



INTRODUCING THE 8th EDITION OF THE GUIDE TO PROFESSIONAL CONDUCT AND ETHICS

Professionalism is at the core of the patient - doctor relationship and is absolutely fundamental for patient safety and the delivery of high-quality health care. The purpose of the 8th edition of the *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* is twofold. It provides principles-based guidance to doctors on a wide range of scenarios which are likely to arise over the course of their professional careers and also clarifies for patients the standards of care which they should expect from their doctor.

We have revised and updated our guidance to include the most pertinent issues affecting patients and doctors, based on research and consultation. As the last ethical guide was published in 2009, the updated guide reflects the evolving nature of medical practice.

It is important to stress that the guide is not a legal code; rather it sets out the principles of professional practice and conduct that all doctors registered with the Medical Council are expected to follow and adhere to, for the benefit of the patients they care for, themselves and their colleagues. The document is designed to underpin more detailed practice guidance for doctors, who also have a duty to ensure compliance with all laws and regulations pertaining to their practice.

REVIEW PROCESS

During each term of the Medical Council, our guidance on good professional practice is reviewed and revised. The purpose of this guidance is to ensure that the medical profession and the public have a clear understanding of the standards of practice expected from doctors.

In reviewing the 7th Edition of the Guide to Professional Conduct and Ethics (2009), the Council has responded to themes emerging from feedback received from an inclusive programme of consultation, which included advice received from a number of experts and advisors.

In 2014, the Council received feedback about how we can improve our current publication (2009 Edition) from members of the public, registered doctors and partner organisations, including representatives from public/patient interests, other healthcare professionals, interest groups for doctors, health service employers, indemnity insurers, healthcare trainers and educators, government and other healthcare regulators. We also sought the views of the community in relation to issues such as the important characteristics required to be a good doctor. The responses highlighted a number of topics which required in depth review, as well as some additional topics which have been included in the new guide,

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namely Social Media, Equality and Diversity, Doctors in Leadership and Management Roles and Doctors as Trainers.

Once key topics requiring in depth consideration were identified, a series of workshops took place with our Ethics and Professionalism Committee and experts in each area, to consider each topic in detail. These workshops highlighted the main issues requiring policy, which were considered by Council before drafting new guidance. We conducted a further consultation process when a first draft of the new Guide had been completed and, again, responded to the feedback emerging from this process.

The Council would like to thank Ms Jane O'Brien (Copywriter/Editor) for developing the contents of this guide, based on our policy decisions; and to NALA for helping us to make it as user-friendly as possible.

WHAT'S NEW?

The entire 7th Edition was reviewed and updated by Council and the key changes are outlined below.

CHAPTER 1: PURPOSE OF THE GUIDE

The opening chapter explains the purpose of the Guide and implications for doctors.

The most significant addition here is an explanation of the main implications for the Council following a recent Supreme Court decision in *Corbally -v- Medical Council and Others* (2015). While the definitions of "professional misconduct" and "poor professional performance" remain unchanged (quoting directly from the Medical Practitioners Act 2007), the Guide explains the **Supreme Court interpretation in the Corbally Judgment** that a 'failure to meet the standards of competence... expected of medical practitioners' means a 'serious' failure. All grounds on which complaints can be made are set out in the Guide.

CHAPTER 2: PROFESSIONALISM

The Council has identified three **Pillars of Professionalism** which underpin good care and are the foundations for the principles in this Guide:

- **Partnership** – *doctors working together with patients and colleagues towards shared aims, with mutual respect;*
- **Practice** – *the behaviour and values that support good care, putting the interests and well-being of patients first; and*
- **Performance** – *the behaviours and processes that provide the foundation for good care.*

These are the values and principles we expect all doctors to share and, therefore, have provided a structure for the remainder of the guide, which has been arranged under these three pillars.

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CHAPTER 3: PARTNERSHIP

A new paragraph on **equality and diversity** has been added to the Guide to reflect the need for doctors to try to understand the cultural needs and contexts of different patients.

The guidance on **consent** has been updated to address issues such as effective communication to enable shared decision-making; consent issues regarding children and adolescents, particularly taking into account a child's maturity and capacity to make decisions about their own healthcare; and the importance of the treating doctor taking the time to adequately inform their patient and take consent, rather than delegating.

New guidance on the appropriate use of **social media** has been introduced, stressing the importance of maintaining professional standards when availing of these relatively new and emerging ways to communicate with patients, colleagues and members of the public.

Under the heading "**Relationships between colleagues**", we responded to findings from recent Medical Council research into the experiences of doctors in training in Ireland by addressing issues such as respect for colleagues; sexual harassment; bullying and undermining of colleagues, particularly when in a position of authority or trust; and supporting less experienced doctors and medical students.

On hearing the views of the National Guideline Group on Clinical Handover, we have added guidance on **clinical handover**, which is different to continuity of care. All doctors have a responsibility to ensure that they formally hand over patients.

CHAPTER 4: PRACTICE

Special emphasis has been placed on the **protection and welfare of vulnerable people**, such as children or someone with a physical or intellectual disability, incapable of independent living. Doctors should be alert to the possibility of abuse of vulnerable people and notify the appropriate authorities. New "Children First" legislation is pending and we will keep a watchful eye on developments, in case our Guide requires updating.

Confidentiality is at the core of the doctor/patient relationship, but the duty to protect patient confidentiality must be balanced with the duty to share information in certain exceptional circumstances, for example, where it is in the public interest. The Council received feedback that the paragraphs dealing with **disclosure** were a source of confusion for practitioners. The paragraphs relating to situations for information sharing were consolidated and we hope they are clearer now.

The revised guidance on **medical records** is based on Freedom of Information and Data Protection principles. With regard to **recording**, the Council has added guidance on sharing patient photos - an increasing trend amongst doctors, who need to be aware of security issues and ensure confidentiality is maintained.

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Our guidance on **prescribing** has been reviewed in consultation with the Pharmaceutical Society of Ireland. Further joint guidance on prescribing will be developed with the PSI in the near future.

Telemedicine has been defined in our new Guide as *“the delivery of health care services through information and communication technologies to promote the health of individuals and their communities”*. We have stressed the importance of telemedicine providers registering with the Medical Council and abiding by standards of good practice; and identified particular issues of note for this type of service.

The Council acknowledges that there are circumstances where doctors may have a **conscientious objection**, however, in doing so, the Guide provides advice to ensure that the care of the patient is maintained.

The Council has also introduced enhanced guidance specifically for **doctors in leadership and management roles**, which are evolving across the healthcare sector. Doctors in management are integral to improving patient services and outcomes. The Council specifically acknowledges the tensions doctors may face in **advocating** for patient safety and balancing this in resource-limited circumstances.

CHAPTER 5: PERFORMANCE

Doctors should promote a **culture of patient safety** within the context of the wider healthcare system. Guidance has nonetheless been provided in the case of **adverse events**. If doctors are involved in an adverse event, they should report it, learn from it and participate in any review that arises as a consequence of the incident.

This guide reiterates that **maintaining competence** is an essential, self-directed process which should be relevant to and embedded in each doctor’s own day-to-day practice.

All doctors should be willing to take part in teaching and training and support others to develop their knowledge and skills. Additional guidance has been provided specifically for **doctors in teaching and training roles**, balancing the needs of trainee doctors and medical students with the needs/wishes of patients.