Guide to

Good Medical Practice – USA

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Developed by the National Alliance for Physician Competence

About *Guide to Good Medical Practice – USA*

For thousands of years, physicians 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]

In this document, competence means being qualified in the specific range of skill, knowledge, and ability to perform in a defined role. This document describes desirable characteristics of competent physicians licensed to practice medicine in the United States. Its authors believe that a good physician will strive to achieve these competencies. We also recognize that the setting and context of care influence medical practice, and future uses of these descriptions should reflect the context of care provided by the individual physician. Many factors external to the physician, including the healthcare delivery system and patient behaviors, influence the ability of the physician to demonstrate the characteristics outlined here.

The various entities responsible for educating physicians, accrediting institutions, privileging/credentialing, certifying, and licensing physicians currently have no common language or framework for fulfilling their responsibilities in a consistent, coordinated manner. A *Guide to Good Medical Practice – USA* is explicitly intended for the first time to provide common language and a common framework for those organizations. It is further hoped that this document will support the development of a common view of professional responsibility among individual physicians.

Physicians should be familiar with the competencies within *GMP-USA* in their professional roles. As physicians, we must use our judgment in applying the principles of this document to the various situations we face, whether or not we routinely see patients. Concepts in this document are not intended to be proscriptive or regulatory in and of themselves; rather, they provide a common framework for the entities with these responsibilities. We recognize that physicians' performance and clinical outcomes are not synonymous with competencies, but competencies should promote good performance and outcomes.

We recognize that further development of the principles and examples included in this document will be essential. We encourage elaborations of these competencies for physicians in specific specialties. We expect that specialty colleges, boards, and other organizations with responsibility for specific areas of medical practice will develop additional guidance for specialists using the framework of competencies provided by *GMP-USA*.

We acknowledge that to err is human and that non-punitive admission of error can contribute to quality improvement. The concepts in this document are intended to stimulate educational efforts for continuous quality improvement by providing a common language and taxonomy for discussing the profession's expectations of physicians. This document is a guide and is not intended to be used as a standard.

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

The first section of *Good Medical Practice – USA* contains a summary of the competency categories and their major subcategories. These "Domains of Competency" are followed by an Appendix containing six chapters, each providing examples intended to help define one general competency:

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

These competencies are interdependent; 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.

Domains of Competency

A summary of key principles; examples that help define these principles are provided in Appendix 1.

Good physicians *care* for patients. We:

- provide care that is compassionate, appropriate, and effective for the diagnosis and treatment of health problems, the promotion of health, and the prevention of disease;
- approach care as a cooperative endeavor, addressing the patient's health needs and concerns;
- make the care of the patient our first concern;
- seek to provide optimal care while adhering to accepted standards of care;
- minimize risk, harm, and opportunities for errors and adverse events;
- collaborate effectively with other members of healthcare teams to provide effective care.

Good physicians maintain knowledge and skills. We:

- demonstrate up-to-date knowledge and the application of that knowledge to patient care and public health;
- maintain technical proficiency in the clinical skills relevant to our practice;
- apply knowledge and skills with an understanding of each patient's needs in order to provide patient-centered care;
- seek and apply guidelines and best practices in making individual patient care decisions;
- ensure that our scope of practice remains within our own competence.

Good physicians actively learn from their practices. We:

- thoughtfully assess our own practices;
- assimilate scientific evidence;
- seek always to improve patient care practices.

Good physicians exhibit excellent interpersonal and communication skills. We:

- actively listen to patients, their families, and colleagues and speak with them clearly and honestly;
- exchange information and collaborate effectively with patients' families, healthcare teams, and professional associates.

Good physicians exhibit commitment to the ethical and professional standards of the medical profession. We:

- are honest and trustworthy and honor the trust placed in us;
- care for our own health to ensure patient safety;
- are responsive to the needs and wishes of patients and society and subordinate our self-interest in fulfilling our professional responsibilities;
- remain accountable to patients by
    - demonstrating sensitivity to patients' individual characteristics and providing appropriate care regardless of patient characteristics or beliefs,
    - treating information about patients as confidential,
    - obtaining consent from patients for investigations and interventions,

    - being accessible or ensuring that competent alternate care providers are available to the patient,
    - being honest and transparent in business practices, and
    - avoiding and disclosing any conflicts of interest that might affect the care we provide;
- treat colleagues fairly and with respect and hold them accountable for the standards of the profession;
- are committed to excellence and ongoing professional development;
- recognize our responsibilities to society.

Good physicians practice effectively in systems of healthcare. We:

- are aware of the healthcare system in which we work and adapt the care we provide to its realities, while making the best interests of our patients our first priority at all times;
- make effective use of system resources to provide optimal care;
- recognize how our actions affect the larger healthcare system;
- participate in efforts to improve safety and quality of care for patients;
- recognize the value of teaching and training others.

APPENDIX 1

EXAMPLES OF APPLYING THE COMPETENCIES

The content of the following chapters provides examples of behaviors that exemplify each general competency. They are provided to encourage a common understanding of the meaning of the general competencies and guidance in adapting the general competencies for educational or evaluative purposes. Redundancy is present where a behavior may apply to more than one competency. The examples are not exhaustive. They include behaviors ranging from those that would be expected of any physician at any time to those that require judgment to determine if they are applicable in a particular situation because of factors outside the control of the physician, such as healthcare delivery system characteristics and patient behaviors.

Chapter 1: PATIENT CARE

Physicians provide patient care that is compassionate, appropriate, and effective for the diagnosis and treatment of health problems, the promotion of health, and the prevention of disease.

Good patient care is always a cooperative endeavor with our patients; it addresses the patient's health needs and concerns.

In providing care, we:

- make the patient our first concern;
- seek to provide optimal care while adhering to accepted standards of care;
- minimize risk, harm, and opportunities for errors and adverse events.

1.1 Compassionate care

We communicate effectively and demonstrate caring behaviors when interacting with patients and those within their support system.

We:

- respect each patient's dignity and individuality;
- treat every patient considerately and respect the patient's time;
- listen carefully and considerately to patients and their relatives;
- create, convey, and maintain a sense of caring, trust, and humanity;
- counsel and educate patients and their families;
- are sensitive and responsive in providing information and support for relatives, guardians, caregivers, partners, and others close to the patient while respecting the patient's autonomy and prior requests, including after a patient has died.[2]

[2] In doing this we must follow the guidance on confidentiality in Chapter 5.

1.2 Gathering information from patients

In our practice of medicine, we gather essential and accurate information about our patients.

We:

- adequately assess the patient's condition(s);
- take an adequate history (including the symptoms, psychological and social factors);
- understand the patient's living circumstances and support structure;
- understand the patient's views;
- examine the patient as thoroughly as necessary, while providing for the patient's comfort and privacy.

1.3 Maintaining health

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

We:

- encourage patients to understand and take action to improve and maintain their health;
- support patients in the self-care of chronic conditions;
- advise patients on the effects of their life choices on their health and well-being and the outcomes of their treatments;
- direct patients to resources that will support them in making the changes necessary to enhance their health;
- offer patients appropriate preventive measures, such as screening tests and immunizations, that are appropriate to their particular health status and consistent with guidelines and best practices;
- support the promotion of health in the community beyond our patients.

1.4 Managing patients' health

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

1.4.1 Diagnosis and treatment

We:

- give priority to the care of patients on the basis of clinical need, when such decisions are within our power;
- identify the patient's most significant problems and diagnoses based on all available evidence and reach agreement with the patient on the priority of identified problems;

- provide or arrange for advice, investigations, or treatment based on available evidence and in accordance with our patients' preferences and living circumstances, including those related to cost and cultural expectations, and our clinical judgment about likely effectiveness;
- prescribe treatment only when we have adequate knowledge of the patient's health, lifestyle, and capacity for cooperation and are satisfied that the treatment serves the patient's needs;
- perform competently all invasive and non-invasive procedures essential for the area of our practice;
- apply guidelines focused on patient safety, including simple habits like hand-washing.

1.4.2 Putting the patient's interest first

We:

- respect patients' rights to engage with us in a manner that respects their autonomy and empowers them to take charge of their own healthcare and make decisions in their own best interests to the extent they choose;
- facilitate patient access to appropriate materials and information technology to support care decisions and education;
- promptly explain the results of investigations to patients;
- treat patients with respect whatever their life choices and beliefs;
- treat patients even though their actions may have contributed to their condition;
- ensure that our personal views do not affect the quality of our professional relationship with patients or the treatment we provide or arrange;
- adapt our care to the effects of our patients' age, ethnicity, gender, and health beliefs as indicated by evidence;
- avoid differences in treatment of similar patients if the differences are not based on evidence;
- assist patients in selecting hospitals or other institutions when needed for their care;
- help patients understand any limits imposed on their care by their insurance providers.

1.4.3 Managing special circumstances

We:

- make efforts to anticipate the patient's pain[3] and distress and take steps to alleviate or manage them;
- 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;
- treat patients even though their medical condition may put us at risk; when a patient poses a risk to our health or safety, however, we should take whatever steps are necessary to minimize the risk or make suitable alternative arrangements for treatment.

[3] For further guidance, see *Model Policy for the Use of Controlled Substances to Manage Pain,* Federation of State Medical Boards. Available at http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf.

1.4.4 Ending our relationship with a patient

Circumstances arise occasionally in which we may find it necessary to end our professional relationship with a patient. We should not end a relationship with a patient solely because of a complaint the patient has made about us or our team. When we do end a professional relationship with a patient, we:

- are certain that our decision is fair;
- are 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;
- assist the patient in finding an alternate appropriate source of care.

1.5 Collaborating to provide care

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

1.5.1 Entrusting patients to colleagues

We:

- consult and take advice from colleagues, when appropriate, and negotiate when conflicts exist;
- refer a patient to another qualified practitioner, when in the patient's best interests;
- respect the patient's right to seek another opinion;
- ensure that arrangements are made for the continuing care of the patient by an appropriately qualified professional when we will not provide that care;
- ensure that, when we are off duty, suitable arrangements have been made for our patients' medical care, including effective hand-off procedures in which responsibilities are clearly delineated and communicated;
- ensure that, when the responsibility for the patient is being transferred to another provider or another care setting, expectations and responsibilities have been clearly delineated and communicated;
- perform agreed upon roles and responsibilities as a member of healthcare teams.

1.5.2 Communicating to colleagues about patients

We:

- keep clear, accurate, timely 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;

- communicate appropriate and timely information about the patient and the patient's condition to other members of the healthcare team;
- communicate the expectation that other team members provide appropriate information back to us.

Chapter 2: MEDICAL KNOWLEDGE AND CLINICAL SKILLS

We demonstrate up-to-date knowledge about basic medical, clinical, and related sciences, and the application of that knowledge to patient care and public health. We maintain technical proficiency in the clinical skills relevant to our practice. We apply our knowledge and skills with an understanding of each patient's needs in order to provide patient-centered care.

2.1 Maintaining up-to-date knowledge and skills

We apply the basic and clinically supportive sciences and skills that are appropriate to our scope of practice in the context of the best available medical evidence.

We:

- 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;
- promptly modify our practice to incorporate evidence-based improvements in care;
- engage in a systematic program of self-assessment of our medical knowledge and skills;
- develop individual learning plans that focus on areas of weakness;
- engage in periodic reassessment to evaluate improvement and to direct continued learning;
- participate regularly in learning activities that are relevant to our practice;
- complete appropriate training before undertaking new procedures or practices.

2.2 Accessing and evaluating information

We demonstrate scientific rigor in dealing with clinical situations.

We:

- seek timely answers to questions that arise at the time of care using appropriate information sources and databases;
- engage in a 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 and use decision-support tools appropriately;
- understand and are able to explain the limitations of medical knowledge, using our clinical judgment to provide care for patients when knowledge is insufficient.

2.3 Understanding our own limits

We ensure that our scope of practice remains within our own competence.

We:

- are aware of the boundaries of our knowledge and skills;
- participate in ongoing, practice-specific assessment of our knowledge and skills;

- undertake only those procedures or practices that fall within our scope of competence;
- always state our qualifications, skills, or experience truthfully;
- refer a patient or seek help from qualified colleagues when the patient's problem cannot be managed within the boundaries of our own competence.

2.4 Adhering to guidelines and best practices

We adhere to established guidelines and best practices.

We:

- regularly review established evidence-based practice guidelines germane to the scope of our practice;
- adhere to these guidelines or document a rationale for deviating from them;
- use our best clinical judgment when guidelines are not appropriate for our patient's specific circumstances;
- adhere to the codes, laws, and regulations of practice relevant to our work;
- consider the information that patients bring about their conditions using evidence-based standards.

Chapter 3: PRACTICE-BASED LEARNING AND IMPROVEMENT

We thoughtfully assess our own patient care practices, assimilate scientific evidence, and seek always to improve our patient care practices.

3.1 Evaluation of patient care practices

We regularly:

- assess ourselves and seek useful assessment by others;
- collect and analyze information from our medical practice, documenting our own evaluation of the care we provide in the context of evidence-based guidelines wherever possible;
- analyze practice experience, including feedback from patients, their care experiences, and their outcomes.

3.2 Appraisal of evidence and enhancement of knowledge

We:

- use information about our own patients and the larger population from which our patients are drawn to guide our learning;
- assimilate evidence from scientific studies related to our patients' health problems;
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;
- take part regularly in learning activities that maintain and advance our competence and performance.

3.3 Improvement of patient care practices[4]

We:

- apply the outcome of audits, appraisals, and performance reviews to our practice;
- undertake further training and professional development when appropriate;
- implement changes in our performance and improvements in practice that incorporate feedback from patients and colleagues;
- apply best practices and available benchmarks to our own patient care;
- work with colleagues and patients to maintain and improve the quality of our work and promote patient safety;
- measure the effects of changes we make in our practice to support further improvement.

[4] The Institute of Medicine's report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, provides additional guidance on improvement in patient care practices through six aims: care that is safe, care that is effective, care that is patient-centered, care that is timely, care that is efficient, and care that is equitable.

In order to learn and improve, we take whatever advantage we can of information technology to:

- manage information about our patients;
- access medical information relevant to our practice;
- support our own education.

Chapter 4: INTERPERSONAL AND COMMUNICATION SKILLS

We demonstrate interpersonal and communication skills that enable us to exchange information and collaborate effectively with patients, patients' families, and professional associates.

4.1 Communicating with patients

4.1.1 Effective communication with patients

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

- are polite and considerate;
- treat every patient with dignity;
- include family members and/or others as valid participants in the patient's care when authorized to do so by the patient;
- use effective listening skills;
- elicit and provide information using nonverbal, explanatory, questioning, and writing skills;
- respect patients' views and knowledge about their health, and promptly respond to their concerns;
- understand and support the patient's emotional state;
- are sensitive to the patient's cultural, ethnic, social, and/or religious context as well as provisions of their medical insurance;
- seek means of overcoming literacy, linguistic, or cultural barriers to effective physician-patient communication;
- are timely in communicating information to patients and responding to patient inquiries;
- provide adequate time for the patient to consider information provided and confirm that essential information is understood by the patient;
- assist patients in understanding and applying information they acquire on their own;
- respect patients' privacy by ensuring that they consent to how information is shared with others involved in their care.

4.1.2 Content of communication

Our communication with patients:

- conveys information patients want or need to know about their condition, including prognosis, treatment options, costs, and associated risks and uncertainties, in understandable language;
- provides information about the effectiveness, risks, side effects, contraindications, interactions, instructions for use, and cost of the drugs prescribed;
- explains benefits and risks of proposed procedures before obtaining a written informed consent, unless a procedure is performed under emergency circumstances;

- keeps patients informed about the progress of their care;
- provides access as requested by patients to their medical records.

4.1.3 Communicating in challenging circumstances

We develop and maintain specific communication skills, relevant to our individual practice, so that we:

- acknowledge, take responsibility for, and fully explain what happened when things go wrong, including the likely short- and long-term effects;
- apologize promptly to the patient if an error has occurred;
- deliver information about a life-threatening diagnosis or grave prognosis promptly and effectively;
- communicate effectively with the patient and family during end-of-life care;
- understand and treat patients who do not follow our advice or cooperate with our care or make arrangements to transfer their care to another physician (see guidance in Chapter 1).

4.2 Communicating with vulnerable patients

When communicating with children and other vulnerable patients, we:

- respect their right to be listened to and treated as individuals;
- answer their questions to the best of our ability;
- establish an effective working relationship with the designated parent, guardian, or surrogate;
- provide information to patients capable of receiving it in a form they can readily understand.

4.3 Communicating as team members

We communicate effectively with other healthcare professionals.

We:

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

4.4 Sharing information with colleagues

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

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

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

Chapter 5: PROFESSIONAL BEHAVIOR

We demonstrate a commitment to our professional responsibilities, adhering to ethical principles and remaining sensitive to the diversity of our patients. In doing so, we respect and promote high standards of professional behavior and encourage an environment that is conducive to learning and improvement.

5.1 Personal integrity and responsibility

We 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 and trustworthy and acting with integrity are at the heart of medical professionalism. We:

- are open and honest with patients, especially if their care does not go as planned;
- act to promote public confidence in the medical profession;
- ensure that our conduct justifies the trust that patients place in us, and that the public places in the profession.

5.1.1 Honoring trust placed in us

We do not misuse our professional position to:

- pursue a sexual or improper emotional relationship with patients, their close associates, or with subordinates;
- express personal beliefs, including political, religious, or moral beliefs, in ways that are likely to cause distress or exploit patients' vulnerability.

5.1.2 Honesty in representations

We do not misrepresent our experience or qualifications.

We are honest and trustworthy when writing reports, completing or signing forms, reports, or other documents, or providing evidence.

We:

- do our best to ensure that any documents we sign and testimony we provide are accurate, clear, and verified;
- do not deliberately omit relevant information;
- comply without unreasonable delay if we have agreed to prepare a report, complete or sign a document, or provide evidence;
- make clear the limits of our knowledge or competence.

5.1.3 Caring for ourselves

We seek medical care when we require it for ourselves. In doing so, we:

- do not treat ourselves except as a lay person would engage in self-treatment;
- do not rely on our own assessment of the risk our health conditions may pose to patients;
- seek care from a qualified physician outside our family, to ensure that we have access to independent and objective professional attention;
- protect our patients, our colleagues, and ourselves by appropriate measures such as being immunized against communicable diseases when such measures are available.

5.2 Responsibilities to patients

5.2.1 Patient needs and preferences

We demonstrate sensitivity to patients' culture, age, gender, and disabilities and provide appropriate care regardless of gender, ethnic origin, or personal, political, or religious beliefs.

We:

- treat our patients with respect whatever their life choices and beliefs;
- act to put matters right, if possible, when a patient under our care suffers harm or distress;
- promptly disclose any unplanned event to the patient;
- provide prompt treatment even if we believe that patients' actions have contributed to their condition;
- do not allow a patient's complaint to prejudice the care or referral we provide;
- provide an honest response including an explanation and, when appropriate, an apology when patients complain about the care or treatment they have received;
- respect patients' time by being as prompt as possible for scheduled appointments;
- provide established patients with timely access to our services as dictated by the acuity of their problems;
- ensure that support staff is competent and respectful to patients;
- protect the health and well-being of children and others who may be vulnerable;
- protect patients from risk of harm posed by another colleague's conduct, performance, or health.

We do not put pressure on anyone to use a service.

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

5.2.2 Confidentiality

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

We:

- respect patients' privacy and right to maintain confidentiality;
- obtain informed consent whenever appropriate before releasing information.

5.2.3 Informed consent

We are 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:

- provide information to patients or their responsible agents in a way they can understand, and we are certain they are willing participants;
- reaffirm that the patient agrees with the ongoing plan of treatment as the treatment evolves.

5.2.4 Access to care

We are accessible when we are on duty.

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

We:

- explain to the patient all of the accepted and legal therapeutic alternatives available, even if we personally believe some to be wrong or inappropriate;
- inform the patient if our beliefs could affect the advice we might provide or the procedures we might perform on the patient's behalf and provide the option to consult another physician;
- respect our patients' right to see another physician whenever they wish to seek another opinion;
- ensure that patients have sufficient information to enable them to exercise their right to see another physician;
- ensure that arrangements are made for another qualified colleague to take over when it is not practical for patients to make such arrangements themselves.

5.2.5 Honest, transparent business practices

We provide factual information whenever we communicate publicly about the services we provide. The information we publish does not:

- make unjustifiable claims about the quality or outcomes of our services;
- offer guarantees of cures;
- exploit patients' vulnerability or lack of medical knowledge.

We are honest in any financial arrangements with patients. In particular, we:

- provide information about fees and charges, whenever possible;
- are clear to our patients about our personal interest when selling goods from our own office;
- do not exploit patients' vulnerability when making charges for treatment or services;
- do not encourage patients to give, lend, or bequeath money or gifts that will benefit us;
- do not pressure patients or their families to make donations to other people or organizations.

5.2.6 Conflicts of interest

We recognize that close personal relationships may affect the care we provide to patients. Therefore, we:

- avoid providing medical care whenever possible to anyone with whom we have a close personal relationship;
- remind patients with whom we have a close personal relationship that they may receive more objective care from another physician.

We act in our patients' best interests when making referrals and providing care. We do not:

- ask for or accept any inducement, gift, or hospitality that affects the way we treat or refer patients;
- offer such inducements to colleagues.

We do not allow any financial or commercial interests we may have in organizations providing healthcare or in pharmaceutical or biomedical companies to adversely affect the way we treat or refer patients. We tell patients:

- if any part of our fee goes to another healthcare professional involved directly or indirectly in their care;
- about any financial interest we or our families have in any entity related to their care if they might perceive that interest as affecting their care.

5.3 Responsibilities to colleagues and the profession

5.3.1 Colleagues

We treat our colleagues fairly and with respect. We do not intimidate or harass them, or discriminate against them.

We:

- are honest when assessing the performance of any colleague, including students;
- provide only honest and accurate comments when giving references for, or writing reports about, colleagues, doing so promptly and including all information that has any bearing on our colleague's competence, performance, and conduct.

We do not:

- put patients at risk by asserting that someone is competent who has not reached or maintained a satisfactory standard of practice;
- make unfounded criticisms of colleagues that may undermine patients' trust in the care they receive, or in the judgment of those treating them.

We challenge colleagues who discriminate against patients.

If we have concerns that a colleague may not be fit to practice, we:

- take appropriate steps without delay, so that the concerns are investigated and patients protected;
- give an honest explanation of our concerns to an appropriate person from the colleague's practice, hospital, or other local organization;
- inform the relevant regulatory body as required by law.

If we are not sure what to do, we discuss our concerns with an impartial colleague or contact our state medical board for advice.

5.3.2 Business relationships

We are honest in all business dealings. Before taking part in discussions about buying or selling goods or services, we:

- 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.

5.3.3 Personal responsibilities

We are receptive to feedback from others, in an effort to continuously improve in our roles as medical professionals.

We inform, without delay, any 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.

5.4 Responsibilities to society

5.4.1 Research

We seek opportunities to add to the body of knowledge of medicine. When engaged in research, we:

- comply with established standards and appropriately credit ideas to their sources;
- protect the interests of research subjects as a first priority if we are involved in research involving human subjects;
- avoid conflicts of interests that might interfere with our objective care of patients.

5.4.2 Responsibilities to authorities

We inform, without delay, our state medical board if we have 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 cooperate fully with any formal inquiry into the treatment of a patient and with any complaints that apply to our work. We 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 guidelines regarding confidentiality and protecting and providing patient information.

We assist any authority investigating a patient's death by offering all relevant information to an inquest or inquiry into a patient's death. When evidence may lead to criminal proceedings being taken against us, we are entitled to avoid self-incrimination.

5.4.3 Social responsibility

We do our part to ensure fair allocation of healthcare resources.

We do our best to ensure fair, affordable access to healthcare services for all patients.

We do our fair share to provide care for those who cannot afford care.

Chapter 6: SYSTEMS-BASED PRACTICE

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

6.1 Awareness of and responsiveness to the healthcare system

We:

- consider how various types of medical practice, delivery systems, and payment methods within our practice environments differ from one another;
- understand the methods available for controlling healthcare costs and allocating resources;
- use resources efficiently and effectively and avoid unnecessary services in providing quality care;
- participate in efforts to promote health of the community;
- help patients understand the system of healthcare, including access and payment systems;
- collaborate with other healthcare providers and understand their various roles.

6.2 Effectively calling on system resources to provide optimal care

We:

- are advocates for safe, accessible, quality patient care;
- work within systems and our own practice to reduce error and improve safety;
- assist patients in dealing with system complexities, including those arising from insurance coverage;
- support continuity of patient care across settings of care.

If we think that patient safety may be compromised by inadequate facilities, equipment, or other resources, or by unsafe policies or systems, we:

- rectify the matter personally if possible;
- draw the matter to the attention of responsible individuals and/or organizations;
- seek assistance on other means of rectification in the event of inadequate 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:

- fulfill responsibilities of any formally accepted position;
- complete contractual obligations, including provisions for providing notice prior to terminating any professional engagement.

6.3 Recognizing how we affect the larger healthcare system

We:

- know how to partner with healthcare managers and providers to improve healthcare and know how these activities can affect system performance;
- take part in systems of quality assurance and improvement;
- contribute to inquiries and analysis and reporting of adverse events to help reduce future risk to patients;
- cooperate with requests for information from organizations monitoring the public health;
- report suspected adverse drug reactions using the relevant reporting methodology;
- ensure that systems are in place through which we can raise concerns about risks to patients.

Physicians increasingly work in teams with medical colleagues and other health professionals. Working in teams does not diminish our need to be personally accountable for our professional conduct and for the care we provide. When working in a team we act as a positive role model and try to motivate and inspire our colleagues.

We:

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

When responsible for leading a team, we:

- listen to and respect the input from all team members;
- encourage team members to participate in planning patient care;
- act on information team members provide that might improve team performance;
- delegate and share authority;
- deal openly with disagreement and conflict;
- provide positive and constructive reinforcement to others.

6.4 Teaching and training others

We facilitate the learning of student and graduate physicians and/or other healthcare professionals when in a position to do so.

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

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

APPENDIX 2

THE PATIENT'S PERSPECTIVE: EXPECTATIONS FOR PHYSICIAN COMPETENCE

Lay participants in the alliance developed the following patient perspective on physician competence as a complement to the physician-developed principles.

As a patient, I expect high-quality, safe treatment from my physician, who is open and honest in communications with me, and who involves me in decisions, acts in my best interest, responds to my communications in a timely manner, and always adheres to the ethical principles of the medical profession.

Medical skills and knowledge

I expect every physician who provides care to me to:

- have up-to-date, evidence-based knowledge about illness and treatment in the relevant areas of practice;
- have effective and up-to-date clinical skills;
- know the limits of personal knowledge and skill and practice in the areas of individual competence;
- communicate with other physicians and healthcare practitioners involved in my care to ensure effective continuity of care from preventive care through ongoing treatment to post-treatment follow-up;
- provide appropriate referrals to specialists who are well qualified and appropriate;
- assist me in selecting providers for good institutional or other care when needed.

Communication and interpersonal skills

I expect every physician who provides care to me to:

- treat me with dignity, civility, and respect;
- listen attentively and actively to my concerns;
- be open and honest with me about my condition, my health, and my treatment options;
- be empathic and responsive to my fears and anxieties and provide emotional support when needed;
- explain things in language that I, and the caregivers I choose to assist me, can understand;
- encourage me, and the caregivers I choose to assist me, to ask questions;
- provide clear and prompt answers to those questions;
- discuss the costs of different tests, medications, and treatment options and take into account what my insurance will cover;
- give me thorough information about the effectiveness, risks, side effects, contraindications, interactions, instructions for use, and cost of the drugs prescribed to me.

Shared decision-making and attentiveness

I expect every physician who provides care to me to:

- involve me, to the degree and extent I choose, in decisions about diagnostic tests, treatment options, and other care;
- give me thorough information about treatment options and their risks and benefits and, when possible in non-emergent situations, time to think about them;
- respect my goals, preferences, values, cultural considerations, and right to privacy;
- understand and be responsive to my living circumstances and support structure;
- offer involvement and support for other caregivers I choose to assist me.

Access and availability

I expect every physician who provides care to me to:

- enable me to schedule timely appointments;
- value my time;
- promptly inform me of test results;
- respond promptly to my calls;
- have coverage arrangements for medical emergencies that occur when my physician is not routinely available;
- ensure, in case of a medical emergency, that I receive an immediate response from my physician or from a colleague qualified to deal with my condition;
- have a support team that is consistently competent and respectful;
- maintain detailed medical records, make them available to me upon request, and leave complete control to me over any distribution of my medical records.

Ethical integrity

I expect every physician who provides care to me to:

- be entirely free of conflicts of interest or to clearly disclose
    - any commercial relationships with pharmaceutical companies, medical-device manufacturers, laboratories, hospitals and other facilities, or other entities, and
    - any other relationships or factors that might present real or perceived conflicts of interest;
- respect and stay within the ethical boundaries of the physician-patient relationship.

Appendix 3

Background on *Good Medical Practice – USA*

This document is the product of a voluntary alliance of professional, governmental, and public organizations concerned with physician competence. The contributors worked as individuals; their participation is not intended to imply endorsement by their organizations.

The alliance is indebted to the General Medical Council of the United Kingdom for pioneering work to develop clear definitions of good medical practice. *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.

The general competencies were developed initially by the Accreditation Council for Graduate Medical Education (ACGME), working in partnership with the American Board of Medical Specialties. 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 graduate medical education. The competencies were adopted by the ACGME Board in 1999 and have since gained wide use in undergraduate and graduate medical education, in specialty certification and recertification, and in hospital credentialing. The American Osteopathic Association has adapted the ACGME general competencies to address unique aspects of osteopathic education and practice.