

# Probity: procedure and guidance (GMC)

Notes provided by the General Medical Council

## Procedure

1. The Probity declaration proforma (included as Probity declaration form in the RCGP Learning Guide) has been developed by the GMC as part of the work to provide tools to support revalidation. This proforma is in draft format and is therefore subject to change. We will publish the finalised version on our website: [www.gmc-uk.org](http://www.gmc-uk.org). This pro-forma may be freely reproduced, and can be used in appraisal.

2. For revalidation purposes, it will be suitable to provide a declaration about probity in matters which might affect your fitness to practice medicine. However you may present evidence of your probity in some other way, if you so wish. You must ensure that you disclose information that relates to events within the whole of your current appraisal/revalidation cycle.

3. The GMC retains the right to ask for additional information if it is considered that the information presented for revalidation is insufficient. If you use other products or formats which have not been tested by the GMC this could increase the chance that you will be asked for additional information and/or evidence.

## Guidance

4. Paragraphs 48-58 of *Good Medical Practice* provide a list of professional obligations that you should consider when signing a declaration on probity. There are, of course, other types of obligations/ information that you should also consider, for example, any form of disciplinary, regulatory or criminal procedures which have been applied to you, or which you know are in progress or pending.

The extract below is taken in full from the GMC's guidance *Good Medical Practice*.

## Probity

### Providing information about your services

48. If you publish information about the 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.

49. 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.

50. 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

51. 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.



## Research

52. 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 our booklet *Good Practice in Medical Research – The Role of Doctors*

### Financial and commercial dealings

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

- you should provide information about fees and charges before obtaining patients' consent to treatment, whenever possible;
- you must not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services;
- you must not encourage your patients to give, lend or bequeath money or gifts which will directly or indirectly benefit you. You must not put pressure on patients or their families to make donations to other people or organisations;
- you must not put pressure on patients to accept private treatment;
- if you charge fees, you must tell patients if any part of the fee goes to another doctor.

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

- 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;

- 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.

### Conflicts of interest

55. 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 which may affect or be seen to affect your judgement. You should not offer such inducements to colleagues.

### Financial interests in hospitals, nursing homes and other medical organizations

56. 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.

57. 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 your interest. When treating NHS patients you must also tell the health care purchaser.

58. 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.'