To: All General Practitioners
All Practice Managers

REMINDERS TO GPs & PRACTICE MANAGERS

Responsibilities under the Performers List

There are a number of commitments doctors entered into when joining the Performers List. These include keeping the PCT informed of home addresses; informing the PCT of any criminal charges, convictions or cautions but not fixed penalty notices; informing it of any investigation of your conduct by the GMC any other professional body or another employer.

GMC/Medical Defence Organisation Membership

Ensure your GMC/MDO subscriptions are up to date and that the organisations know your current address. Inadvertent slippages are often avoided by having Direct Debits rather than waiting for a reminder.

Medical Defence Organisations

GPs may wish to ascertain from their MDO, the services available to them in case of need.

Avoid treating yourself and those close to you

The GMC's 'Good Medical Practice' states that - "Wherever possible, you should avoid providing medical care to anyone with whom you have a close personal relationship ". There is also some guidance in the GMC's 'Good Practice in Prescribing Medicines', although this may be more relevant to family members than staff:

> ***Avoid treating yourself and those close to you***
> 4. Objectivity is essential in providing good care; independent medical care should be sought whenever you or someone with whom you have a close personal relationship requires prescription medicines.
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> 13. Doctors should, wherever possible, avoid treating themselves or anyone with whom they have a close personal relationship and should be registered with a GP outside their family. Controlled drugs can present particular problems, occasionally resulting in a loss of objectivity leading to drug misuse and misconduct.
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> 14. You should not prescribe a controlled drug for yourself or someone close to you unless:
> a) No other person with the legal right to prescribe is available to assess the patient's clinical condition and to prescribe without a delay which would put the patient's life or health at risk, or cause the patient unacceptable pain, and
> b) That treatment is immediately necessary to:
> i. Save life
> ii. Avoid serious deterioration in the patient's health, or

iii. Alleviate otherwise uncontrollable pain

15. You must be able to justify your actions and must record your relationship and the emergency circumstances that necessitated your prescribing a controlled drug for yourself or someone close to you.

The BMA's ethics department generally advises doctors against treating their colleagues and other people close to them because of potential conflicts of interest, bearing in mind that in some cases staff may have no reasonable alternative than to be patients in the practice they work, for example in rural areas.

The BMA publication 'Medical Ethics Today' contains the following advice:

> ***Treating family, friends, or colleagues***
> Doctors are sometimes asked to treat their families or other people close to them. Although it may appear convenient to do so, this is inadvisable. A confusion of roles can develop and doctors can find it hard to keep the right emotional distance. They may fail to notice symptoms that a dispassionate observer would note and, if treating a relative at home, may not be able to carry out all the tests that would be done in a formal consultation. They may have conflicts of interest or be erroneously perceived as having such conflicts. Doctors may be suspected of neglect or facilitating harm, for example, when they stand to inherit or otherwise benefit from a relative's death. Supplying controlled drugs to an addicted friend or relative is obviously unacceptable and to comply with such requests is mistaken loyalty. Sometimes the request for treatment does not come from the relative, but rather doctors assume that they should treat their own spouse or children, for example. This can have disadvantages for those who may find that, as treatment progresses, they do not have the same rights to privacy as other patients.
>
> ***Staff who are also patients***
> It would be unfair to discount potential applicants for jobs in general practice surgeries simply because they are registered with the practice. The BMA's Equal Opportunities Committee has produced general guidance on how doctors can avoid discrimination against any employee, which emphasises commonsense precautions such as ensuring that selection for a job is based on the requirements previously set out in the job description. It is clearly not ideal, however, for an individual's doctor to also be that person's employer. Conflicts and difficulties often arise, particularly in terms of patient confidentiality. The risk of this occurring can be diminished if the issues are discussed in advance. Therefore, if a position is offered to someone who is also a patient of the practice, that person should be offered the opportunity to register with another practice. If, however, the individual wishes to remain with the practice, that decision should be accommodated. In rural areas there may be no reasonable alternative. Advance thought should be given by both parties, however, to the potential difficulties that could arise, for example, if the patient were to need a lot of sick leave and the practice needed verification of illness. In addition, if disciplinary procedures should be invoked, the patient/ employee's health record may hold relevant information that is known only to the employer by virtue of being the employee's doctor. In such circumstances, the record should not be used for purposes unrelated to the provision of health care without the individual's consent. In some exceptional cases raised with the BMA, it seems that some individuals have probably sought jobs in a surgery with a view to altering aspects of their own or their family's medical records, by removing reference to child protection proceedings, for example. Clearly, the practice needs to be alert to that possibility.
> All staff must be advised about confidentiality and, specifically, that it is totally inappropriate for them to look at the medical records of relatives, neighbours, or friends. All information is

confidential and available only to those working in the practice on a strict "need to know" basis. If the employee's relatives themselves are unhappy about the individual potentially having access to their records, they should also have the option of moving to another practice. In terms of the GP's access to the records of an employee's relatives, this should be on the same basis as for any other records and should be on grounds of needing to know. It would clearly be inappropriate for a GP to look at the records of an employee's relatives simply to obtain information about the employee.

Registration of Patients

Practices are obliged to keep a record of any patient whom they refuse to register as well as giving that patient notice in writing of that reason which must not discriminate on grounds of race, creed, colour, sexual orientation or health.

Partnership Agreements

All practices should have an up to date signed Partnership Agreement. A Partnership Agreement is even more important under the new contract than under the old one as without it individual partners may be able to take actions which are detrimental to the remaining partners in ways which are much more serious than used to be the case. In one case known to us, from another area, a partner acting on behalf of the partnership, resigned the practice contract with the PCT and that resignation was accepted by the PCT leaving the remaining partner without any NHS contract. In a GMS practice this would undoubtedly lead to the loss of MPIG as the PCT is likely to wish to award the contract on, at best, basic SFE arrangements or put it out to tender to a provider able to meet best value criteria set by the PCT.

The LMC is not able to recommend particular firms of lawyers to draw up agreements but does suggest that any practice seeking a medical partnership agreement must ensure that their legal advisers have a full and proper understanding of both NHS regulations and GMC procedures.

Prescribing

Doctors should only sign prescriptions for items which they feel competent to prescribe and, where appropriate, there is both a shared care guideline and resources made available for appropriate near-patient testing or monitoring.

If you are asked to prescribe outside these circumstances, it is quite reasonable not to do so and in these circumstances I would urge you to let the LMC office have details of the circumstances, without details of the patient, as well as taking it up with your Prescribing Adviser.

Do not accept the transfer of work, from a PCT or Trust, that you are not trained or funded to undertake.

Vaccinations and Immunisations : Travel

A practice in contract with the PCT may only charge its registered (including temporary resident) patients for immunisations which are not funded by the NHS and which are required for travel

abroad. The NHS funds, as a carry-over from the old contract, Typhoid and Hep A immunisations for travel abroad as well as Cholera. The NHS also provides routine immunisations, such as Tetanus, which, although sought in a travel related appointment, are relevant to the UK. You should be guided by up-to-date travel advice and the "Green Book".

Patients requiring these immunisations should receive them as NHS procedures and the vaccine either obtained by issuing an FP10 or claiming through the Personal Administration route. You may, however, charge for any vaccination certificate issued. All other immunisations in connection with travel abroad may be provided privately although a practice may, at its sole discretion, provide these under the NHS.

In any private vaccination it is not permitted to make a claim on NHS resources by issuing an FP10 or claiming a personally administered fee. Indeed such a claim may be considered fraudulent.

Hep B

Unfortunately NHS regulations prohibit a GP practice in contract with the PCT from providing occupational health related Hep B vaccine on a private basis when funded by the patient. You will also wish to ensure a proper risk assessment has been carried out in such circumstances, and the LMC's current advice is that this should normally be provided by an occupational health service provided by the person's employer. Hep B must, of course, be provided when this is part of a treatment programme for an individual following an incident such as a human bite.

Rabies

Specific recent enquiries have included requests for information on Rabies vaccination, which the NHS requires you to provide in very specific circumstances to those persons employed:

- At kennels and catteries approved by the Ministry of Agriculture, Fisheries and Food for the quarantine of imported dogs, cats, etc;
- At quarantine premises in zoological establishments
- By carrying agents authorised to carry imported dogs, cats, etc
- At approved research and acclimatisation centres where primates and other imported mammals are housed
- In laboratories handling rabies virus
- At seaports and airports where they are likely to come into contact with imported animals or animals on ships or aircraft, e.g. Customs and Excise and police officers
- As veterinary and technical staff of MAFF
- As inspectors appointed by local authorities under the Diseases of Animal Act or employed otherwise who, by reason of their employment, encounter enhanced risk

And where an area is declared to be rabies-infected by the Ministry of Agriculture, Fisheries and Food:

- Persons directly involved in control measures carried out under the direction of the Medical Officer for Environmental Health, together with veterinary surgeons engaged in private practice within the infected area and their ancillary staff.

In all other circumstances a practice is not obliged to vaccinate the patient under NHS arrangements. If in connection with travel abroad, a charge may be made to include the cost of vaccine, if obtained by the practice, or a private prescription may be issued. If the vaccination is required by someone in connection with a perceived occupational risk, the patient should normally seek this from their employer's occupational health service (See Hepatitis B, above).

I hope this series of reminders is useful; please keep asking questions. If a pattern emerges, we will circulate answers more widely.

Dr J T Canning
Secretary
Cleveland Local Medical Committee

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