Show respect for patients

53 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.<sup>12</sup>

54 You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.<sup>17</sup>

55 You must be open and honest with patients if things go wrong. If a patient under your care has suffered harm or distress, you should:

- a put matters right (if that is possible)
- b offer an apology
- c explain fully and promptly what has happened and the likely short-term and long-term effects.

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

### Treat patients and colleagues fairly and without discrimination

56 You must give priority to patients on the basis of their clinical need if these decisions are within your power. If inadequate resources, policies or systems prevent you from doing this, and patient safety, dignity or comfort may be seriously compromised, you must follow the guidance in paragraph 22b.

*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.*

57 The investigations or treatment you provide or arrange must be based on the assessment you and your 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 or lifestyle have contributed to their condition.

58 You must not deny treatment to patients 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 other suitable alternative arrangements for providing treatment.

59 You must not unfairly discriminate against patients or colleagues by allowing your personal views<sup>1</sup> to affect your professional relationships or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance, and follow the guidance in paragraph 22c if the behaviour amounts to abuse or denial of a patient's or colleague's rights.

60 You must consider and respond to the needs of disabled patients and should make reasonable adjustments to your practice so they can receive care to meet their needs. ('Reasonable adjustments' does not only mean changes to the physical environment. It can include, for example, being flexible about appointment time or length, and making arrangements for those with communication difficulties such as impaired hearing. See [www.equalityhumanrights.com/advice-and-guidance](http://www.equalityhumanrights.com/advice-and-guidance)).

*Note that GMC guidance places an onus on doctors, including occupational physicians, to make 'reasonable adjustments' to facilitate consultation with their disabled patients; this is separate and additional to the advice they are likely to give managers on 'reasonable adjustments' to help disabled patients in their work.*

61 You must respond promptly, fully and honestly to complaints and apologise when appropriate. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange.

62 You should end a professional relationship with a patient only when the breakdown of trust between you and the patient means you cannot provide good clinical care to the patient.<sup>18</sup>

*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 **Ethics Guidance for Occupational Health Practice**.*

63 You must make sure you have adequate insurance or indemnity cover so that your patients will not be disadvantaged if they make a claim about the clinical care you have provided in the UK.

*Occupational physicians must take out adequate insurance or professional indemnity cover for any parts of their practice not covered by an employer's indemnity scheme.*

---

<sup>1</sup> This includes your views about a patient's or colleague's lifestyle, culture or their social or economic status, as well as the characteristics protected by legislation: age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation

64 If someone you have contact with in your professional role asks for your registered name and/or GMC reference number, you must give this information to them.

## Act with honesty and integrity

### Honesty

65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

66 You must always be honest about your experience, qualifications and current role.

*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, annual appraisal in occupational medicine and participation in revalidation processes and requirements 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. The BMA publication **The Occupational Physician** sets out the skills, knowledge and experience that distinguish a consultant in occupational medicine from doctors in other branched of medicine.*

67 You must act with honesty and integrity when designing, organising or carrying out research, and follow national research governance guidelines and GMC guidance.<sup>2</sup>

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

*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 (2010)** and **Consent to Research (2010)** 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.*

## **Communicating information**

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

69 When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available.<sup>10, 19</sup>

70 When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.

*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.*

71 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.<sup>16</sup> You must make sure that any documents you write or sign are not false or misleading.

- a You must take reasonable steps to check the information is correct.
- b You must not deliberately leave out relevant information.

## **Openness and legal or disciplinary proceedings**

72 You must be honest and trustworthy when giving evidence to courts or tribunals.<sup>20</sup> You must make sure that any evidence you give or documents you write or sign are not false or misleading.

- a You must take reasonable steps to check the information.
- b You must not deliberately leave out relevant information.

73 You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in *Confidentiality*.

74 You must make clear the limits of your competence and knowledge when giving evidence or acting as a witness.<sup>20</sup>

75 You must tell the GMC without delay if, anywhere in the world:

- a you have accepted a caution from the police or been criticised by an official inquiry
- b you have been charged with or found guilty of a criminal offence

- c another professional body has made a finding against your registration as a result of fitness to practise procedures.<sup>21</sup>

76 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 you carry out medical work for and any patients you see independently.

### **Honesty in financial dealings**

77 You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.<sup>22</sup>

78 You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.

79 If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.

### **Extracts from 'Financial and Commercial Arrangements and Conflicts of Interest' (2013))**

Trust [between you and your patients] may be damaged if your interests affect, or are seen to affect, your professional judgement. Conflicts of interest may arise in a range of situations. They are not confined to financial interests, and may also include other personal interests. Conflicts of interest are not always avoidable, and whether a particular conflict creates a serious concern will depend on the circumstances and what steps have been taken to mitigate the risk... You should use your professional judgement to identify when conflicts of interest arise; avoid conflicts of interest wherever possible; declare any conflict to anyone affected, formally and as early as possible, in line with the policies of your employer or the organisation contracting your services; get advice about the implications of any potential conflict of interest; [and] make sure that the conflict does not affect your decisions about patient care. If you are in doubt about whether there is a conflict of interest, act as though there is.

If you, or someone close to you, or your employer, has a financial or commercial interest in an organisation ... you must not allow that interest to affect the way you prescribe for, advise, treat, refer or commission services for patients. You must be open and honest with your patients about any such interests that could be seen to affect the way you prescribe for, advise, treat, refer or commission services for them. You must not try to influence patients' choice of healthcare services to benefit you, someone close to you, or your employer....

The commissioning of services in the NHS can lead to conflicts of interest for the individual doctors involved. If you have responsibility for, or are involved in, commissioning services, you must: satisfy yourself that all decisions made are fair, transparent and comply with the law; keep up to date with and follow the guidance and codes of practice that govern the commissioning of services where you work; formally declare any financial interest that you, or someone close to you, or your employer has in a provider company, in accordance with the governance arrangements in the jurisdiction where you work; take steps to manage any conflict between your duties as a doctor and your commissioning

responsibilities, for example by excluding yourself from the decision making process and any subsequent monitoring arrangements.... Health service financial incentives and similar schemes to improve the cost-effective use of medicines have a legitimate role to play in helping to make good use of available resources. Such schemes can also benefit the wider community of patients. But you must consider the safety and needs of the individual patient for whom you prescribe... Some organisations providing services outside healthcare (such as insurance companies or solicitors) run schemes where payment is offered according to the number of customers referred. Generally, doctors will not have the professional expertise to make recommendations or refer to a particular organisation; their chief interest in such schemes is financial. You should not accept fees for referring patients to, or recommending the services of, particular organisations or individuals.

*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. Although the GMC's guidance (above) focuses on NHS-based care and commissioning, you should observe the implied standards in all of your practice.*

*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.*

*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.*

80 You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements.

## Concluding remarks

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

## Acknowledgements

This review of Good Occupational Medical Practice was prepared by a Working Group of the Faculty of Occupational Medicine comprising:

Keith Palmer – Chair

John Hobson

Paul Nicholson

Jacques Tamin

Advice was also received from Steve Boorman on behalf of FOM's Ethics Committee.

The General Medical Council has kindly agreed to sections of Good Medical Practice being reproduced in this document in their original wording.

## References

1. General Medical Council (2012) *Leadership and management for all doctors* London, GMC
2. General Medical Council (2010) *Good practice in research* London, GMC
3. General Medical Council (2011) *Developing teachers and trainers in undergraduate medical education* London, GMC
4. General Medical Council (2012) *Continuing professional development: guidance for all doctors* London, GMC
5. General Medical Council (2013) *Delegation and referral* London, GMC
6. General Medical Council (2013) *Good practice in prescribing and managing medicines and devices* London, GMC
7. General Medical Council (2010) *Treatment and care towards the end of life: good practice in decision making* London, GMC
8. General Medical Council (2011) *Making and using visual and audio recordings of patients* London, GMC
9. General Medical Council (2010) *Consent to research* London, GMC
10. General Medical Council (2009) *Confidentiality* London, GMC
11. General Medical Council (2012) *Raising and acting on concerns about patient safety* London, GMC
12. General Medical Council (2013) *Maintaining boundaries* London, GMC
  - *Intimate examinations and chaperones (paragraphs 47, 25c)*
  - *Maintaining a professional boundary between you and your patient (paragraph 53)*
  - *Sexual behaviour and your duty to report (paragraphs 53, 25c)*
13. General Medical Council (2007) *0–18 years: guidance for all doctors*, London, GMC
14. General Medical Council (2012) *Protecting children and young people: the responsibilities of all doctors* London, GMC
15. General Medical Council (2008) *Consent: patients and doctors making decisions together* London, GMC
16. General Medical Council (2012) *Writing references* London, GMC
17. General Medical Council (2013) *Personal beliefs and medical practice*, London, GMC
18. General Medical Council (2013) *Ending your professional relationship with a patient* London, GMC
19. General Medical Council (2013) *Doctors' use of social media* London, GMC
20. General Medical Council (2013) *Acting as a witness in legal proceedings*. London, GMC
21. General Medical Council (2013) *Reporting criminal and regulatory proceedings within and outside the UK* London, GMC
22. General Medical Council (2013) *Financial and commercial arrangements and conflicts of interest* London, GMC
23. The Faculty of Occupational Medicine, Royal College of Physicians (2012). *Guidance on Ethics for Occupational Physicians* (7th edition). London: Faculty of Occupational Medicine.

24. The Faculty of Occupational Medicine, Royal College of Physicians (2015). *SEQOHS: Occupational Health Service Standards*. London: Faculty of Occupational Medicine.



### **Good Occupational Medical Practice**

Published by the Faculty of Occupational Medicine  
of the Royal College of Physicians  
2 Lovibond Lane, London SE10 9FY

Telephone: 020 7242 8698

Website: [www.fom.ac.uk](http://www.fom.ac.uk)

Charity Commission No 1139516

Scottish Charity No SCO400060