

Good Medical Practice – USA

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Developed by the Alliance for Physician
Competence

**PRELIMINARY DRAFT – FOR USE OF PARTICIPANTS IN “PHYSICIAN
ACCOUNTABILITY FOR PHYSICIAN COMPETENCE” SUMMIT ONLY**

About *Good Medical Practice – USA*

For thousands of years, doctors have understood that medical practice “demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health.”¹

We, the members of the medical profession, believe that every patient deserves a good doctor; one who possesses the skills and knowledge and demonstrates the behaviors that satisfy the profession, patients, and society as a whole. We accept our responsibility as individual physicians and as a profession to set and maintain standards of competence and integrity. We pledge ourselves to work with those voluntary and statutory agencies of the public and the profession in assuring that doctors engage in good medical practice.

Good Medical Practice – USA sets out the principles and values on which good practice is founded. This document has been developed by an alliance of professional, governmental, and public organizations to provide guidance for doctors and those who educate and regulate them. The alliance is indebted to the General Medical Council of the United Kingdom for pioneering work to develop clear definitions of good medical practice.²

While intended primarily as a source of guidance for doctors, *Good Medical Practice – USA* is also intended to let the public know what they can expect of doctors. These expectations are highlighted in each chapter of the document.

Good Medical Practice – USA contains six chapters, each providing guidance for one competency. The competencies were developed by the Accreditation Council for Graduate Medical Education working in partnership with the American Board of Medical Specialties.³

¹ Medical Professionalism in the New Millennium: A Physician Charter. The Medical Professionalism Project, Philadelphia, 2004.

² *Good Medical Practice – USA* borrows extensively from *Good Medical Practice*, published by the General Medical Council, London, September 2006. Use of language from *Good Medical Practice* is by permission from the General Medical Council.

³ The ACGME derived its general competencies through a careful study of existing research on general competencies for physicians. It also gathered input on the proposed competencies from various constituencies and stakeholders of GME. The competencies were adopted by the ACGME Board in 1999 and have since gained wide use in undergraduate and graduate medical education and in specialty certification and recertification.

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- Patient Care
- Medical Knowledge and Skills
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professional Behavior
- Systems-based Practice

These competencies are not mutually exclusive; many behaviors can be categorized in several competencies. While chapter and sub-chapter headings are provided to help organize the document, the substance is in the specific guidelines.

This document describes what is expected of all doctors permitted to practice medicine in the United States. We are each responsible to be familiar with and apply the guidelines in *Good Medical Practice – USA* in our professional roles. We must use our judgment to apply the principles to the various situations we face as doctors, whether or not we routinely see patients. When deviating from the guidelines in *Good Medical Practice – USA*, we must be prepared to explain and justify our actions.

Chapter 1: PATIENT CARE

As doctors, we must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health and the prevention of disease.

The Patient’s Perspective

Patients and their doctors must function as an effective team if patients are to receive good medical care.

Patients have the right to expect that their doctors will:

- identify themselves and their role in the patient’s care;
- maintain up-to-date knowledge and skills relevant to the patient’s problems;
- understand and respect the patient’s goals for medical care;
- investigate and know all the relevant particulars of the patient’s specific problems;
- engage them in decision making about their care;
- acknowledge and seek to remedy any errors.

Patients expect that good medical care includes attention to problems and to maintaining and improving health and well-being.

Good patient care must include:

- interacting with patients and their families in a caring and respectful manner;
- gathering essential and accurate information about our patients;
- addressing the patient’s health needs and concerns;
- developing and carrying out patient management plans;
- collaborating with other healthcare professionals;
- preventing health problems and maintaining health.

In providing care we must:

- make the care of our patient our first concern;
- keep our professional knowledge and skills up to date;
- adhere to accepted standards of care;
- recognize and work within the limits of our competence;
- be readily accessible when we are on duty;
- make good and cost-effective use of the resources available to us;
- minimize risk, harm and opportunities for errors and adverse events.

Compassionate care

As doctors, we will communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and those within their support system.

We must:

- respect each patient's dignity and individuality;
- treat every patient politely and considerately;
- create, convey and maintain a sense of caring, trust and humanity;

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- counsel and educate patients and their families;
- treat relatives, guardians, care-givers, partners and others close to the patient considerately, and be sensitive and responsive in providing information and support, including after a patient has died.⁴

Gathering information

As doctors, we will gather essential and accurate information about our patients.

We must:

- adequately assess the patient’s conditions;
- take account of the history (including the symptoms, psychological and social factors);
- understand the patient’s views;
- examine the patient as thoroughly as necessary.

Patient management

We are expected to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.

We must:

- manage patient problems based on the best available evidence;
- use appropriately targeted media and information technology to support patient care decisions and patient education;
- give priority to the investigation and treatment of patients on the basis of clinical need, when such decisions are within our power;
- provide or arrange advice, investigations or treatment when and for as long as necessary;
- perform competently all medical and invasive and non-invasive procedures considered essential for the area of our practice;
- apply guidelines focused on patient safety in procedures and treatments;
- identify the patient’s most likely diagnosis based on all available evidence;
- prescribe drugs or treatment, including repeat prescriptions, only when we have adequate knowledge of the patient’s health, lifestyle and capacity for compliance and are satisfied that they serve the patient’s needs;
- anticipate and effectively manage the patient’s pain, and take steps to alleviate pain and distress whether or not curative treatment is possible;
- provide effective and compassionate end-of-life care;
- offer assistance in an emergency, wherever it may arise, taking account of safety, our competence, and the availability of other options for care;

⁴ In doing this we must follow the guidance in Chapter 5.

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- engage the patient in making management decisions and participating in self-care;
- respect patients' rights to reach decisions with us about their treatment and care;
- provide or arrange investigations or treatment based on the assessment we and the patient make of their needs and priorities, and our clinical judgment about the likely effectiveness of the treatment options;
- share the results of investigations with patients in a timely manner;
- treat patients despite our belief that their actions might have contributed to their condition;
- treat our patients with respect whatever their life choices and beliefs and not unfairly discriminate against them nor allow our personal views to affect adversely our professional relationship with them or the treatment we provide or arrange;
- manage our patients taking into account their age, ethnicity, gender, and health beliefs;
- treat patients even though their medical condition may put us at risk; where a patient poses a risk to our health or safety, we should take all available steps to minimize the risk before providing treatment or making suitable alternative arrangements for treatment;
- explain to the patient any conflicts between our religious or moral beliefs and carrying out a particular procedure or giving advice about it if this conflict might affect the treatment or advice we provide;
- when such a conflict exists, tell patients of their right to see another doctor; be satisfied that the patient has sufficient information to enable them to exercise that right; and, where it is not practical for a patient to make such arrangements, ensure that arrangements are made for another suitably qualified colleague to take over our role;
- wherever possible, avoid providing medical care to anyone with whom we have a close personal relationship.

Rare circumstances arise in which we find it necessary to end the professional relationship with a patient. For example, this may occur if a patient has been violent to us or a colleague, has stolen from the premises, or has persistently acted inconsiderately or unreasonably. We should not end a relationship with a patient solely because of a complaint the patient has made about us or our team, or because of the resource implications of the patient's care or treatment. In such circumstances, we must:

- be satisfied that our decision is fair;
- be prepared to justify our decision;
- inform the patient of our decision and the reasons for ending the professional relationship, and do so in writing whenever practical.

Collaborating to provide care

Good patient care requires that we cooperate with colleagues and work with healthcare professionals, including those from other disciplines, to provide patient-focused care. Sharing information with other healthcare professionals is important for safe and effective patient care.

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We must:

- accord respect to and communicate effectively with other members of the healthcare team;
- perform agreed upon roles and responsibilities as a member of healthcare teams;
- negotiate when conflicts occur;
- respond in a timely manner to requests for patient information from other healthcare providers;
- consult and take advice from colleagues, when appropriate;
- refer a patient to another practitioner, when this is in the patient’s best interests;
- respect the patient’s right to seek a second opinion;

- keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients and any drugs prescribed or other investigation or treatment;
- make records at the same time as the events we are recording occur or as soon as possible thereafter;

- take steps to ensure that arrangements are made promptly for the continuing care of the patient when we will not provide that care;
- be satisfied that the person to whom we delegate has the qualifications, experience, knowledge and skills to perform the duties which they will be required to carry out;
- be satisfied that, when we are off duty, suitable arrangements have been made for our patients’ medical care, including effective hand-over procedures in which responsibilities during transitions in care are clearly delineated and communicated;
- always transmits sufficient information about the patient and the treatment needed to assure appropriate follow-on care.

Maintaining health

We are expected to provide healthcare services aimed at preventing health problems or maintaining health.

We must:

- encourage patients and the public to understand and take action to improve and maintain their health;
- advise patients on the effects of their life choices on their health and well-being and the outcomes of their treatments.

Chapter 2: MEDICAL KNOWLEDGE AND CLINICAL SKILLS

As doctors, we must demonstrate up-to-date knowledge about established and evolving biomedical, clinical, and related sciences, such as epidemiology and social-behavioral science, and the application of that knowledge to patient care and public health. We must develop and maintain technical proficiency in the clinical skills relevant to our practice. We must integrate our knowledge and skills with an understanding of each patient’s needs in order to provide patient-centered care.

The Patient’s Perspective

Maintaining up-to-date knowledge and skills

We must know and apply the basic and clinically supportive sciences and skills that are appropriate to our scope of practice.

We must:

- take personal responsibility for maintaining up-to-date knowledge of basic science and clinical medicine and up-to-date clinical skills in areas relevant to our practice throughout our working life;
- engage in a systematic program of self-assessment of our medical knowledge and skills and document areas of strength and weakness;
- develop individual learning plans that focus on areas of weakness;
- engage in periodic reassessment to evaluate improvement;
- participate regularly in learning activities that are relevant to our practice;
- complete appropriate training before undertaking new procedures or practices.

Accessing and evaluating information

We must demonstrate scientific rigor in approaching clinical situations.

We must::

- seek timely answers to questions that arise at the point of care, without fail;

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- have the ability to utilize appropriately relevant information sources and databases in our daily clinical practice;
- engage in a critical review of the medical literature and other sources of medical information, evaluate the quality of evidence, assess its relevance to our specific needs, and integrate the information into our daily practice;
- maintain critical thinking skills, applying a thorough analysis to clinical problems, and use decision support tools appropriately;
- understand the limitations of medical knowledge and be able to explain them to patients.

Understanding our own limits

We must restrict our scope of practice to remain well within our own competence.

We must:

- be aware of the boundaries of our knowledge and skills and practice within these boundaries;
- participate in ongoing, practice-specific assessment of our knowledge and skills in order to continuously define the boundaries of our competency;
- offer opinions or advice only within our areas of current knowledge and never pretend to have answers when we do not;
- undertake only those procedures or practices that fall within our scope of competence;
- always state our qualifications, skills, or experience truthfully;
- know when to refer a patient or seek help from colleagues when the patient’s problem cannot be managed within the boundaries of our competence.

Adhering to guidelines and best practices

We must adhere to established guidelines and best practices. We must:

- be familiar with relevant guidelines and developments that affect our work;
- regularly review established practice guidelines germane to the scope of our practice;
- maintain up to date knowledge and adhere to the codes, laws, and regulations of practice relevant to our work;
- adhere to national peer reviewed, evidence-based guidelines or document a persuasive rationale for deviating from them;
- consider all information that patients bring about their conditions using evidence-based standards.

Chapter 3: PRACTICE-BASED LEARNING AND IMPROVEMENT

As doctors, we must assess and reflect upon our patient care practices, appraise and assimilate scientific evidence, and improve our patient care practices.

The Patient’s Perspective

Evaluation of patient care practices

We must:

- collect and maintain evidence, drawn from our medical practice, documenting our own evaluation of the care we provide;
- analyze practice experience, including feedback from patients;
- perform practice-based improvement activities using a systematic methodology;
- educate patients about their role in quality improvement activities.

Appraisal of scientific evidence

We must:

- locate, appraise, and assimilate evidence from scientific studies related to our patients’ health problems;
- obtain and use information about our own population of patients and the larger population from which our patients are drawn;
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;
- apply practice norms, best practices, and available benchmarks to our own patient care.

Improvement of patient care practices

We must:

- respond constructively to the outcome of audit, appraisals and performance reviews;
- undertake further training when necessary;
- implement improvements in practice that incorporate feedback from patients and colleagues;

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- work with colleagues and patients to maintain and improve the quality of our work and promote patient safety;
- take part regularly in educational activities that maintain and advance our competence and performance;
- reflect regularly on our standards of medical practice.

In order to learn and improve, we must use information technology to:

- manage information;
- access on-line medical information;
- support our own education.

Teaching and training others

We must facilitate the learning of students and other healthcare professionals.

If we are involved in teaching we must develop the skills, attitudes and practices necessary to provide competent training and evaluation of current and future healthcare professionals.

We must ensure that all staff members for whom we are responsible, including residents and students, are properly supervised.

As doctors, we must investigate and evaluate our patient care practices, appraise and assimilate scientific evidence, and improve our patient care practices.

Chapter 4: INTERPERSONAL AND COMMUNICATION SKILLS

As doctors, we must demonstrate those interpersonal and communication skills that enable us to exchange information and collaborate effectively with patients, our patients’ families, and professional associates.

The Patient’s Perspective

Communicating with patients

We must create and sustain ethically sound, trusting relationships with patients through honest and effective communication, thus enabling us to work in partnership with our patients to address their individual needs. Effective communication means that we will:

- work with patients as partners in their care;
- include the family or others identified by the patient as respected participants in the patient’s care;
- be polite, considerate and honest;
- treat every patient with dignity;
- treat each patient as an individual;
- provide emotional support;
- encourage patients who have knowledge about their condition to use that knowledge when making decisions about care.

We must use effective listening skills and we must elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.

To communicate effectively, we must:

- listen to patients, seek and respect their views about their health, and respond to their concerns;
- be sensitive to the patient’s cultural, social, and/or religious context into our communication;
- actively seek means of overcoming linguistic or cultural barriers to effective doctor-patient communication;
- be clear and honest in all our statements;
- disclose errors promptly and honestly;
- be timely in communicating information to patients;
- convey in understandable language information patients want or need to know about their condition, including prognosis, treatment options, and associated risks and uncertainties;
- confirm that essential information is understood by the patient;

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- respond to questions;
- keep patients informed about the progress of their care;
- assist patients in understanding and applying information they acquire on their own;
- respect patients’ privacy by ensuring that they are informed about how information is shared with others involved in their care.

If relevant to our individual practice, we must develop and maintain specific communication skills for particularly challenging circumstances, such as:

- apologizing and explaining fully and promptly to the patient if an error has occurred, including the likely short- and long-term effects;
- delivering information about a life-threatening diagnosis or grave prognosis;
- communicating with the patient and family during end-of-life care;
- managing uncooperative or noncompliant patients.

Communicating with children and young people

When communicating with children and young people, we must:

- respect their right to be listened to and treated as individuals;
- answer their questions to the best of our ability;
- provide information to them in a form they can readily understand.

Communicating as team members

We must communicate effectively with other healthcare professionals.

We must:

- protect the privacy of patients;
- communicate effectively with colleagues within and outside our immediate team;
- make sure that our patients and colleagues understand our role and responsibilities in the team, and who is responsible for each aspect of patient care;
- assure effective communication when handing off patient care to other team members.

Sharing information with colleagues

When we refer patients to a colleague, we must provide all relevant information about the patient's history and current condition, preferably in written form.

If we provide treatment or advice for a patient referred by another care provider, we must communicate to the referring care provider in writing the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects.

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If the patient has not been referred to us but has another primary care provider, we should inform the primary care provider of the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects.

Chapter 5: PROFESSIONAL BEHAVIOR

As doctors, we must demonstrate a commitment to fulfilling our professional responsibilities, adhering to ethical principles, and remaining sensitivity to the cultural and ethnic diversity of our patients. In doing so, we must respect and promote high standards of professional behavior and encourage an environment that is conducive to learning and improvement.

The Patient’s Perspective

Professional responsibilities

We are expected to demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and ongoing professional development.

Being honest, trustworthy and acting with integrity are at the heart of medical professionalism. We must:

- protect and promote the health of patients and the public;
- act always in ways that promote public confidence in the medical profession;
- ensure that our conduct at all times justifies the trust that patients place in us, and that the public places in the profession;
- accurately represent our qualifications, skills and experience or honor our positions as doctors.

We must not use our professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them or with subordinates.

We must not use our professional position to express personal beliefs, including political, religious, or moral beliefs, in ways that are likely to cause distress or which exploit patients’ vulnerability.

Responsibilities to patients

We are expected to demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities and to provide timely and effective care regardless of gender, ethnic origin, or personal, political or religious beliefs.

We must safeguard and protect the health and well-being of children and young people and others who may be vulnerable.

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We must not refuse or delay treatment because we believe that patients’ actions have contributed to their condition.

We must treat our patients with respect whatever their life choices and beliefs, and we must not discriminate against them. We should challenge colleagues whose behavior does not comply with this guidance.

We must be open with patients especially if their care does not go as planned. If a patient under our care suffers harm or distress, we must act immediately to put matters right, if that is possible, and promptly disclose the unplanned event to the patient.

We must not allow a patient’s complaint to prejudice the care or treatment we provide or arrange for them. Patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response including an explanation and, when appropriate, an apology.

Adherence to ethical principles

We are expected to demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

We must provide an explanation to patients whenever our religious or moral beliefs could affect the advice we might provide or the procedures we might perform on their behalf.

We must tell patients of their right to see another doctor whenever they are dissatisfied with their care or whenever they seek a second opinion; and we must ensure that they have sufficient information to enable them to exercise that right. When it is not practical for a patient to make such arrangements themselves, we must ensure that arrangements are made for another suitably qualified colleague to take over our role.

Patients have a right to expect that information about them will be held in confidence by their doctors. We must treat information about patients as confidential, including after a patient has died. We must:

- respect patients' privacy and right to maintain confidentiality;
- obtain informed consent to release information when appropriate.

We must be satisfied that we have consent or other authority before we undertake any examination or investigation, provide treatment, or involve patients in teaching or research. In obtaining consent, we must provide information to patients or their responsible agents in a way they can understand.

We must provide factual and verifiable information whenever we communicate publicly about the services we provide. The information we publish must not make unjustifiable claims about the quality or outcomes of our services. It must not offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.

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We must be honest and open in any financial arrangements with patients. In particular, we must:

- provide information about fees and charges before obtaining patients' consent to treatment, wherever possible;
- tell patients if any part of our fee goes to another healthcare professional;
- not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services;
- not encourage patients to give, lend or bequeath money or gifts that will directly or indirectly benefit us;
- not pressure patients or their families to make donations to other people or organizations.

We must act in our patients' best interests when making referrals and providing or arranging treatment or care. We must not ask for or accept any inducement, gift or hospitality that may affect or be seen to affect the way we prescribe for, treat, or refer patients. We should not offer such inducements to colleagues.

We must not allow any financial or commercial interests we may have in organizations providing healthcare or in pharmaceutical or other biomedical companies to affect the way we prescribe for, treat or refer patients.

We must inform patients about any financial or commercial interest in an organization to which we plan to refer a patient for treatment or investigation.

We must be honest in all our business dealings with employers, insurers and other organizations or individuals. Before taking part in discussions about buying or selling goods or services, we must:

- declare any relevant financial or commercial conflict of interest that we or our family might have in the purchase;
- make sure that funds we manage are used for the purpose for which they were intended and are segregated from our personal finances.

Responsibilities to colleagues and the profession

We must not misrepresent our experience or qualifications when applying for positions.

We must treat our colleagues fairly and with respect. We must not bully or harass them, or discriminate against them. We should challenge colleagues whose behavior does not comply with this guidance.

We must not make malicious and unfounded criticisms of colleagues which may undermine patients' trust in the care or treatment they receive, or in the judgment of those treating them.

We must be readily accessible when we are on duty.

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We must not provide medical services if our judgment and/or performance may be affected by alcohol or other substances, and we must cease our practice and seek appropriate intervention if we are dependent on alcohol or other mind-altering substances.

We must offer assistance in emergency situations, taking account of our competence and the availability of other options for care.

We must be honest and objective when appraising or assessing the performance of any colleague, including students. We must not put patients at risk by describing as competent someone who has not reached or maintained a satisfactory standard of practice.

We must provide only honest, justifiable and accurate comments when giving references for, or writing reports about, colleagues. When providing references we must do so promptly and include all relevant information that has any bearing on our colleague's competence, performance and conduct.

We must be receptive to feedback and criticism of others, in an effort to continuously reflect and improve in our roles as medical professionals.

We must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If we have serious concerns that a colleague may not be fit to practice, we must take appropriate steps without delay, so that the concerns are investigated and patients protected when necessary. Accordingly, we must give an honest explanation of our concerns to an appropriate person from the colleague's practice, hospital or other local organization. If there are no appropriate local systems, or local systems do not resolve the problem, and we remain concerned about the safety of patients, we should inform the relevant regulatory body. If we are not sure what to do, we must discuss our concerns with an impartial colleague or contact our state medical board for advice.

We must, without delay, inform our state medical board and any organizations within which we have practice privileges if we have accepted a warning or censure, been charged or found guilty of a criminal offense, or if another professional body has made a finding against our license, anywhere in the world.

We must inform, without delay, any other organizations for which we undertake medical work if we are suspended from a position, or have restrictions on practice because of concerns about our performance or conduct. We also must inform any patients we see independently of such organizations.

We must not put pressure on anyone to use a service, for example by arousing ill-founded fears about their future health.

We must cooperate fully with any formal inquiry into the treatment of a patient and with any complaints that apply to our work. We must disclose to those who are entitled to know any information relevant to an investigation into our own, or a colleague's conduct, performance or health, and follow the guidelines above regarding confidentiality and protecting and providing patient information.

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We should seek medical care for ourselves from a doctor outside our family to assure that we have access to independent and objective professional attention. A doctor should not treat him- or herself.

We should protect our patients, our colleagues and ourselves by taking appropriate measures such as being immunized against common, serious communicable diseases where such measures are available.

We must take and follow advice from a suitably qualified colleague about necessary investigations, treatment and/or changes to our practice if we know or think that we might have a serious medical condition that we could pass on to patients, or if we know that our judgment or performance could be affected by a condition or illness or its treatment. We must not rely on our own assessment of the risk we pose to patients.

We must be honest and trustworthy when writing reports, and when completing or signing forms, reports or other documents.

We must do our best to ensure that any documents we write or sign are accurate and clear. Accordingly, we must take reasonable steps to verify information in the documents we sign, and we must not deliberately omit relevant information.

We must comply without unreasonable delay if we have agreed to prepare a report, complete or sign a document or provide evidence.

We must be honest in all oral and written statements whenever we are asked to give evidence or act as a witness in litigation or formal inquiries. We must make clear the limits of our knowledge or competence.

We must assist the medical examiner or other authority investigating a patient’s death by responding to inquiries and by offering all relevant information to an inquest or inquiry into a patient's death. Only when evidence may lead to criminal proceedings being taken against a doctor is he or she entitled to avoid self-incrimination and remain silent.

We must comply with established standards, methods, and documentation for any research we perform and appropriately credit ideas to their sources.

Human subjects research is vital for improving care for patients now and in the future, and for advancing the health of the public. If we are involved in designing, organizing or executing research, we must protect the interests of research subjects as a first priority.

Chapter 6: SYSTEMS-BASED PRACTICE

As doctors, we must:

- demonstrate an understanding of how the system of healthcare in which we work affects our performance;
- utilize system resources effectively to provide optimal care;
- understand how our patient care and other professional activities affect other healthcare professionals, the healthcare system in which we work, and the larger society.

The Patient’s Perspective

Awareness of and responsiveness to the healthcare system

We must:

- know how various types of medical practice, delivery systems and payment methods differ from one another;
- understand the various methods available for controlling healthcare costs and allocating resources;
- utilize healthcare resources parsimoniously and avoid unnecessary services in providing quality of care;
- help patients understand the system of healthcare, including access and payment systems;
- collaborate with other healthcare providers and understand their various roles and responsibilities.

Effectively calling on system resources to provide optimal care

We must:

- be advocates for safe, accessible, quality patient care;
- assist patients in dealing with system complexities;
- support coordination and continuity of patient care across time and settings of care.

If we have good reason to think that patient safety is or may be compromised by inadequate facilities, equipment, or other resources, or by unsafe policies or systems, we should:

- rectify the matter personally if possible;
- draw the matter to the attention of our employers in all other cases;

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- seek independent advice or assistance on other means of rectification if our employers do not take adequate action, and record our concerns and the steps taken to try and resolve them.

Patient care may be compromised if medical coverage by qualified health professionals is inadequate. Therefore, we must:

- fulfill responsibilities of any formally accepted employment position, including a temporary one;
- complete contractual obligations, including provisions for providing notice prior to leaving employment.

Recognizing how we affect the larger healthcare system

We must:

- know how to partner with healthcare managers and healthcare providers to assess, coordinate, and improve healthcare and know how these activities can affect system performance;
- take part in systems of quality assurance and quality improvement;
- contribute to confidential inquiries and adverse event recognition and reporting to help reduce risk to patients;
- cooperate with requests for information from legitimate organizations monitoring the public health;
- report suspected adverse drug reactions in accordance with the relevant reporting scheme;
- if we have management responsibilities, ensure that systems are in place through which colleagues can raise concerns about risks to patients.

Most doctors work in teams with medical colleagues and other health professionals. Working in teams does diminish our need to be personally accountable for our professional conduct and for the care we provide. When working in a team we should act as a positive role model and try to motivate and inspire our colleagues. We must:

- collaborate with our colleagues in the healthcare team to assure continuity of safe and effective patient care;
- respect the skills and contributions of our colleagues;
- participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies;
- support colleagues who have problems with performance, conduct or health.

When responsible for leading a team, we should:

- encourage team members to participate in planning patient care;
- act on information team members give that might improve team performance;
- delegate and share authority;

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- deal openly with disagreement and conflict;
- provide positive and constructive reinforcement to others.