

Good Medical Practice in Paediatrics and Child Health

Duties and Responsibilities of
Paediatricians

May 2002



GOOD MEDICAL PRACTICE IN PAEDIATRICS AND CHILD HEALTH

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Foreword

How do you know that you are a good-enough doctor? How would you decide that a colleague's performance or behaviour was unacceptable? These are tough questions for doctors, the public and the General Medical Council. Last year the GMC asked all the Colleges to define good and unacceptable practice in their specialties, in line with the GMC's document *Good Medical Practice*.

This has been an exceptionally challenging task. If such a document is to be useful, it has to steer a fine line between bland and essentially meaningless statements on the one hand, and rigid prescription on the other. It has to take account of the fact that every doctor makes mistakes and, as the Secretary of State remarked recently, "the best doctors can make the worst mistakes". We support the optimistic aim of a no-blame culture as set out by Professor Sir Liam Donaldson, the Chief Medical Officer for England, in *Organisation with a Memory* – but we are also aware of the gap between aspiration and reality.

Professionalism comes from within ourselves, from our working relationships with our peers and, we hope, from our organisation. It cannot be imposed but it can be and is being eroded by outside forces, such as unjustified media attacks on doctors and the imposition of tight controls on working hours. The fundamental element of good medical practice has always been, and will always be, absolute commitment to the good of one's patients at all times. Without this we are no longer professionals – with it, one hopes, much of what has been included in this document is superfluous.

The College's Honorary Secretary, Dr Pat Hamilton, has taken the lead in compiling this guidance which has been debated at length in Council and then reviewed by our legal advisers. The College owes her a great debt of gratitude for her energy and wisdom in tackling a task that was inevitably unwelcome to many of our members and fellows. It should be regarded as a living document and will undoubtedly need refinement in the light of experience. It will prove to be a valuable yardstick against which we and our trainees can assess our professionalism and, we hope, will help doctors to maintain the standards to which they aspire and which the public expect.

David Hall,
President, RCPCH
May 11th 2002.

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EXECUTIVE SUMMARY

This document describes the principles of good paediatric practice and standards of competence, care and conduct expected of you in all aspects of your professional work.

Paediatricians should be familiar with the GMC publications *Good Medical Practice*¹ and *Maintaining Good Medical Practice*². The principles outlined in these documents can be applied to all doctors but those practising in paediatrics and child health have some particular and special duties. These mainly relate to the fact that their patients may not be able to express their own concerns and wishes and are especially vulnerable. The paediatrician has a duty first and paramount to the child but also to the family as a whole.

This document draws from the GMC documents referred to above but highlights the particular duties of care that must be observed by practitioners in paediatrics and child health.

Quotations from the GMC document are given in italics and the numbered paragraphs correspond to those in the latest edition of Good Medical Practice.

It should be noted that the GMC document carries the following warning:

Serious or persistent failures to meet the standards in this booklet may put your registration at risk¹.

The GMC has requested that the Medical Royal Colleges attempt to define unacceptable practice. Some examples of unacceptable conduct are given in this document. These examples must be qualified according to individual circumstance and they are neither an exclusive nor an exhaustive list. Persistent, multiple or serious instances of unacceptable conduct might be seen by the GMC as putting registration at risk. Nevertheless doctors should bear in mind that a serious one-off event may also bring them to the attention of the GMC.

The RCPCH recognises that all doctors will fall short of good practice at some time - often through no fault of their own. We would expect good paediatricians to recognise where they have fallen short of the standards expected and strive to improve or change their practice accordingly.

The College would not consider a paediatrician to be practising unacceptably unless there were serious, consistent or repeated episodes of unacceptable practice, for reasons that should be within his or her control, and there is failure to recognise or attempt to correct this.

The GMC now requires evidence of good paediatric practice for revalidation. This is also required by the Department of Health and Trusts as part of the appraisal process³. Examples of evidence that might be considered have been indicated in the appendix. They are by no means compulsory, or a complete list, but are put forward as practical suggestions aimed to reduce duplication of effort.

The duties of a doctor registered with the General Medical Council

Patients and parents must be able to trust doctors with their lives and well being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life. In particular as a doctor you must:

- make the care of your patient your first concern;*
- treat every patient and their family politely and considerately;*
- respect patients' dignity and privacy;*
- listen to patients and parents and respect their views;*
- give patients and parents information in a way they can understand;*
- respect the rights of patients and parents to be fully involved in decisions about their care;*
- keep your professional knowledge and skills up to date;*
- recognise the limits of your professional competence;*
- be honest and trustworthy;*
- respect and protect confidential information;*
- make sure that your personal beliefs do not prejudice your patients' care;*
- act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practise;*
- avoid abusing your position as a doctor; and*
- work with colleagues in the ways that best serve patients' interests.*

In all these matters you must never discriminate unfairly against your patients, their families or colleagues. You must always be prepared to justify your actions to them.

Paediatricians are expected to support the aims of the *Charter*⁴ and *Strategy*⁵ of the Royal College of Paediatrics and Child Health (RCPCH). These include:

- To advance the art and science of Paediatrics
- To raise the standards of medical care provided to children
- To educate and examine those concerned with the health of children
- To work with all health carers of children, within and outside the health services, to improve the physical, mental and emotional health of children and young people.

The RCPCH has also published *Duties of a Paediatrician*⁶ and these duties are referred to in this document under the relevant sections.

Duties and responsibilities of doctors

Being registered with the GMC gives you rights and privileges. In return you must fulfil the duties and responsibilities of a doctor set by the GMC. The principles of good paediatric practice and the standards of conduct expected of you in all aspects of your professional work are described in this booklet.

Good Medical Practice

1. All patients are entitled to good standards of practice and care from their doctors. Essential elements of this are professional competence; good relationships with patients and colleagues; and observance of professional ethical obligations.

- Paediatricians should commit themselves to practise in accordance with the Objects of the College and the UN Convention on the Rights of the Child¹.
- Paediatricians, whatever their specialty interest, should understand their particular responsibilities for the holistic and life-long health of children who come under their care: each contact is an opportunity for health promotion and disease prevention⁶.
- The paediatrician must consider the family as well as the patient. Good practice demands particular attention to communication and effective relationships with the patient's family.

Good clinical care

Providing a good standard of practice and care

2. *Good clinical care must include:*

a. An adequate assessment of the patient's conditions, based on the history and symptoms and, if necessary, an appropriate examination;

- The history must include the family history and circumstances. All children seen by a paediatrician should be examined as and when appropriate. This must be sensitively done without causing undue upset to the child or the family.
- Professionals who are involved in the examination of adolescents, children or babies should have received specific training and their competency to perform this examination should have been assessed.
- In cases of suspected child abuse a paediatrician trained in the management of such cases must perform the examination.

b. Providing or arranging investigations or treatment where necessary;

- A doctor undertaking a procedure or investigation on a child or young person must have demonstrated competence to do so or be supervised by an experienced colleague.
- Parents should be given the opportunity to be present where this is appropriate.
- Paediatricians providing care must have training and competence appropriate to their work, according to the standards agreed by the Royal College of Paediatrics and Child Health or one of its specialty groups.
- Paediatricians should be aware of applicable national and local guidelines and management should take these into account.

c. Taking suitable and prompt action when necessary;

- Paediatricians should provide treatment without delay when the condition of the child suggests this is necessary.
- Paediatricians likely to be dealing with children in emergencies or with babies at birth should undergo appropriate training in resuscitation and life support and should be able to demonstrate that they have maintained their skills.

d. Referring the patient to another practitioner, when indicated.

- Advice from a more experienced doctor must be readily available and taken when needed.
- Paediatricians have a duty to refer patients to a specialist paediatrician when they would otherwise exceed their competency, when there are guidelines for referral pathways or when they encounter conditions very rarely.

Unacceptable practice:

- Unsupervised examination of an infant, child or adolescent without any previous experience or training in appropriate skills
- Exclusion of parents or carers from involvement in the management of their child's illness unless there is good reason to do so
- Inability to demonstrate competence in resuscitation, for example through attendance at appropriate training, by paediatricians who know that they are likely to be called upon to resuscitate an infant or child
- Practice without consideration of nationally accepted guidelines

3. In providing care you must:

a. Recognise and work within the limits of your professional competence;

- Paediatricians should recognise the limitations of their skills and seek advice and support when this would be in the best interests of the child⁶.
- Paediatricians must recognise the limits of their own competence. This should be done as part of the annual appraisal with the clinical director so that agreed areas of competence are defined.
- The competency of the rest of the team including the experience of the nursing staff must also be taken into consideration.

b. Be willing to consult colleagues;

- Colleagues include peers within the hospital or community team as well as specialists in other hospitals.
- All paediatricians should be prepared to consult other experienced staff such as nurses or professionals allied to medicine.

c. Be competent when making diagnoses and when giving or arranging treatment;

- Paediatricians must ensure they are up to date in their management of conditions affecting children and young people and audit their own performance.
- A consultant paediatrician should take reasonable steps to ensure that the competence of the trainees is appropriate for their level of practice.

d. Keep clear, accurate, legible and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed;

- The records should contain documentation of any procedures performed and include notes of discussions with the parents.
- All entries should be timed, dated and signed.
- Outpatient letters should also include this information and, unless inappropriate, copies of these letters sent to the parents. A note should be made in the parent-held child record, where available, after each consultation.

e. Keep colleagues well informed when sharing the care of patients;

- This includes ensuring the nursing staff and other professionals are also well informed and involved.

f. Provide the necessary care to alleviate distress when curative treatment is not possible

- Paediatricians must always be alert to the possibility of pain and distress in their patients, particularly in babies, in disabled children or young people and in any others who may not be able to express themselves.
- Paediatricians must be aware of advances in palliative care medicine.
- Paediatricians take steps to recognise distress in other family members when a child is dying.

g. Prescribe drugs or treatment, including repeat prescriptions, only where you have adequate knowledge of the patient's health and medical needs. You must not give or recommend to patients any investigation or treatment which you know is not in their best medical interests or withhold appropriate treatments or referral.

- Paediatricians should ensure that the parents and patient are appropriately informed about any drugs that are prescribed and the status of drugs used "off label" for children. The reasons why these are prescribed should be explained and information leaflets should be available.

h. Report adverse drug reactions as required under the relevant reporting scheme, and co-operate with requests for information from organisations monitoring the public health.

i. Make efficient use of the resources available to you.

- Paediatricians should be aware of expert guidance when prescribing new and expensive therapies. Note should be taken of recommendations from Specialty Groups, NICE and other guidelines.
- Paediatricians should not prescribe unnecessarily expensive treatment.

Unacceptable practice:

- Undertaking work known to be outside the individual's area of competence, save for good reason or in an emergency
- Documentation that does not adequately describe patient care
- Illegible patient records
- Provision of treatments that are inconsistent with best practice or evidence without good reason
- Provision of treatment that results in failure to obtain access to recognised proper management

4. *If you have good reason to think that your ability to treat patients safely is seriously compromised by inadequate premises, equipment, or other resources, you should put the matter right if that is possible. In all other cases you should draw the matter to the attention of your Trust, or other employing or contracting body. You should record your concerns and the steps you have taken to try to resolve them.*

- Paediatricians should serve as advocates for the health needs of children locally, nationally and internationally⁶.
- Paediatricians should press for adequate resources to provide their services and ensure that managers are aware when these are not available.

Decisions about access to medical care

5. *The investigations or treatment you provide or arrange must be based on your clinical judgement of the patient's needs and the likely effectiveness of the treatment. You must not allow your views about a patient's lifestyle, culture, beliefs, race, colour, gender, sexuality, disability, age, or social or economic status, to prejudice the treatment*

you provide or arrange. You must not refuse or delay treatment because you believe that patients' actions have contributed to their condition.

- Paediatricians should pay due regard to the domestic, sociological, environmental and genetic dimensions of the health of children .
- Paediatricians should be aware of religious and ethnic differences and be prepared to accommodate these where this does not compromise the well-being of the child or young person. There are particular difficulties, for example, where permission for blood transfusion is withheld, and the paediatrician must be familiar with the ethical and legal pathways for dealing with this situation.
- The interests and well-being of the child should always be paramount.

6. If you feel that your beliefs might affect the advice or treatment you provide, you must explain this to patients, and tell them of their right to see another doctor.

7. You must try to give priority to the investigation and treatment of patients on the basis of clinical need.

8. You must not refuse to treat a patient because you may be putting yourself at risk. But if patients pose a risk to your health or safety you should take reasonable steps to protect yourself before investigating their condition or providing treatment

Unacceptable practice:

- Prejudicial behaviour that is distressing to parents and families
- Repeated preferential treatment of families, to the detriment of others, based on anything other than clinical need and available treatment

Treatment in emergencies

9. In an emergency, you must offer anyone at risk the treatment you could reasonably be expected to provide.

- Paediatricians who are on call must take all reasonable steps to ensure that they are immediately contactable and readily available for emergencies or that an appropriately experienced colleague can provide appropriate cover at a similar level of expertise.

Maintaining good medical practice

Keeping up to date

10 *You must keep your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in educational activities that develop your competence and performance.*

- Paediatricians have a responsibility to safeguard the reputation of paediatrics through their personal clinical practice and through participation in continuing professional development, enabling them to maintain and enhance their knowledge skills and competence for effective clinical practice to meet the needs of children⁶.
- The College provides all members with a portfolio, which includes cards on which to record continuing professional development (CPD).
- Paediatricians have a duty to remain in good standing with the College by undertaking CPD activities appropriate to their practice and by recording this with the recognised professional body appropriate to their practice.

11 *Some parts of medical practice are governed by law or are regulated by other statutory bodies. You must observe and keep up to date with the laws and statutory codes of practice which affect your work.*

- Statutory duties^{8,9} are particularly relevant to those who work in the areas of child protection, “looked after” children and child development. These paediatricians should have relevant expertise in these duties and ensure that they are up to date.

Maintaining your performance

12 *You must work with colleagues to monitor and maintain your awareness of the quality of the care you provide. In particular, you must:*

a. Take part in regular and systematic medical and clinical audit, recording data honestly. Where necessary you must respond to the results of audit to improve your practice, for example by undertaking further training.

b. Respond constructively to the outcome of reviews, assessments or appraisals of your performance.

- Assessment and appraisal should include review of performance against the principles set out in this document.

c. Take part in confidential enquiries and critical incident reporting.

- Paediatricians have a particular duty to take part in relevant Confidential Enquiries

Unacceptable practice:

- Failure to demonstrate any active involvement in appropriate continuing professional development
- Refusal to take any part in relevant audit or to respond to audit findings
- Refusal to participate in or to make any response to appraisals

Teaching and training, appraising and assessing

Making assessments and providing references

13. You must be honest and objective when appraising or assessing the performance of any doctor including those you have supervised or trained. Patients may be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice.

- The Royal College has undertaken to provide guidance in the assessment of competencies and, where available, these should be followed.
- Trainees should be assessed at the start of a training post to ensure that they receive appropriate supervision in tasks that they will be expected to perform.
- Paediatricians or trainees who are not competent should be trained and reassessed to ensure that they have acquired appropriate skills.
- Paediatricians responsible for assessing trainees should undertake training in the RITA process.
- Paediatricians should take steps to ensure that measures are in place to check that locums have appropriate references.
- Non-consultant grade staff and locums also need supervision and support and should be given the opportunity to participate in CPD.

14. You must provide only honest and justifiable comments when giving references for, or writing reports about, colleagues. When providing references you must include all relevant information which has a bearing on your colleague's competence, performance and conduct.

- References should also include an indication of the individual's ability to work in a multi-disciplinary team and to communicate with families.

Unacceptable practice:

- Knowingly to provide a misleading assessment of a trainee's performance
- Knowingly to provide a misleading reference where there are concerns about competence, performance or conduct

Teaching and training

15. You should be willing to contribute to the education of students or colleagues.

16. If you have special responsibilities for teaching you must develop the skills, attitudes and practices of a competent teacher. You must also make sure that students and junior colleagues are properly supervised.

- Particular care must be taken when supervising students and trainees in the care and management of children and young people.
- Families should always be aware of the status of those involved in the care of their child.

- Families should be given the opportunity to decline the presence of observers.
- Those who teach should have completed a “Training the Trainers” course or equivalent.
- Trainees should receive training in techniques of examining the adolescent, the young child and the newborn baby.
- Every trainee should have an education contract and a consultant who is their educational supervisor. The trainee and the educational supervisor should endeavour to meet for an appraisal 3 times in each 6-month period.

Unacceptable practice:

- Failure to deliver appropriate educational supervision if designated to do so and without good reason
- Permitting juniors to practice beyond their competence unless there is good reason or an emergency

Relationships with patients

Obtaining consent

17. You must respect the right of patients to be fully involved in decisions about their care. Wherever possible, you must be satisfied, before you provide treatment or investigate a patient's condition, that the patient has understood what is proposed, and why, any significant risks or side effects associated with it and has given consent. You must read and follow the guidance in the GMC booklet Seeking Patients' Consent: The Ethical Considerations.

- This general obligation applies to paediatricians when the child old enough to understand the nature, purpose and implications of the treatment.
- Paediatricians must also involve parents in the decisions when appropriate.
- Written consent is not required for all investigations or treatments, but there must be clear guidelines for those that do need such consent, and those that do not
- The Department of Health consent forms must be used for obtaining consent for treatments and procedures. Paediatricians should be aware of the correct forms to use where children and parents are to give consent and for the circumstances under which such consent is required.
- In all cases the paediatrician must document discussions with the child and/or parents in the notes. It is good practice to be accompanied by a nurse during these discussions.
- Where the child is old enough to understand, these discussions and the consent procedure should involve the child or young person.
- Continuing information must be given to the parents, and where appropriate the child, with opportunities to ask questions so that they are involved and consent to the plan of management can be implicit.
- Decisions about a child's care where the parents disagree with medical advice must be handled sensitively. In exceptional cases, for the safety and best interests of the child or baby, the medical team will not feel it appropriate to agree with the parents' wishes. This must be handled properly and must involve due recourse to other bodies such as clinical ethics committees, social services, the police or the courts.
- Consideration should be given to consulting the medical defence organisations and the legal profession.
- Where withdrawal of treatment is contemplated this must be handled in accordance with the guidelines produced by the RCPCH in *Withdrawing and Withholding Life-Saving Treatment in Children*¹⁰.

Unacceptable practice:

- Failure to involve the parents or carers – or where appropriate the child - in decisions about care, without good reason
- Management of withdrawal of treatment without consideration of the RCPCH guidelines

Respecting confidentiality

18. You must treat information about patients as confidential. If in exceptional circumstances there are good reasons why you should pass on information without a patient's consent, or against a patient's wishes, you must read and follow the GMC guidance on Confidentiality: Protecting and Providing Information and be prepared to justify your decision to the patient, if appropriate, and to the GMC and the courts, if

called on to do so.

- Where possible, consent should be obtained from parents and from the child before any information about a patient is handed on to others.
- Paediatricians should be aware of the circumstances surrounding the confidentiality of screening and rare disease registers on which the guidance is currently unclear.
- Paediatricians must follow current guidelines on consent and have local guidelines in place where there is no central directive on obtaining consent for procedures on children.
- Paediatricians should be aware of procedures in child protection where information may be disclosed to a third party if it is in the child's best interest. The Children Act⁸ makes it clear that the welfare of the child is paramount. Section 27 places a legal duty on any health professional to assist social services and to notify them of children who may be at risk of significant harm.

Unacceptable practice:

- Breaches of the GMC guidelines where the decision cannot be justified or defined as being in the interest of patient or public

Maintaining trust

19. Successful relationships between doctors and patients depend on trust. To establish and maintain that trust you must:

a. Be polite and considerate;

- Paediatricians should be courteous and compassionate in all their professional dealings with children, their parents and other carers, placing the child's best interests at the centre of all clinical considerations⁶.
- Paediatricians should clearly introduce themselves to parents and children, giving their name and status within the team. They should have identification from the employing organisation.
- Paediatricians must appropriately manage distressed patients and families.

b. Respect patients' privacy and dignity;

- Paediatricians should be aware that young children and babies also have a right to privacy.
- Paediatricians should press for dedicated facilities for adolescents so that their privacy and dignity can be respected.
- A private area should be used for confidential discussions with parents or children, particularly when bad news about a diagnosis or a prognosis must be given.

c. Respect the right of patients to decline treatment or decline to take part in teaching or research and ensure that their refusal does not adversely affect your relationship with them;

- A child under 18 cannot, in England and Wales, decline treatment against the wishes of the parents and the advice of the doctor, nor can a parent decline treatment on behalf of a child competent to give consent. Legal clarification of this may be advisable. In Scotland and Northern Ireland a competent child or young person can decline treatment.

- Nevertheless they should not be expected to submit to treatment against their will unless this is clearly in their best interests.
- Only rarely is it appropriate to compel a child over the age of 16 to accept a treatment on the basis of parental consent.
- Assent should be obtained where possible from children under the legal age for consent.
- Where parents decline treatment for their child against the advice of the doctor, legal advice should be sought and action may be taken through the courts if appropriate.
- The wishes of parents or children who decline to take part in research should always be respected.

d. Respect the right of patients to a second opinion;

e. Be readily accessible to patients and colleagues when you are on duty.

- A child or young person who is admitted acutely to hospital and who needs the opinion of a trained paediatrician, should be seen by a consultant or responsible non-consultant career grade doctor in a timely and appropriate way.
- Trainees should be supported by an experienced and trained colleague.

20. *You must not allow your personal relationships to undermine the trust which patients place in you. In particular, you must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them.*

Unacceptable practice:

- Failure to recognise or apologise for any discourtesy to patients or their carers
- Denial of privacy where such provision could be made
- Denial of reasonable access to a second opinion
- Failure to take reasonable steps to be available to see children as soon or as often as judged necessary by other members of the team
- Establishing a personal relationship with the parent or other family member of child where this might affect the care offered to that child

Good Communication

21. *Good communication between patients and doctors is essential to effective care and relationships of trust. Good communication involves:*

a. Listening to patients and respecting their views.

- Paediatricians must listen to children and young people and respect their views.
- Paediatricians should be aware of the legal position on differences of opinion between a child and the parents, or the child or parents and the doctor, and be able to handle these situations with sensitivity.
- Paediatricians must be aware of the ethical issues surrounding the care of the infant or child with life threatening illness.

b. Giving patients the information they ask for or need about their condition, its treatment and prognosis in a way they can understand, including, for any drug you prescribe, information about any serious side effects and, where appropriate, dosage.

- Paediatricians may have to break serious news to parents about their children, and sometimes to children or young people themselves, such as the diagnosis of malignant, disabling or genetic disease. Such news should only be given by an experienced clinician, usually a consultant.
- Trainees need practical experience of breaking bad news as well as theoretical considerations. Consultants should involve trainees in these interviews where possible and ensure that appropriate teaching is given.
- Interpreters and written information in relevant language should be available for families who may not understand English. If possible, other family members should not be asked to interpret in these situations.

c. Sharing information with patients' partners, close relatives and carers, having first obtained patients' consent. When patients cannot give consent, you should share the information which those close to the patient need or want to know, except where you have reason to believe that the patient would object if able to do so. but where possible you should ask patients' permission first.

- Many young people under 16 are Gillick competent (see below) and can understand and take or participate in decisions for themselves.
- Paediatricians must recognise that some young people may not wish to share information with their parents
- A doctor may treat a Gillick competent young person without informing the parents if the young person so wishes, providing the conditions of maturity and understanding are fulfilled.

Gillick competent

A child over the age of 16 has all the rights of an adult to consent to treatment, although the parental right to consent on their behalf also continues until they are 18. The child under 16 is able to consent to treatment provided that they are sufficiently mature to understand the nature and purpose of the treatment.

Such children are known as Gillick competent after a case in which it was held that a girl of 14 or 15 was capable of consulting a GP about contraception without the knowledge of her parents. The extent of Gillick competence clearly varies from child to child and the extent to which doctors should rely upon their consent varies with the nature of the treatment.

22. *If a patient under your care has suffered harm, through misadventure or for any other reason, you should act immediately to put matters right, if that is possible. You must explain fully and promptly to the patient what has happened and the likely long- and short-term effects. When appropriate you should offer an apology. If the patient is an adult who lacks capacity, the explanation should be given to a person with responsibility for the patient¹, or the patient's partner, close relative or a friend who has been involved in the care of the patient, unless you have reason to believe the patient would have objected to the disclosure. In the case of children the situation should be explained honestly to those with parental responsibility, and to the child, if the child has the maturity to understand the issues.*

- Paediatricians may be placed under difficult circumstances when caring for a patient where other professionals have been involved, for example, a newborn baby where the complaint may be made against the obstetric team. The paediatrician should, whilst still

¹ A person appointed under the Adults with Mental Incapacity Scotland Act, 2000

being honest with the parents, confine the explanation to the areas of his or her own expertise.

- Parents should be helped to ensure full and fair discussion takes place. Doctors have a responsibility to take all appropriate steps to assure themselves and the family of the truth of a situation.

23. *If a child has died you must explain, to the best of your knowledge, the reasons for, and the circumstances of, the death to those with parental responsibility. Similarly, if an adult patient has died, you should provide this information to the patient's partner, close relative or a friend who has been involved in the care of the patient, unless you have reason to believe that the patient would have objected.*

- The importance of obtaining an autopsy should be recognised. When seeking consent for an autopsy on a child or a baby an experienced paediatrician should undertake this discussion with the parents, in line with national guidance.
- Teaching and experience in discussing the autopsy procedure and obtaining consent should be given to all trainee paediatricians.
- The autopsy itself should be carried out by an experienced paediatric or perinatal pathologist.

Unacceptable practice:

- Failure to listen appropriately to patients or carers or over-riding of any contrary views without adequate reason or explanation
- Failure to acknowledge an adverse incident or clinical error, if you believe one has occurred.
- Failure to offer an apology on behalf of your team, if a member has been at fault
- Knowingly to provide a misleading account of events
- Discouraging further investigation of an adverse incident contrary to the interests of the family
- Failure to take reasonable steps to ascertain the correct details
- Failure to take reasonable steps to identify or knowingly to fail to disclose an event that may have significantly contributed to a death

Ending professional relationships with patients

24. *Rarely, there may be circumstances, for example where a patient has been violent to you or a colleague, has stolen from the premises, or has persistently acted inconsiderately or unreasonably, in which the trust between you and the partner has been broken and you find it necessary to end a professional relationship with a patient. In such circumstances, you must be satisfied your decision is fair and does not contravene the guidance in paragraph 6; you must be prepared to justify your decision if called on to do so. You should not end relationships with patients solely because they have made a complaint about you or your team, or because of the financial impact of their care or treatment on your practice.*

25. *You should inform the patient, orally or in writing, why you have decided to end the professional relationship. You must also take steps to ensure that arrangements are made quickly for the continuing care of the patient, and hand over records to the patient's new doctor as soon as possible.*

- Paediatricians may be forced to end a professional relationship with a family. They are under the same obligation to act fairly and to ensure the continuing care of the patient.

Dealing with problems in professional practice

Conduct or performance of colleagues

26. *You must protect patients from risk of harm posed by another doctor's or other health care professional's conduct, performance or health, including problems arising from alcohol or other substance abuse. The safety of patients must come first at all times. Where there are serious concerns about a doctor's performance, health or conduct, it is essential that steps be taken without delay to investigate the concerns to establish whether they are well founded, and to protect patients.*

27. *If you have grounds to believe that a doctor or other healthcare professional may be putting patients at risk, you must give an honest explanation of your concerns to an appropriate person from the employing authority, such as the medical director, nursing director or chief executive, or the director of public health or an officer of your local medical committee, following any procedures set by the employer. If there are no appropriate local systems or local systems cannot resolve the problem, and you remain concerned about the safety of patients, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defence body, a professional organisation or the GMC for advice.*

- The RCPCH has a process whereby independent peers can review situations where a paediatrician's performance or conduct has been called into question. This must never be a substitute for consideration by the GMC where this is necessary, but is used for situations that need an independent assessment or mediation before serious trouble arises.
- The National Clinical Assessment Authority will interact with this group.
- The College is also in the process of setting up a network of trained mentors to provide support to paediatricians who are the subjects of these processes.

28. *If you have management responsibilities you should, ensure that mechanisms are in place through which colleagues can raise concerns about risks to patients. Further guidance is provided in [the GMC] booklet Management in Health Care: The Role of Doctors.*

Complaints and formal inquiries

29. *Patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response. You must not allow a patient's complaint to prejudice the care or treatment you provide or arrange for that patient.*

- Paediatricians should respond promptly to any complaints and participate in risk management and clinical governance procedures as may be set by the Trust within which they work.

30. *You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure which applies to your work. You must give, to those who are entitled to ask for it, any relevant information in connection with an investigation into your own, or another health care professional's conduct, performance or health.*

Unacceptable practice:

- Persistent failure to attempt to address the problem of a failing colleague.
- Failure to cooperate with reasonable clinical governance procedures set by the employer.

31. If you are suspended from a post or had restrictions put on your practice because of concerns about your performance or conduct, you must inform any other organisations for whom you undertake work of a similar nature. You must also inform any patients you see independently of such organisations, if the treatment you provide is within the area of concern relating to the suspension or restriction.

32. Similarly, you must assist the coroner or procurator fiscal, by responding to inquiries, and by offering all relevant information to an inquest or inquiry into a patient's death. Only where your evidence may lead to criminal proceedings being taken against you are you entitled to remain silent.

- Paediatricians must be aware of the circumstances in which they should refer a death to the coroner. The coroners' requirements may vary from region to region.
- Paediatricians should also be aware of the procedures to be undertaken when non-accidental or sudden unexplained death occurs.

Indemnity insurance

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

Working with colleagues

Treating colleagues fairly

34. *You must always treat your colleagues fairly. In accordance with the law, you must not discriminate against colleagues, including those applying for posts, on grounds of their sex, race or disability. And you must not allow your views of colleagues' lifestyle, culture, beliefs, colour, gender, sexuality, or age to prejudice your professional relationship with them.*

35. *You must not undermine patients' trust in the care or treatment they receive, or in the judgment of those treating them, by making malicious or unfounded criticisms of colleagues.*

Unacceptable practice:

- Prejudiced behaviour, bullying or harassment of colleagues, including non-consultant career grade doctors, trainees and colleagues in nursing, professions allied to medicine or non health-care workers

Working in teams

36. *Healthcare is increasingly provided by multi-disciplinary teams. Working in a team does not change your personal accountability for your professional conduct and the care you provide. When working in a team you must:*

- Respect the skills and contributions of your colleagues.*
 - Maintain professional relationships with patients*
 - Communicate effectively with colleagues within and outside the team.*
 - Make sure that your patients and colleagues understand your professional status and specialty, your role and responsibilities in the team and who is responsible for each aspect of patients' care.*
 - Participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies.*
 - Be willing to deal openly and supportively with problems in the performance, conduct or health of team members.*
- Almost all paediatricians work in multi-disciplinary teams. In addition the roles of nurses and midwives are expanding and there are now advanced nurse practitioners and nurse consultants in most specialties. Paediatricians must work constructively with all members of the team to build mutual respect and confidence.

- Consultants should emphasise to trainees that some of their training will be received from members of other disciplines and that they should take advice from experienced nurses.
- Paediatricians should clearly introduce themselves to parents and children, giving their name and position within the team.
- Paediatricians should be aware there may be a need to involve specialists beyond the hospital including social workers or the police¹¹.

Leading teams

37. *If you lead a team, you must ensure that:*

a. Medical team members and the team meet the standards of conduct and care set in this guidance,

b. Any problems that might prevent colleagues from other professions from following guidance from their own regulatory bodies are brought to your attention and addressed.

c. All team members understand their personal and collective responsibility for the safety of patients, and for openly and honestly recording and discussing problems.

d. Each patient's care is properly co-ordinated and managed and that patients know whom to contact if they have questions or concerns.

e. Arrangements are in place to provide cover at all times.

f. Regular reviews and audit of the standards and performance of the team are undertaken and any deficiencies are addressed.

g. Systems are in place for dealing supportively with problems in the performance, conduct or health of team members.

- Consultant paediatricians will lead the medical team but must recognise that there will be other leaders within the multi-disciplinary and management structure. There must be good communication and relationships within this structure.
- The relationship between junior trainees and experienced nurses must be sensitively handled.
- Lines of accountability must be clear within the multi-disciplinary team.

38. *Further advice on working in teams is provided in the GMC booklets Maintaining Good Medical Practice and Management in Health Care - The Role of Doctors.*

Arranging cover

39. *You must be satisfied that, when you are off duty, suitable arrangements are made for your patients' medical care. These arrangements should include effective hand-over procedures and clear communication between doctors.*

40. *If you arrange cover for your own practice you must satisfy yourself that doctors who stand in for you have the qualifications, experience, knowledge and skills to perform the duties for which they will be responsible. Deputising doctors and locums are directly*

accountable to the GMC for the care of patients while on duty.

Unacceptable practice:

- Inability or unwillingness to work constructively within teams and to respect the skills and contributions of colleagues
- Failure to attempt to fulfil the role of team leader if required to do so
- Failure to recognise the roles of other disciplines within the team
- Failure to provide such continuity of care as is possible within the constraints of the service
- Bullying or harassment, including aggressive questioning of trainees on ward rounds, sarcasm or “teaching by humiliation”

Taking up appointments

41. You must take up any post, including a locum post, which you have formally accepted unless the employer has adequate time to make other arrangements.

Sharing information with colleagues

42. It is in patients’ best interests for one doctor, usually a general practitioner, to be fully informed about, and responsible for maintaining continuity of, a patient’s medical care.

- Parents are entitled to object to information being shared. Such request should be considered and evaluated in the best interests of the child.
- Unless the Gillick competent child objects, or it is not in the best interests of the child, the GP should be kept informed.

Unacceptable practice:

- Failure to communicate with the GP about the care of the child and the family without good reason

43. You should ensure that patients are provided with information about sharing information within teams and between those who will be providing care. If a patient objects to such disclosures you should explain the benefits to their own care of information being shared, but you must not disclose information if a patient maintains such objections. For further advice see the GMC guidance Confidentiality: Protecting and Providing Information.

- Paediatricians should be aware that communication with relevant professionals is a duty when a protection issue might arise. These duties are set out in the *Children Act* and *Working Together*.

44. *When you refer a patient, you should provide all relevant information about the patient's history and current condition. If you provide treatment or advice for a practitioner you should inform the general practitioner before starting treatment except in emergencies or when it is impracticable. If you do not tell the patient's general practitioner, before or after providing treatment, you will be responsible for providing or arranging all necessary after care until another doctor agrees to take over.*

Delegation and referral

45. *Delegation involves asking a nurse, doctor, medical student or other health care worker to provide treatment or care on your behalf. When you delegate care or treatment you must be sure that the person to whom you delegate is competent to carry out the procedure or provide the therapy involved. You must always pass on enough information about the patient and the treatment needed. You will still be responsible for the overall management of the patient.*

46. *Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment, which falls outside your competence. Usually you will refer patients to another registered medical practitioner. If this is not the case, you must be satisfied that any health care professional to whom you refer a patient is accountable to a statutory regulatory body, and that a registered medical practitioner, usually a general practitioner, retains overall responsibility for the management of the patient.*

Probity

Providing information about your services

47. *If you publish information about services you provide, the information must be factual and verifiable. It must be published in a way that conforms with the law and with the guidance issued by the Advertising Standards Authority.*

48. *The information you publish must not make unjustifiable claims about the quality of your services. It must not, in any way, offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.*

49. *Information you publish about your services must not put pressure on people to use a service, for example by arousing ill-founded fear for their future health. Similarly you must not advertise your services by visiting or telephoning prospective patients, either in person or through a deputy.*

Writing reports, giving evidence and signing documents

50. *You must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. This means that you must take reasonable steps to verify any statement before you sign a document. You must not write or sign documents which are false or misleading because they omit relevant information. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.*

- Paediatricians should recognise their responsibilities as expert witnesses and restrict themselves to their own areas of expertise.

Research

51. *If you participate in research you must put the care and safety of patients first. You must ensure that approval has been obtained for research from an independent research ethics committee and that patients have given consent. You must conduct all research with honesty and integrity. More detailed advice on the ethical responsibilities of doctors working in research is published in the GMC booklet **Good Practice in Medical Research – The Role of Doctors**.*

- Paediatricians should espouse paediatric research and promote interchange between medical science and clinical practice as it affects the life and health of children⁶.
- Paediatricians should serve as clinicians to the individual child while contributing to public health medicine⁶.
- Consent must be obtained for all research. The situation surrounding the collection of anonymised data for epidemiological purposes is still unclear. Where the child is sufficiently mature consent should involve the child also.
- The College has produced guidelines for the ethical conduct of medical research involving children¹² and newborn babies and infants¹³.

Unacceptable practice:

- Failure to obtain ethical approval or consent for research
- Failure to take all reasonable steps to respect confidentiality

Financial and commercial dealings

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

- a. You should provide information about fees and charges before obtaining patients' consent to treatment, wherever possible.*
- b. You must not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services.*
- c. You must not encourage your patients to give or lend or bequeath money or other benefits to you or other people.*
- d. You must not put pressure on patients to accept private treatment.*
- e. If you charge fees, you must tell patients if any part of the fee goes to another doctor.*

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

- a. If you manage finances, you must make sure that the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances.*
- b. Before taking part in discussions about buying goods or services, you must declare any relevant financial or commercial interest which you or your family might have in the purchase.*
 - Trustees of the College (including Council members) are required to declare any such interests.

Unacceptable practice:

- Taking advantage of parents or family members for personal gain

Conflicts of interest

54. You must act in your patients' best interests when making referrals and providing or arranging treatment or care. So you must not ask for or accept any inducement, gift or hospitality that may affect or be seen to affect your judgement. You should not offer such

inducements to colleagues.

- Paediatricians should not accept hospitality, sponsorship or gifts from pharmaceutical companies if there is danger their judgement may be adversely influenced by this.
- Paediatricians should be careful in accepting hospitality, sponsorship or gifts from companies that market breast milk substitutes or other products in circumstances that might be thought to be unethical.
- The College has a Sponsoring Monitoring Committee and the Ethics Committee has published guidance for accepting sponsorship¹⁴ which individual paediatricians are advised to follow.

Unacceptable practice:

- Allowing financial inducements to influence delivery of care

Financial interests in hospitals, nursing homes and other medical organisations

55. If you have financial or commercial interests in organisations providing health care or in pharmaceutical or other biomedical companies, these must not affect the way you prescribe for, treat or refer patients.

56. If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about that interest. When treating NHS patients you must also tell the health care purchaser.

57. Treating patients in an institution in which you or members of your immediate family have a financial or commercial interest may lead to serious conflicts of interest. If you do so, your patients and anyone funding their treatment must be made aware of the financial interest. In addition, if you offer specialist services, you must not accept patients unless they have been referred by another doctor who will have overall responsibility for managing the patient's care. If you are a general practitioner with a financial interest in a residential or nursing home, it is inadvisable to provide primary care services for patients in that home, unless the patient asks you to do so or there are no alternatives. If you do this, you must be prepared to justify your decision.

Health

If your health may put patients at risk

58. If you know that you have a serious condition which you could pass on to patients, or that your judgement or performance could be significantly affected by a condition or illness, or its treatment, you must take and follow advice from a consultant in occupational

health or another suitably qualified colleague on whether, and in what ways, you should modify your practice. Do not rely on your own assessment of the risk to patients.

59. If you think you have a serious condition which you could pass on to patients, you must have all the necessary tests and act on the advice given to you by a suitably qualified colleague about necessary treatment and/or modifications to your clinical practice.

Unacceptable practice:

- Denial of any personal health concern that could adversely affect the care of patients

**These recommendations are not
exclusive or exhaustive.**

**They cannot cover all forms of professional practice or
misconduct which may bring your registration into question.**

**You must therefore always be prepared to explain and justify
your actions and decisions.**

Patricia Hamilton
Honorary Secretary
Royal College of Paediatrics and Child Health

References

1. *Good Medical Practice*. General Medical Council 2001.
2. *Maintaining Good Medical Practice*. General Medical Council 1998.
3. *Consultants' Contracts: Annual Appraisal for Consultants*. Department of Health AL(MD) 5/01 [<http://www.doh.gov.uk/nhsexec/consultantappraisal>]
4. *Royal Charter* See: Royal College of Paediatrics and Child Health Handbook.
5. *Child Health Strategy – A Children's Health Service* Royal College of Paediatrics and Child Health 1998.
6. *Duties of a Paediatrician* Royal College of Paediatrics and Child Health 1998.
7. *The UN Convention on the Rights of the Child*.
8. *The Children Act*, 1989.
9. *Working Together to Safeguard Children*. Department of Health, 1999.
10. *Withdrawing and Withholding Treatment in Children* Royal College of Paediatrics and Child Health 1998.
11. *Fabricated and Induced Illness*. RCPCH, 2002.
12. *Guidelines for the Ethical Conduct of Medical Research involving Children*. Royal College of Paediatrics and Child Health 2000.
13. *Safeguarding informed parental involvement in clinical research involving newborn babies and infants*. Royal College of Paediatrics and Child Health 1999.
14. *Commercial Sponsorship in the RCPCH* Royal College of Paediatrics and Child Health 1999.

Appendix

Suggested supporting evidence useful for appraisal and revalidation purposes

Good clinical care

Providing a good standard of practice and care

- MRCPC/DCH examination and CCST certificates
- Recognised guidelines used in practice
- Routine indicators of standards of care aimed for and met
- Certification from relevant and appropriately recent resuscitation course
- Example of appropriate referral to another practitioner
- Annual caseload
- Results of clinical outcomes as compared to national figures, where available.
- Outcome of external peer review - formal or informal.
- Details of colleagues regularly consulted
- Evidence of attendance at multidisciplinary meetings
- Recent audit data
- Examples of outpatient letters
- Copies of letters sent to managers drawing attention to resource shortfalls

Maintaining good medical practice

- RCPCH portfolio and CPD points
- Certificates of attendance at courses/study days
- Participation in distance based learning
- Timetable of participation in local sessions
- Evidence of reflective learning
- Evidence of educational material accessed (e.g. journals, websites)
- Up to date audit data and methodology
- Record of how audit has changed practice
- Record of attendance at audit meetings
- Record of appraisal and personal development plan
- Participation in local or national reporting and Confidential Enquiries
- Records of any critical incident reports and action taken as a result

Teaching and training, appraising and assessing

- Anonymised example of a reference provided
- Records of participation in student teaching
- Records of attendance at educational meetings
- Certificate of teaching or training course
- Teaching timetable

Anonymised example of record of trainee appraisal/assessment
Record of number of trainee assessments performed
Recorded feedback from those taught

Relationships with patients

Examples of written information for parents on care provided
Examples of written information on and, where appropriate, consent forms for practical procedures
Examples of good practice
Letters of appreciation from parents or patients.
Results of patient surveys

Dealing with problems in professional practice

Outcome of result of critical incident investigations
Action taken as a result
Local clinical governance arrangements
Action taken as a result of complaints
Details of any upheld complaints with copies of relevant response

Working with colleagues

Details of regular team meetings
Structured feedback from other team members, including trainees and non-medical colleagues
Peer questionnaires
Details of multi-disciplinary meetings
Example of GP letter and discharge summary

Research

Copy of ethical approval for any research
Example of consent form

