

GOOD MEDICAL PRACTICE

Good Medical Practice: A code of conduct for doctors in Maldives.

1.1 About the code:

The Good Medical Practice code is written as an ethical and professional guideline for all doctors in Maldives. It portrays the principles and characteristics of good medical practice, standards of ethical and professional conduct and describes what is expected from all doctors by the community and the Maldivian Medical Council. The code is also aimed for use of the community, as a source of information of what they can expect from practicing and non-practicing doctors in Maldives.

The code is developed by the Maldivian Medical Council and follows the declaration of Geneva and the International Code of Medical Ethics, issued by the World Medical Association.

The Good Medical Practice code does not replace the professional judgment or the decisions taken by good doctors in all the circumstances. The application of the code may differ given the instance, but the principles will remain the same.

1.2 Purpose of the code:

- To ensure the provision of good medical care in adherence to the highest possible ethical standards.
- To endow doctors with guidance in carrying out good medical practice and act as a framework which defines the norms of medical care for Maldives.
- To protect human dignity and patients' right in medical practice.

1.3 Use of the code:

It is expected of the doctors to familiarize with the Good Medical Practice as part of their professional responsibility.

The code will be used:

- By individual doctors, as a guide in the application of their professional judgment in carrying out good medical practice, also outlines the professional conduct and medical ethics that is expected in Maldives.
- As assistance for the medical boards in protecting the public and enhancing the health care provided to the community.
- As a reference by other institutions or organizations that are within or related to the health system of Maldives. Examples include: medical education, hospitals, health facilities and policy makers.

1.4 The code does not:

- Substitute in anyway, the rules and regulations of the Maldivian law.
- If any circumstance of conflict arises, the law will outweigh the code.
- The code is not a textbook of medical ethics, as it does not standardize any aspects of medical care within a certain medical discipline.
- The code aims to protect the patients' rights; however, it is not a reference to human rights.

1.5 Professional values:

Doctors are health professionals who exhaustively work in providing good medical care to the public. Although personal beliefs may differ among doctors, the professional values should remain the same.

The first concern is the care brought to the patients; it has to be trustworthy, effective, safe and based on medical ethics.

It is expected of doctors to be competent in their field of practice and apply their knowledge with qualities that display truthfulness, integrity, dependability and compassion.

Patient confidentiality has to be protected unless a circumstance arises where law does not abide so.

It is the responsibility of each doctor to protect and promote the health of the community.

Develop and maintain a good doctor-patient relationship, where the doctor should understand the uniqueness of each patient, respect their cultural and religious beliefs, recognize the expectations of the patient, and preserve a communication within the aspects of good medical practice.

Doctors must be professionals who reflex on themselves and their clinical judgment regularly, and work on improving their knowledge and attributes, and contribute to the profession.

1.6 Practicing medicine in Maldives:

Maldives is an archipelago of 1192 islands, where 197 islands are inhabited. Maldives is unique in many aspects. It is 100 percent Islamic nation, with only a very few diversity of beliefs and culture among the islanders.

Doctors practicing in Maldives are urged to acquaint with the culture and the idealism of Maldivians.

The main objective of the code is to assure good medical care delivery to all individuals of the community. The principles of the code apply to both practicing and non-patient contact doctors.

1.7 Substitute decision makers:

The word “patient” refers to in this code, also to the guardian or substitute of the patient, who may take decisions for the patient, in case of any incapacity that might impede the individual in doing so.

2) Providing good care:

2.1 Introduction:

A doctor’s foremost concern must be the patient and the medical care delivered. This involves:

2.1.1 Taking a good history and an appropriate physical examination. Both should include the patient’s views and relevant psychological, social and cultural aspects.

2.1.2 Providing a good management plan (includes investigations, treatment, advice and follow up where applicable.

2.1.3 Seeking help or reference to another doctor in the best interests of the patient.

2.1.4 Respecting patients’ views or opinions, and exercising patients’ right to take their own decisions.

2.2 Good patient care:

Good medical practice engrosses an adequate level of competence and professional conduct. This includes:

- 2.2.1 Practicing within the boundaries of your scope of practice and know the limits to your competence.
- 2.2.2 Obtaining knowledge and skills to provide a safe and effective care to the patients.
- 2.2.3 Maintaining appropriate records of the patients. (for details: see section 8)
- 2.2.4 Evaluating the risks and benefits in the decisions and opting for the best given the situation.
- 2.2.5 Communicating in an effective and adequate manner. (for details: see section 3)
- 2.2.6 Offering options of treatment, based on the best available.
- 2.2.7 Providing care to alleviate distress and pain, whether a definite cure is achievable or not.
- 2.2.8 Not impeding the patient to seek a second opinion in any form.
- 2.2.9 Seeking advice and opinions from colleagues or seniors when needed.
- 2.2.10 Using resources in a responsible and in an effective manner. (for details: see section 5)
- 2.2.11 ensuring that your personal views do not interfere with the care brought to the patient.

2.3 Access to medical care:

The access to medical care has to be free from bias and discrimination.

- 2.3.1 Respect has to be given to the patients at all times.
- 2.3.2 Do not prejudice care, because you believe that the patient's condition was brought by their behavior.
- 2.3.3 Execute your duty well and never discriminate a patient for race, religion, sex, age, any type of disability or other medically irrelevant grounds.
- 2.3.4 Give priority in the treatment and investigations based on the need and its effectiveness.
- 2.3.5 Create and maintain a safe environment for yourself, your staff and patients. If a situation arises where a patient poses as a risk, do not deny care if reasonable safety measures can be taken.
- 2.3.6 Know your right in objecting to provide or participate in any sort of care where your knowledge objects to it. Inform the patient, and if relevant your colleagues.
- 2.3.7 Personal or moral views should not impede access to medical care; however, you may decline to personally provide care if the patient's condition allows it.

2.4 Medical care in emergencies

During emergencies, good medical practice involves, taking decisions effectively and providing care with the objective of best outcome for the patient, taking into account own safety, skills, available options, resources and the impact that might bring to other patients who witness the event. Doctors are expected to continue care until it is no longer required.

3. Working with patients

3.1 Doctor-patient relationship:

A good doctor-patient relationship has to be built on the basis of mutual trust and openness that would enable a good partnership, with effective results. The standards of professional conduct require the doctor to:

- 3.1.1 Be courteous, respectful, compassionate and honest.
- 3.1.2 Know that each patient is an individual.
- 3.1.3 Respect each patient's privacy and protect the confidentiality, unless law or public safety interests require the release of information.
- 3.1.4 Provide support to patients in the management of their health and encourage them and the caregivers to do so.
- 3.1.5 Encourage patients on self education of their conditions, and in taking decisions wisely with the obtained information.
- 3.1.6 Not exploit the patient physically, emotionally, sexually or financially.

3.2 Effective communication:

Effective communication is an important aspect of the doctor-patient relationship. And this involves:

- 3.2.1 Listening well to the patient and responding with reference to their concerns, taking into account their views and perceptions.
- 3.2.2 Asking patients regarding their current management, including any alternative therapies that they might be following.
- 3.2.3 Informing patients of the nature of medical care, including the need for investigations and medications. Always give them time to question or refuse any of the above.
- 3.2.4 Explaining the condition to the patients, the available management options and the risks and benefits involved with any part of the proposed plan.
- 3.2.5 Endeavoring to confirm the patient's comprehension of your explanation.
- 3.2.6 Arranging ways to meet a patient's specific need, where reasonable. This includes language, cultural or psychological need that might affect an effective communication.
- 3.2.7 Taking help, where necessary, from interpreters to meet the demands of the patient to carry out a good communication.

3.3 Confidentiality and privacy

Doctors and their staff must respect the privacy of patients, and protect the confidentiality unless the information is required by law or public-safety issues to be released.

- 3.3.1 Information of the patient has to be confidential.
- 3.3.2 Information sharing in the interests of the patient has to be consistent with the health facility's guideline or privacy laws.
- 3.3.3 Genetic information issues are complex; seek advice about the disclosure of such information.

3.4 Informed consent:

It refers to the decision taken by the patient, or the caregivers voluntarily about the medical care with knowledge and understanding of the risks and benefits involved.

3.4.1 Explain in a language comprehensible for the patient before taking consent.

3.4.2 Informed consent or similar authority has to be taken before any examination, investigation or treatment, unless in an emergency situation.

3.4.3 Obtain the informed consent before involving the patient in teaching or research.

3.4.4 Inform the patient of the fees or costs of any service. If reference is done for another investigation or treatment, notify the patient on additional charges before proceeding.

3.5 Children and young people:

Additional responsibilities have to be taken into account when treating children and young people. Those are:

3.5.1 Prioritizing the child's or the young person's interests and wellbeing.

3.5.2 Consider the consent and the decision making ability of the young person.

3.5.3 Even with a child or young adult, ensure that:

- Respect and listen to them well.
- Answer their queries in a comprehensible manner.
- Provide any additional information and encourage questions.
- Involve parents and encourage the young person to include parents in the decision making.

3.5.4 Be attentive and recognize the child or the young person at risk, inform the necessary authorities if so.

3.6 Patients with additional needs.

Additional needs may be required when providing care to patients with incapacity for decision making. This involves:

3.6.1 Being attentive on the communication.

3.6.2 Ensure just access to health care, this may require additional advocacy.

3.6.3 Engage the caregivers, family members or guardian's in the decision making when appropriate.

3.6.4 Understand the greater risk of these patients.

3.7 Relatives, caregivers and partners

3.7.1 Respect the role of the caregiver, and be considerate with the people involved in the care of the patient.

3.7.2 Provide the caregiver with the information, with appropriate consent.

3.8 Adverse events

In case of an adverse event, it is expected from the doctor to be honest with the patient, to review and report the incident appropriately. The following applies:

- 3.8.1 Recognize the incident.
- 3.8.2 If possible amend the problem immediately, seek necessary help and advice.
- 3.8.3 Prompt explanation has to be delivered to the patient, including the short-term and long-term consequences that might follow.
- 3.8.4 Acknowledge distress of the patient and provide appropriate support.
- 3.8.5 Follow the rules of reporting the incident to the adequate authority according to the relevant policies and procedures.
- 3.8.6 Implement the changes needed to minimize the consequences or complications to the patient.
- 3.8.7 Review the incident and act on minimizing the recurrence of the same or similar incident.
- 3.8.8 Accessorize the patient with the necessary information needed to make a complaint.

3.9 When a complaint is made:

Patients' are authorized to make a complaint in case of dissatisfaction in the care brought to them.

- 3.9.1 Recognize the right of the patient to make a complaint.
- 3.9.2 When appropriate, involve the patient in resolving the issue.
- 3.9.3 Offer a prompt and constructive response; this may be an explanation or an apology.
- 3.9.4 The complaint must not interfere with the care brought to the patient, if advisable, the patient may be transferred to another doctor.
- 3.9.5 Comply with the policies, procedures and law.

3.10 End of life care

The reality of death and its consequences are sensitive issues that a doctor has to confront and assist. When caring for patients towards the end of life, the following has to be taken into account.

- 3.10.1 Take measures to manage the patient's symptoms in a manner consistent with the patient's wishes and values.
- 3.10.2 Provide or arrange appropriate palliative care.
- 3.10.3 Understand the limits of medicine in prolonging life, and recognize when the efforts may not hold benefit for the patient.
- 3.10.4 Doctors are expected to know when to initiate and when to stop the attempts to prolong life. Prioritize relief from distress and not be obliged to prolong life at all costs.
- 3.10.5 Acknowledge the patient's request if any, to with-hold or to refuse any treatment.

3.10.6 Accept cultural and religious practices related to death.

3.10.7 The family and caregivers must be informed regarding the outcomes that may or may not be achieved in a considerate manner. Communicate bad news in the most appropriate way.

3.10.8 When patient dies, explain cause of death to family members and caregivers, unless the patient had objected to it.

3.10.9 Support the family members and caregivers in their grief where applicable.

3.11 Ending a professional relationship

A situation may arise where the doctor-patient relationship becomes compromised and ineffective, and the need to end it may be advisable. The good medical practice indicates informing the patient regarding the decision, arranging an adequate substitute and handing over the relevant clinical information to the substitute doctor.

3.12 Family, colleagues and friends

Care brought to family members, colleagues or friends is considered as inappropriate since it may have a lack of objectivity or discontinuation of care which puts both the doctor and the patient at risk. However, if providing care becomes unavoidable, good medical practice requires careful management and wise decision making.

3.13 Closing your practice

When closing permanently or temporarily your practice, good medical practice involves:

3.13.1 Giving the notice in advance, when possible.

3.13.2 Appropriate management and transfer of all patients under your care to an adequate substitute and facilitate the continuity of medical care. Doctors are expected to familiarize with the guideline of their facility or institution.

4. Working with other health care professionals.

4.1 introduction

It is urged from doctors to create and maintain good relationships with other colleagues, nurses and other health care professionals to strengthen and enhance patient care.

4.2 Respect for medical colleagues and other health care professionals

It is necessary to have mutual respect and maintain clear communications between all health care professionals caring for the patient. Good medical practice involves:

4.2.1 Using clear, effective, respectful and prompt communication with other doctors and healthcare professionals participating in the care of the patient.

4.2.2 Acknowledge the contribution of all health care professionals. In case of discrepancy, necessary discussions have to be carried out adequately and should not affect medical care brought to the patient.

4.3 Delegation, referral and handover

Delegation is appointing another doctor or healthcare professional to provide care on your behalf while the overall responsibility of patient's care is retained by you.

Referral is the transfer of part of the responsibility of patient's care to another doctor, for a particular purpose, such as care that is outside your area of expertise.

Handover is when all the responsibility of the patient is transferred to another doctor or health care professional.

Good medical practice involves:

4.3.1 Ensuring that the health care professional appointed has the qualifications, experience and knowledge to provide the required care.

4.3.2 Understand that the delegate holds accountability for decisions taken in the care brought to the patient, the overall responsibility remains on you, and your decision to delegate.

4.3.3 Provide sufficient information of the patient's condition and plan of management to ensure the continuity of care.

5. Working within the health care system

5.1 Introduction

Doctors are responsible to contribute to the efficiency and effectiveness of the health care system.

5.2 Use of health care resources

Wise use of health care resources is important. Good medical practice involves:

5.2.1 Providing services that are necessary and benefits the patient.

5.2.2 Facilitate the patient to reach the necessary level of care, whenever possible.

5.2.3 Support the allocation of health care resources.

5.2.4 Know that your use of a particular resource may affect the accessibility of that resource to another patient.

5.3 Health Advocacy

Good Medical practice involves using your expertise and influence to protect health care and provide support in the development of health of the community.

5.4 Public Health

Doctors are responsible for the promotion of health through, prevention, education and screening of the community. Good medical practice involves understanding the principles of public health and participation in the promotion of health of the community.

6. Minimising risk

6.1 Introduction

Risk is an inherent part of health care and therefore attempts at minimizing risk to patients should be an important component of medical practice. Good medical practice involves understanding and applying the key principles of risk minimization and management in your practice.

6.2 Risk management

Good medical practice in relation to risk management involves:

- 6.2.1 Being aware of the importance of the principles of open disclosure and a nonpunitive approach to incident management.
- 6.2.2 Participating in systems of quality assurance and improvement.
- 6.2.3 Participating in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events.
- 6.2.4 If you have management responsibilities, making sure that systems are in place for raising concerns about risks to patients.
- 6.2.5 Working in your practice and within systems to reduce error and improve patient safety, and supporting colleagues who raise concerns about patient safety.
- 6.2.6 Taking all reasonable steps to address the issue if you believe that patient safety may be compromised.

6.3 Doctors' performance

The welfare of patients may be put at risk if a doctor is performing poorly. If you consider there is a risk to patients due to poor performance, then good medical practice involves:

- 6.3.1 Complying with any available statutory reporting requirements
- 6.3.2 Recognizing and taking steps to minimize the risks of fatigue, including complying with occupational health and safety regulations.
- 6.3.3 If you know or suspect that you have a health condition that could adversely affect your judgment or performance, or if you are not sure what to do, seek advice from an experienced colleague, your employers, or other doctors and professionals.
- 6.3.4 Taking steps to protect patients from risk posed by a colleague's conduct, practice or ill health.
- 6.3.5 Taking appropriate steps to assist your colleague to receive help if you have concerns about a colleague's performance or fitness to practice.

7. Maintaining professional performance

7.1 Introduction

Maintaining and developing your knowledge, skills and professional behavior are core aspects of good medical practice which requires self-reflection and participation in relevant professional development and practice improvement including adequate performance-appraisal processes, to continually develop your professional capabilities. These activities must continue throughout your working life, as science and technology develop and society changes.

7.2 Continuing professional development

Good medical practice involves:

7.2.1 Keeping your knowledge and skills up to date.

7.2.2 Participating regularly in activities that maintain and further develop of your knowledge, skills and performance.

7.2.3 Ensuring that your practice meets the standards that would be reasonably expected by the public and your peers.

7.2.4 Regularly participating in continuing medical education.

8. Professional behaviour

8.1 Introduction

In professional life, doctors must display a standard of behavior that warrants the trust and respect of the community which includes observing and practicing the principles of good ethical conduct.

8.2 Professional boundaries

Professional boundaries are integral to a good doctor– patient relationship. They promote good care for patients and protect both parties. Good medical practice involves:

8.2.1 Maintaining professional boundaries.

8.2.1 Never using your professional position to establish or pursue a sexual, exploitative or other inappropriate relationship with anybody under your care including those close to the patient, such as their carer, guardian or spouse or the parent of a child patient.

8.2.2 Avoiding expressing your personal beliefs to your patients in ways that exploit their vulnerability or that are likely to cause them distress.

8.3 Medical records

Maintaining clear and accurate medical records is essential for the continuing good care of patients.

Good medical practice involves:

8.3.1 Keeping accurate, up-to-date and legible records that report relevant details of clinical history, clinical findings, investigations, and information given to patients, medication and other management.

8.3.2 Ensuring that your medical records are held securely and prevent unauthorised access.

8.3.3 Ensuring that your medical records show respect for your patients and do not include demeaning or derogatory remarks.

8.3.4 Ensuring that the records are sufficient to facilitate continuity of patient care.

8.3.5 Records should be made at the time of the events, or as soon as possible afterwards.

8.3.6 Recognizing patients' right to access health information contained in their medical records and facilitating that access when requested by the patient.

8.4 Advertising

Advertisements for medical services can be useful in providing information for patients.

Good medical practice involves:

- 8.4.1 Making sure that any information you publish about your medical services is factual and verifiable.
- 8.4.2 Making only justifiable claims about the quality or outcomes of your services in any information you provide to patients without guaranteeing cures, or exploiting patients' vulnerability or fears about their future health, or raising unrealistic expectations.
- 8.4.3 Not offering inducements or using testimonials.
- 8.4.4 Not making unfair or inaccurate comparisons between your services and those of colleagues.

8.5 Medico-legal, insurance and other assessments

When you are contracted by a third party to provide a medico-legal, insurance or other assessment of a person who is not your patient, the usual therapeutic doctor– patient relationship does not exist.

In this situation, good medical practice involves:

- 8.5.1 Applying the standards of professional behavior described in this code to the assessment; in particular, being courteous, alert to the concerns of the person, and ensuring that you have the person's consent.
- 8.5.2 Explaining to the person your area of medical practice, your role, and the purpose, nature and extent of the assessment to be conducted.
- 8.5.3 Anticipating and seeking to correct any misunderstandings that the person may have about the nature and purpose of your assessment and report.
- 8.5.4 Providing an impartial report.
- 8.5.5 Recognising that, if you discover an unrecognized, serious medical problem during your assessment, you have a duty of care to inform the patient or their treating doctor.

8.6 Medical reports, certificates and giving evidence

The community places a great deal of trust in doctors. Consequently, doctors have been given the authority to sign a variety of documents, such as death certificates and sickness certificates, on the assumption that they will only sign statements that they know, or reasonably believe, to be true.

Good medical practice involves:

- 8.6.1 Being honest and not misleading when writing reports and certificates, and only signing documents you believe to be accurate.
- 8.6.2 Taking reasonable steps to verify the content before you sign a report or certificate, and not omitting relevant information deliberately.
- 8.6.3 Preparing or signing documents and reports if you have agreed to do so, within a reasonable and justifiable timeframe.

8.6.4 Making clear the limits of your knowledge and not giving opinion beyond those limits when providing evidence.

8.7 Curriculum vitae

When providing curriculum vitae, good medical practice involves:

8.7.1 Providing accurate, truthful and verifiable information about your experience and your medical qualifications.

8.7.2 Not misrepresenting, by misstatement or omission, your experience, qualifications or position.

8.8 Investigations

Doctors have responsibilities and rights relating to any legitimate investigation of their practice or that of a colleague. In meeting these responsibilities, it is advisable to seek legal advice or advice from your professional governing bodies.

Good medical practice involves:

8.8.1 Cooperating with any legitimate inquiry into the treatment of a patient and with any complaints procedure that applies to your work.

8.8.2 Disclosing, to the relevant persons, information relevant to an investigation into your own or a colleague's conduct, performance or health.

8.8.2 Assisting the coroner when an inquest or inquiry is held into a patient's death by responding to their enquiries and by offering all relevant information.

8.9 Conflicts of interest

Patients rely on the independence and trustworthiness of doctors for any advice or treatment offered. A conflict of interest in medical practice arises when a doctor, entrusted with acting in the interests of a patient, also has financial, professional or personal interests, or relationships with third parties, which may affect their care of the patient. They require identification, careful consideration, appropriate disclosure and accountability. When these interests compromise, or might reasonably be perceived by an independent observer to compromise, the doctor's primary duty to the patient, doctors must recognize and resolve this conflict in the best interests of the patient.

Good medical practice involves:

8.9.1 Recognizing potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient.

8.9.2 Always acting in your patients' best interests when making referrals and when providing or arranging treatment or care.

8.9.3 Informing patients when you have an interest that could affect, or could be perceived to affect, patient care.

8.9.4 Recognizing that pharmaceutical and other medical marketing influences doctors, and being aware of ways in which your practice may be being influenced.

8.9.5 Recognizing potential conflicts of interest in relation to medical devices and appropriately managing any conflict that arises in your practice.

8.9.6 Not asking for or accepting any inducement, gift or hospitality of more than trivial value, from companies that sell or market drugs or appliances that may affect, or be seen to affect, the way you prescribe for, treat or refer patients.

8.9.7 Not asking for or accepting fees for meeting sales representatives.

8.9.8 Not offering inducements to colleagues, or entering into arrangements that could be perceived to provide inducements.

8.9.10 Not allowing any financial or commercial interest in a hospital, other health care organization, or company providing health care services or products to adversely affect the way in which you treat patients. When you or your immediate family have such an interest and that interest could be perceived to influence the care you provide, you must inform your patient.

8.10 Financial and commercial dealings

Doctors must be honest and apparent in financial arrangements with patients.

Good medical practice involves:

8.10.1 Not exploiting patients' vulnerability or lack of medical knowledge when providing or recommending treatment or services.

8.10.2 Not encouraging patients to give lend or bequeath money or gifts that will benefit you directly or indirectly.

8.10.3 Avoiding financial involvement, such as loans and investment schemes, with patients.

8.10.4 Not pressuring patients or their families to make donations to other people or organizations.

8.10.5 Being transparent in financial and commercial matters relating to your work, including in your dealings with employers, insurers and other organizations or individuals.

8.10.6 In particular:

- declaring any relevant and material financial or commercial interest that you or your family might have in any aspect of the patient's care
- declaring to your patients your professional and financial interest in any product you might endorse or sell from your practice, and not making an unjustifiable profit from the sale or endorsement.

9. Ensuring doctors' health

9.1 Introduction

As a doctor, it is important for you to maintain your own health and wellbeing which includes maintaining a balance between work and life.

9.2 Your health

Good medical practice involves:

- 9.2.1 Consulting your own doctor, a general practitioner or specialist when appropriate to seek independent, objective advice when you need medical care, and being aware of the risks of self-diagnosis and self treatment.
- 9.2.1 Ensuring that you are immunized against relevant communicable diseases.
- 9.2.2 Conforming to the appropriate regulations in relation to self-prescribing.
- 9.2.3 Recognizing the impact of fatigue on your health and your ability to care for patients, and endeavouring to work safe hours wherever possible.
- 9.2.4 If you know or suspect that you have a health condition or impairment that could adversely affect your judgment, performance or your patient's health, then refrain from your own assessment of the risk you pose to patients and consult your doctor about whether, and in what ways, you may need to modify your practice, and follow the doctor's advice.

9.3 Other doctors' health

Doctors have a responsibility to assist medical colleagues to maintain good health.

Good medical practice involves:

- 9.3.1 Providing doctors who are your patients with the same quality of care you would provide to other patients.
- 9.3.2 Notifying the appropriate authorities or employers if you are treating a doctor whose ability to practice may be impaired and may thereby be placing patients at risk and also encourage them to seek the necessary assistance.
- 9.3.3 Recognizing the impact of fatigue on the health of colleagues, including those under your supervision, and facilitating safe working environment and safe working hours wherever possible.

10. Teaching, supervising and assessing

10.1 Introduction

Teaching, supervising and mentoring doctors and medical students are important for their development and for the care of patients and thus, good medical practice prompts doctors to contribute to these activities and provide support, assessment, feedback and supervision for colleagues, doctors in training and students.

10.2 Teaching and supervising

Good medical practice involves:

10.2.1 Seeking to develop the skills, attitudes and practices of an effective teacher, whenever you are involved in teaching.

10.2.2 Making sure that any doctor or medical student for whose supervision you are responsible for, receives adequate oversight and feedback.

10.3 Assessing colleagues

Assessing colleagues is an important part of making sure that the highest standards of medical practice are achieved.

Good medical practice involves:

10.3.1 Being honest, objective and constructive when assessing the performance of colleagues.

10.3.2 Providing prompt, accurate and justifiable information when giving references or writing reports about colleagues while including all relevant information.

10.4 Medical students

Medical students are learning how best to care for patients. Creating opportunities for learning improves their clinical practice and nurtures the future workforce.

Good medical practice involves:

10.4.1 Treating your students with respect and patience.

10.4.2 Making the scope of the student's role in patient care clear to the student, to patients and to other members of the health care team.

10.4.3 Informing your patients about the involvement of medical students, and encouraging their consent for student participation while respecting their right to choose not to consent.

11. Undertaking research

11.1 Introduction

Research involving humans, their tissue samples or their health information, is vital in improving the quality of health care and reducing uncertainty for patients now and in the future, and in improving the health of the population as a whole.

11.2 Research ethics

Being involved in the design, organization, and conduct or reporting of health research involving humans brings particular responsibilities for doctors. These responsibilities include:

- 11.2.1 Provide participants, the respect and protection that is due to them.
- 11.2.2 Act with honesty and integrity.
- 11.2.3 Ensuring that any protocol for human research has been approved by a human research ethics committee.
- 11.2.4 Disclosing the sources and amounts of funding for research to the human research ethics committee.
- 11.2.5 Disclosing any potential or actual conflicts of interest to the human research ethics committee.
- 11.2.6 Ensuring that human participation is voluntary and based on an adequate understanding of sufficient information about the purpose, methods, demands, risks and potential benefits of the research.
- 11.2.7 Ensuring that any dependent relationship between doctors and their patients is taken into account in the recruitment of patients as research participants.
- 11.2.8 Seeking advice when research involves children or adults who are not able to give informed consent, to ensure that there are appropriate safeguards in place. This includes ensuring that a person empowered to make decisions on the patient's behalf has given informed consent, or that there is other lawful authority to proceed.
- 11.2.9 Adhering to the approved research protocol.
- 11.2.10 Monitoring the progress of the research and promptly reporting adverse events or unexpected outcomes.
- 11.2.11 Respecting the entitlement of research participants to withdraw from any research at any time and without giving reasons.
- 11.2.12 Adhering to the guidelines regarding publication of findings, authorship and peer review.
- 11.2.13 Reporting possible fraud or misconduct in research as required.

11.3 Treating doctors and research

When you are involved in research that involves your patients, good medical practice includes:

- 11.3.1 Respecting the patients' right to withdraw from a study without prejudice to their treatment.
- 11.3.2 Ensuring that a patient's decision not to participate does not compromise the doctor-patient relationship or their care.