

**GOOD PUBLIC HEALTH PRACTICE –  
GENERAL PROFESSIONAL EXPECTATIONS  
OF PUBLIC HEALTH PROFESSIONALS**

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Faculty of Public Health  
4 St Andrews Place  
London NW1 4LB

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FPH is the professional body for public health specialists in the UK. It aims to promote and protect the health of the population, and improve health services by maintaining professional and educational standards, advocating on key public health issues, and providing practical information and guidance for public health professionals.

The guidance contained within this report aims to provide a basis for good professional practice in public health. It is not statutory guidance nor is it intended as an exhaustive resource as it cannot cover all forms of professional practice or misconduct which may bring your registration or professional practice into question. You must always therefore be prepared to justify your actions and decisions. It is also your responsibility to ensure that you are aware of, and adhere to, other professional codes of practice and conduct as set by other organisations and statutory regulatory bodies with which you may be registered, or which may apply to your work.

This guidance was prepared/approved by the Faculty of Public Health. It will continue to be reviewed and updated (if necessary) in line with other relevant guidance eg. *Good Medical Practice, Trust Assurance and Safety and Good Doctors Safer Patients*.

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# Preface

# Background

The FPH Standards Committee first produced [\*Good public health practice: general professional expectations of public health physicians & specialists in public health\*](#) in 2002. Since that time, public health has experienced tremendous changes through increased government commitment, wider NHS reorganisation, the introduction of revalidation and changes in the context and delivery of public health departments. In addition to these changes, the General Medical Council (GMC) has revised its own *Good Medical Practice*. To take account of these changes, a revised *Good Public Health Practice* is required to inform public health professionals, employers and the public of the standards expected in public health practice.

The White Paper published in February 2007, entitled *Trust, Assurance and Safety – the regulation of health professionals in the 21st Century*, contained proposals to ensure that all the statutorily regulated health professionals have arrangements in place for the revalidation of their professional registration through which they can periodically demonstrate their continued fitness to practice. Specialists working at consultant level will also have to demonstrate that they meet the standards that apply to their particular specialty.

As public health is a multidisciplinary specialty, the Faculty of Public Health expects all of its members with specialist registration to revalidate in a similar manner.

Revalidation will be based on a single set of processes for evaluating doctors' performance in practice, rather than split into the separate elements of relicensing and recertification as originally proposed.

The vast majority of public health professionals are practicing to a high standard. Revalidation should be a process that supports continuous quality improvement in standards and practice for both public health professionals and the public alike.

## Purpose of this document

This publication adapts the General Medical Council's *Good Medical Practice* (2006) for specialist public health practice. The purpose of the document is to set out a framework of professional behaviours and values which underpin public health practice and apply equally to all public health consultants, regardless of their professional background.

This guidance will:

- place the statements in *Good Medical Practice* into the context of the working lives of public health professionals
- assist the public, public health professionals, colleagues and employers to better understand what 'good practice' should look like
- guide public health professionals when planning their continuing professional development
- act as a source document for public health professionals in preparing for appraisals or revalidation
- inform the framework within which a public health professional will be appraised and recommended for revalidation.

It is envisaged that the statements in this document will be linked to electronic recording systems, such as the system of electronic portfolios and other information recording and collection tools being developed for revalidation purposes. These tools will be used by public health professionals to build up portfolios of evidence for their continuing professional development, appraisals and revalidation.

# Introduction

## What is public health?

The FPH defines public health as:

*"The science and art of preventing disease, prolonging life and promoting health through organised efforts of society."* (Sir Donald Acheson)

The FPH's approach is that public health:

- is population based
- emphasises collective responsibility for health, its protection and disease prevention
- recognises the key role of the state, linked to a concern for the underlying socio-economic and wider determinants of health, as well as disease
- emphasises partnerships with all those who contribute to the health of the population.

The term 'population' is used in this guidance to describe a group of people such as those who share the same health concern, a community, an entire city or even the 'global' population. The principles of public health practice apply to each of these equally.

The FPH defines three overlapping domains in which public health professionals practice<sup>1</sup>:

### Health Improvement

- Inequalities
- Education
- Housing
- Employment
- Family/community
- Lifestyles
- Surveillance and monitoring of specific diseases and risk factors

### Improving services

- Clinical effectiveness
- Efficiency
- Service planning
- Audit and evaluation
- Clinical governance
- Equity

### Health Protection

- Infectious diseases
- Chemicals and poisons

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<sup>1</sup> Griffiths S, Jewell T, Donnelly P. Public health in practice: the three domains of public health. *Public Health* 2005; 119: 907-913.

- Radiation
- Emergency response
- Environmental health hazards

## Public health key areas

All populations are entitled to good standards of public health practice. Individuals working at specialist level in public health are expected to have a basic competence in each key area of public health practice<sup>2</sup>:

### **Core and Defined Competency Areas of Public Health Practice:**

1. Surveillance and assessment of the population's health and well-being.
2. Assessing the evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations.
3. Policy and strategy development, and implementation.
4. Strategic leadership and collaborative working for health.
5. Health improvement.
6. Health protection.
7. Health and social service quality.
8. Public health intelligence.
9. Academic public health.

The FPH's Learning Outcomes Framework describes the expected learning outcomes in each of the nine key areas. Essential elements of this are professional competence, good relationships with the public and colleagues, and observance of professional ethical obligations.

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<sup>2</sup> As set by the Faculty of Public Health as the standard-setting body for public health practice in the UK.

## **How *Good Public Health Practice* applies to you**

The guidance contained within this report aims to provide a basis for good professional practice in public health. It is not statutory guidance nor is it intended as an exhaustive resource as it cannot cover all forms of professional practice or misconduct which may bring your registration or professional practice into question. You must always therefore be prepared to justify your actions and decisions. It is also your responsibility to ensure that you are aware of, and adhere to, other professional codes of practice and conduct as set by other organisations and statutory regulatory bodies with which you may be registered, or which may apply to your work.

Some medically qualified public health consultants, especially those working in health protection, may undertake work of a clinical nature. This work will be governed by both Good Public Health Practice and Good Medical Practice.

Demonstration of Good Public Health Practice is expected of all consultants and trainees at all phases of training. Learning outcomes have been identified for ethical management of self and professionalism, which are assessed at regular intervals during the public health training programme.

# Executive Summary

## 1. Good public health practice

Public Health Professionals must:

- practise good standards of public health, as described in this guidance, and with particular reference to the nine key areas of activity and their necessary competencies;
- make sure that individuals and communities are not put at risk; and
- work within the limits of their professional competence.

## 2. Maintaining good public health practice

Public Health Professionals must:

- keep their knowledge and skills up to date;
- regularly take part in educational activities that develop their skills; and
- try to act on what is said during appraisals.

## 3. Teaching and training

Public Health Professionals with special teaching responsibilities must:

- develop the skills, attitudes and practices of a competent teacher; and
- be honest and objective when they are assessing the performance of someone they have trained.

## 4. Relationships with individuals and communities

Public Health Professionals must:

- make the health of their communities and individuals within them their first concern;
- treat all individuals politely and considerately;
- respect individuals/patients' dignity and privacy;
- listen to individuals and communities and respect their views;
- give information to individuals and the public in a way they can understand; and
- respect individuals/communities' right to be fully involved in decisions about their health and health care.

## 5. Working with colleagues

Public Health Professionals must work effectively with their health care colleagues, local government colleagues and all other colleagues. Co-operation, trust and flexibility and team working are essential to good public health practice.

## **6. Probity**

Public Health Professionals must:

- be honest and trustworthy;
- respect and protect confidential information;
- make sure that personal beliefs do not interfere with their work at any level;
- act quickly to protect individuals and communities from any risk; and
- not abuse their position.

## **7. Health**

If a Public Health Professional has a serious condition that could affect their performance, or could be passed on to patients or the public, they must seek and follow advice from an appropriate colleague.

# 1. Good public health practice

## Good public health professionals

- 1.1 The public needs good public health professionals. Good public health professionals make the care of the population their first concern through: maintaining competence to practice, ensuring their knowledge and skills are up-to-date, establishing and maintaining good relationships with individuals, communities, the public and colleagues, honesty and trustworthiness, and acting with integrity.

## Providing good public health care

- 1.2 Good public health practice must include:

- high standards of practice in the nine core and defined competency areas of public health practice;
- taking suitable and prompt action when necessary;
- (a) adequately assessing the health status of the population, taking account of relevant epidemiological and social factors and the views of the public, and where necessary undertaking relevant investigations
- (b) providing or arranging interventions where necessary
- (c) referring the problem to another practitioner when this is in the public interest.

- 1.3 In your work you must:

- recognise and work within the limits of your professional competence;
- advise only the course of action which best serves your population's needs.
- be willing to consult and take advice from colleagues;
- be competent when undertaking the tasks required of you;
- keep clear, accurate and contemporaneous records which report the relevant findings, the decisions made (and how reached), the information given to colleagues/the public, the resulting action and/or follow-up;
- keep colleagues well informed when working in partnership;
- pay due regard to efficacy and the effective use of resources;
- (b) formulate policies and interventions only when you have adequate knowledge of the population's health, and are satisfied that the policies and interventions serve the population's needs
- (c) formulate effective policies and interventions based on the best available evidence

## **Supporting self-care**

- 1.4 You should encourage patients, communities and the public to take an interest in their health and to take action to improve and maintain it. This may include advising patients and communities on the effects of their life choices on their health and well-being and all possible outcomes.

## **Raising concerns**

- 1.5 If you have good reason to think that your ability to practise safely is compromised by inadequate premises, equipment or other resources, policies or systems, or by the actions of others, you should seek advice, if appropriate, and take immediate steps to address the problem, where possible. In all other cases you should draw the matter to the attention of your employing body. If they do not take adequate action to address the problem, you should seek independent advice on how to take the matter further. In all cases, you must record your concerns, the steps you have taken to try to resolve them, and any resulting action and outcomes.

## **Decisions about access to healthcare**

- 1.6 All your actions must be based on your professional judgement of the needs of an individual or population, and its likely effectiveness. You must not allow your personal views about a lifestyle choice, culture, belief system, race, ethnicity, gender, sexuality, disability, marital or parental status, age or social or economic status, to negatively influence or prejudice the work you provide or arrange. You must not refuse or delay action because you believe that an individual's or population's actions have contributed to their situation. You should challenge colleagues if their behaviour does not comply with this guidance.

## **Treatment in emergencies**

- 1.7 In an emergency, wherever it arises, you must offer assistance, taking account of your own safety, your competence, your training and professional abilities and the availability of other options for care.

## 2. Maintaining good public health practice

### Keeping up-to-date

- 2.1. You must keep your knowledge and skills up-to-date throughout your working life. You should be familiar with relevant guidelines and developments that affect your work. You should regularly take part in educational activities that maintain and further develop your competence and performance.
- 2.2. Some parts of public health practice are governed by law or are regulated by other statutory bodies. You must observe and keep up-to-date with all laws and statutory codes of practice which affect your work.

### Monitoring and improving performance

- 2.3. You must work with colleagues, communities and the public to monitor, maintain and improve the quality of the practice you provide and promote public safety and wellbeing. In particular, you must:
  - maintain a portfolio of information and evidence, drawn from your practice
  - reflect regularly on your standards of practice in accordance with appropriate guidance on licensing and revalidation
  - take part in regular and systematic audits, recording data honestly. Where necessary you must respond constructively to the results of audit to improve your practice, for example by undertaking further training;
  - take part in systems of quality assurance and quality improvement
  - respond constructively to assessments, appraisals and performance reviews of your professional competence and performance;
  - take part in/contribute to confidential inquiries and critical incident reporting, to help reduce the risk to communities and the public
  - where appropriate to you training and duties required by your role, you must report suspected adverse drug reactions in accordance with the relevant reporting scheme
  - co-operate with legitimate requests for information from organisations monitoring public health – when doing so you must follow the guidance in *Confidentiality: protecting and providing information*<sup>3</sup>

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<sup>3</sup> *Consent: patients and doctors making decisions together* (2008) GMC

## 3. Teaching and training

- 3.1 You are encouraged to help the public be aware of and understand health issues, and to contribute to the education and training of other public health professionals, including trainees and other colleagues.
- 3.2 If you have special responsibilities for teaching you must develop the skills, attitudes and practices of a competent teacher, including undertaking further training if necessary. You must also ensure that students and junior colleagues are properly supervised. This applies to all public health professionals.
- 3.3 You must be honest and objective when assessing the performance of those you have supervised, trained or worked with. This includes colleagues, locums and students. Communities and the public may be put at risk if you confirm the competence of someone who has not reached or maintained a satisfactory standard of practice.
- 3.4 You must provide only honest, justifiable and accurate comments when giving references for, or writing reports about, colleagues. When providing references you must do so promptly and include all information that is relevant to your colleague's competence, performance or conduct.

## 4. Relationships with others

Public health professionals maintain relationships with various groups, including individuals, communities and wider populations.

### Working with the public

4.1 Successful relationships depend on trust, openness and good communication. To establish and maintain that trust you must:

- listen to people and respect their views;
- treat people politely, considerately and with honesty;
- treat each member of the public as an individual;
- respect individuals' privacy and dignity;
- treat information about people as confidential. If, in exceptional circumstances, you feel you should pass on information without a person's consent, or against their wishes, you should follow agreed guidance on confidentiality and be prepared to justify your decision;
- respect the right of people to be fully involved in decision-making which affects them or their communities, and support them in taking part;
- support communities and the public in caring for themselves to improve and maintain their health
- respect the right of people to decline to take part in interventions, initiatives, teaching or research even if it may be of benefit to them;
- encourage communities to become health literate and use this when they are making decisions about their health;
- be vigilant about issues concerning data confidentiality;

### Good Communication

4.2 To communicate effectively, you must:

- give people the information they ask for or need to enable to make informed choices;
- listen to communities and the public, ask for and respect their views about their health, and respond to their concerns and preferences;
- share with the public, in a way they can understand, the information they want or need to know about their health and health care and the health options available to them, including associated risks and uncertainties;

- respond to the public's questions and keep them informed about the progress of interventions aimed at improving their health
- give information to people in an accessible format (including via websites) which is easy to understand, and which takes account of the audience's needs eg. use of different languages, large print etc);
- ensure that, wherever possible, people have understood what is proposed.

## **Working with vulnerable groups**

- 4.3 The guidance that follows in paragraphs 4.4-4.6 is relevant whether or not you routinely work with vulnerable groups. Vulnerable groups may include (but are not limited to) children and young people, people with physical and/or mental health issues, older people and people in disadvantaged communities. You should be aware of the needs and welfare of vulnerable groups when you work with them, including people who care for these vulnerable individuals (such as parents, partners/spouses, children), as well as any individuals or groups who may represent a danger to vulnerable groups.
- 4.4 You must safeguard and protect the health and wellbeing of vulnerable groups.
- 4.5 You should offer assistance to vulnerable individuals or groups if you have reason to think that their rights have been abused or denied.
- 4.6 When communicating with vulnerable individuals or groups you must:
- treat them with respect and listen to their views;
  - answer their questions to the best of your ability
  - provide information in a way they can understand

## **Relatives, carers and partners**

- 4.7 When dealing with matters concerning individual patients you must be considerate to relatives, carers, partners and others close to the patient, and be sensitive and responsive in providing information and support, including after a patient has died. In doing this you must follow the guidance in Confidentiality.

## **Dealing with complaints**

- 4.8 If a patient within a health system for which you have some responsibility has suffered harm or distress, you must act immediately to put matters right, if that is possible. You should ensure that an apology is offered and that what has happened

is explained fully and promptly to the patient, including an explanation of the likely short-term and long-term effects.

- 4.9 Individuals or populations who raise concerns or complain about the care or treatment they have received have a right to expect a prompt and appropriate response. This response should be open constructive and honest and should include an explanation and, if appropriate, an apology. You should co-operate fully with any complaints procedure that applies to your (or another colleague's) work. You must not allow an individual (or community's) complaint to prejudice the advice you give or interventions you may arrange for them.

## Maintaining trust in the profession

- 4.10 You must not use your professional position to establish or pursue a sexual or improper emotional relationship with anyone you work with or someone close to them.
- 4.11 You must not express to individuals and groups you work with your personal beliefs, including political, religious or moral beliefs, in ways that exploit their vulnerability or that are likely to cause them distress.
- 4.12 You must take out adequate insurance or professional indemnity cover for any part of your practice not covered by an employer's indemnity scheme, in the interest of all individuals and groups you work with, as well as your own.
- 4.13 You must be familiar with your specialist registration reference number. You must make sure you are identifiable to all colleagues, individuals and groups that you work with, for example by using your registered name when signing statutory documents. You must make your registered name and specialist registration reference number available to anyone who asks for them.

## Consent

- 4.14 You must be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve individuals or groups in teaching or research. Usually this will involve providing information to individuals or groups in a way they can understand, before asking for their consent. You must follow the guidance in *Seeking Patients' Consent: The Ethical Considerations*<sup>4</sup>, which includes advice on children and individuals who are not able to give consent.

## Confidentiality

- 4.15 Individuals and communities have a right to expect that information about them will be held in confidence by public health specialists. You must treat information about these individuals and groups as confidential, including after a patient has died. If you are considering disclosing confidential information without consent, you must follow the guidance in *Confidentiality: protecting and providing information*<sup>5</sup>

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<sup>4</sup> *Consent: patients and doctors making decisions together* (2008) GMC

<sup>5</sup> *Confidentiality: protecting and providing information* (2004) GMC

## Ending professional relationships

- 4.16 In rare circumstances, the trust between you and an individual or a group may break down, and you may find it necessary to end the professional relationship. For example, this may occur if an individual has been violent to you or a colleague, has stolen from the premises, or has persistently acted inconsiderately or unreasonably. You should not end a relationship with any individual or community solely because of a complaint that has been made about you or your team, or because of the resource implications<sup>6</sup> of providing agreed services.
- 4.17 Before you end a professional relationship, you must be satisfied that your decision is fair and does not contravene the guidance in paragraph 1.6. You must be prepared to justify your decision. You should inform the other parties affected by your professional relationship of your decision and your reasons for ending the professional relationship, wherever practical in writing.
- 4.18 You must take steps to ensure that arrangements are made promptly for the continuing care of the community, and you must pass on any records and reports without delay.

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<sup>6</sup> If you charge fees, you may refuse further treatment for patients unable or unwilling to pay for services you have already provided.

## 5. Working with colleagues

- 5.1 You must always treat your colleagues fairly and with respect. In accordance with the law, you must not discriminate against colleagues on grounds of their age, gender, race, ethnicity or disability. You must not allow your personal views about a lifestyle choice, culture, belief system, race, ethnicity, gender, sexuality, disability, marital or parental status, age or social or economic status, to negatively influence or prejudice your professional relationship with them.
- 5.2 You must not undermine the public's trust in the care or treatment they receive, or in the judgement of those working with them, by making malicious or unfounded criticisms of colleagues.

### Working in teams

- 5.3 Public health/healthcare is increasingly provided by multidisciplinary teams. Working in a team does not change your personal accountability for your professional conduct and the services you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues. You must:
- respect the skills and contributions of your colleagues;
  - maintain professional relationships with the public;
  - communicate effectively with colleagues within and outside the team;
  - make sure the public and colleagues understand your professional status and speciality, your role and responsibilities within the team, and who is responsible for each aspect of work.
  - participate in regular reviews and audits of the standards and performance of the team, taking steps to remedy any deficiencies.
  - be willing to deal openly and supportively with problems in the performance, conduct or health of team members.

### Leading a team

- 5.4 If you have responsibility for leading a team you must ensure that:
- team members meet the standards of practice and conduct set out in this guidance where appropriate;
  - any problems that might prevent colleagues from other professions from following guidance from their own regulatory bodies are brought to your attention and addressed;
  - all team members understand their personal and collective responsibility for the safety of the public, and for openly and honestly recording and discussing any problems that may arise (and solutions to those problems);

- any intervention affecting the public is properly co-ordinated and managed, and that the public know who to contact if they have questions or concerns;
- arrangements are in place to provide appropriate cover, for yourself and/or other team members, at all times;
- regular reviews and audits of the standards of practice and performance of the team are undertaken, and any deficiencies immediately addressed;
- systems are in place for dealing supportively with problems in the performance, conduct or health of team members.

5.5 Further advice on working in teams is provided in *Management for Doctors*<sup>7</sup> and the *Code of Conduct for NHS Managers*<sup>8</sup>.

## Conduct or performance of colleagues

- 5.6 You must protect the public from risk of harm posed by another colleague's standard of practice including conduct, performance or health (including problems arising from alcohol or other substance misuse). The safety of the public must be prioritised at all times. Where there are serious concerns about a colleague's performance, health or conduct, it is essential that steps are taken without delay to investigate these concerns in order to establish whether or not they are well-founded, and to ensure adequate measures are in place to protect the public.
- 5.7 If you have grounds to believe that a colleague may be putting the public at risk, you must give an honest explanation of your concerns to an appropriate person from the employing authority, such as the medical director, nursing director, chief executive, the director of public health or an officer of your local medical committee, following any procedures set by the employer. If there are no appropriate local systems, or local systems cannot resolve the problem, and you remain concerned about the safety of the public, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defence body, a professional organisation or the professional regulator (eg GMC, GDC or UKPHR) for advice. The safety of the public must be prioritised at all times.
- 5.8 If you have management responsibilities you should ensure that mechanisms are in place through which colleagues can raise, in confidence, concerns about risks to the public. Further guidance is provided in the GMC booklet, *Management for Doctors*<sup>9</sup> and the *Code of Conduct for NHS Managers*<sup>10</sup>.

## Respect for colleagues

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<sup>7</sup> *Management for Doctors - guidance for doctors* (2006) GMC

<sup>8</sup> *Code of Conduct for NHS Managers* (2002) Department of Health

<sup>9</sup> *Management for Doctors - guidance for doctors* (2006) GMC

<sup>10</sup> *Code of Conduct for NHS Managers* (2002) Department of Health

- 5.9 You must treat your colleagues fairly and with respect. You must not bully or harass them, or unfairly discriminate against them by allowing your personal views to affect adversely your professional relationship with them. You should challenge colleagues if their behaviour does not comply with this guidance.
- 5.10 You must not make malicious and unfounded criticisms of colleagues that may undermine patients' trust in the care or treatment they receive, or in the judgement of those treating them.

## **Arranging cover**

- 5.11 You must be satisfied that, when you are off duty, suitable arrangements for cover are in place. These arrangements should include effective handover procedures and clear communication between those responsible. If you are concerned that the arrangements are not suitable, you should take steps to protect the safety of the public.

## **Taking up and ending appointments**

- 5.12 Public safety may be compromised if there is not sufficient medical cover. Therefore, you must take up any post, including a locum post, you have formally accepted, and you must work your contractual notice period, unless the employer has reasonable time to make other arrangements.

## **Sharing information with colleagues**

- 5.13 Sharing information with other healthcare professionals is important for safe and effective patient care.
- 5.14 When you refer a problem to another practitioner, you should provide all relevant information about the problem.
- 5.15 If you are in receipt of health related information about an individual patient, or are ever involved in direct treatment of individual patients, you should share with the patient's general practitioner any information necessary for the continuing care of the patient, unless the patient objects.
- 5.16 If you are ever involved in direct treatment of individual patients, you should ask for the patient's consent to inform their general practitioner before starting treatment, except in emergencies or when it is impractical to do so. If you do not inform the patient's general practitioner, you will be responsible for providing or arranging all necessary after-care.

## **Delegation and referral**

- 5.17 Delegation involves asking a colleague to provide advice or services on your behalf. Although you will not be accountable for the decisions and actions of those to whom you delegate, you will still be responsible for the overall management of the individual or community, and accountable for your decision to delegate. When you delegate care or treatment you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to provide the care

or treatment involved. You must always pass on enough information about the patient and the treatment they need.

5.18 Referral involves transferring some or all of the responsibilities for the individual's or community's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment (if appropriate) that is outside your competence. You must be satisfied that any professional to whom you refer is accountable to a statutory regulatory body or employed within a managed environment. If they are not, the transfer of care will be regarded as delegation, not referral. This means you remain responsible for the overall management of the situation, and accountable for your decision to delegate.

# 6. Probity

## Being honest and trustworthy

- 6.1 The components of probity are:
- *Integrity*: putting the obligations of public service above your own personal interests.
  - *Honesty*: being truthful and open.
  - *Objectivity*: basing advice and decisions on rigorous analysis of evidence.
  - *Impartiality*: acting solely according to the merits of a case without prejudice.

Probity is the cornerstone of good public health practice.

- 6.2 You must ensure, at all times, that your standards of practice justify the public's trust in your work, and in the work of the wider public health profession.
- 6.3 You must inform your regulator and specialist register and the Faculty of Public Health without delay if, anywhere in the world, you have accepted a caution, been charged with or found guilty of a criminal offence, or if another professional body has made a finding against your registration as a result of fitness to practise procedures.
- 6.4 If you are suspended from a post or have restrictions put on your practice because of concerns about your standard of practice, performance or conduct, you must inform any other organisations for whom you undertake work of a similar nature. You must also inform any individuals/communities/populations you work with independently of such organisations, if the advice or services you provide is within the area of concern relating to the suspension or restriction.

## Providing information about your services

- 6.5 If you publish or broadcast information, 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. If you publish information about specialist services, you must still follow the guidance.
- 6.6 You must not make unjustifiable claims about the quality or outcomes of your services in any information you provide to the public. It must not offer guarantees of cures, nor exploit the public's lack of medical knowledge.
- 6.7 Information you publish about your services must not put pressure or undue influence on people to use a particular service, for example, by needlessly arousing concerns or fears about future health.

## Writing reports, signing certificates and other documents

- 6.8 You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents.

- 6.9 You must always be honest about your experience, qualifications and position, particularly when applying for posts.
- 6.10 You must do your best to make sure that any documents you write or sign are not false or misleading. This means that you must take reasonable steps to verify the information in the documents, and that you must not deliberately leave out relevant information.
- 6.10 If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.
- 6.11 If you are asked to give evidence or act as a witness in litigation or formal inquiries, you must be honest in all your spoken and written statements. You must make clear the limits of your knowledge or competence.
- 6.12 You must co-operate fully with any formal inquiry into the treatment of a patient or the public and with any complaints procedure that applies to your work. You must disclose to anyone entitled to ask for it any information relevant to an investigation into your own or a colleague's conduct, performance or health. In doing so, you must follow the guidance in *Confidentiality: protecting and providing information*<sup>11</sup>
- 6.13 You must assist the coroner or procurator fiscal in an inquest or inquiry by responding to their enquiries and by offering all relevant information. You are entitled to remain silent only when your evidence may lead to criminal proceedings being taken against you.

## Research

- 6.15 Research involving people directly or indirectly is vital in improving care and reducing uncertainty for patients now and in the future, and improving the health of the population as a whole.
- 6.16 If you take part in or arrange clinical trials or other research involving the public you must make sure that the individual(s) concerned has given written consent to take part in the trial and that the research is not contrary to the individual's interests. You should always seek further advice where your research involves individuals who are not able to make decisions for themselves. You may also benefit from additional advice where your research involves children. You must check that the research protocol has been approved by a properly constituted research ethics committee.
- 6.17 You have an absolute duty to conduct all research (including designing, organising and carrying out research) with honesty and integrity. In particular:
- put the protection of the participants' interests first;
  - you must follow all aspects of the research protocol;
  - your conduct must not be influenced by payments, gifts or other gratuities; you may accept only those payments approved by a research ethics committee;

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<sup>11</sup> *Confidentiality: protecting and providing information* (2004) GMC

- you must always record your research results truthfully and at all times maintain accurate records;
- when publishing results you must not make unjustified claims for authorship;
- you have a duty to report evidence of fraud or misconduct in research to an appropriate person or authority;
- you must follow the appropriate national research governance guidelines and the guidance in *Research: The role and responsibilities of doctors*<sup>12</sup>.

## Financial and commercial matters

6.18 You must be honest in financial and commercial matters relating to your work. 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 an account separate from your own personal finances;
- you must not defraud the organisation you work for, or any organisations/individuals/communities or other groups which which you may work.
- 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, or any organisation providing those goods and services.

6.19 You must inform patients, communities, organisations and any other groups for whom you undertake work about your fees and charges. Wherever possible, this should be done before undertaking the work.

## Conflicts of interest

6.20 You must act in the public's best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect your professional judgement or standards of practice. You must not offer such inducements to colleagues..

6.21 If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect or be seen to affect your professional judgement or standards of practice.

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<sup>12</sup> *Research: The role and responsibilities of doctors* (2002) GMC

## 7. Health

- 7.1 You should be registered with a general practitioner outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself.
- 7.2 You should protect the public, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available.
- 7.3 If you know that you have a serious condition or illness which you could pass on to others, or that your standards of practice, including judgement or performance could be significantly adversely affected by a condition or illness, or its treatment, you must immediately seek (and follow) advice from a consultant in occupational health or another suitably qualified colleague on whether, and in what ways, you should modify your practice. Do not rely on your own assessment of the risk to others.

# Further information

The list below is not exhaustive. Further information can be obtained from

The Faculty of Public Health website ([www.fph.org.uk](http://www.fph.org.uk))  
General Medical Council ([www.gmc-uk.org](http://www.gmc-uk.org))  
General Dental Council ([www.gdc-uk.org](http://www.gdc-uk.org))  
UK Public Health Register ([www.publichealthregister.org.uk](http://www.publichealthregister.org.uk))  
Department of Health ([www.dh.gov.uk](http://www.dh.gov.uk))  
Scottish Executive ([www.scotland.gov.uk](http://www.scotland.gov.uk))  
DHSSPS in Northern Ireland ([www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk))  
NHS Wales ([www.wales.nhs.uk](http://www.wales.nhs.uk))

*Good Medical Practice* (2006) GMC  
*Confidentiality: Protecting and providing information* (2004) GMC  
*Good Medical Practice* (2006) GMC  
*Management for doctors* (2006) GMC  
*Research: The role and responsibilities of doctors* (2002) GMC  
*Conflicts of interest* (2006) GMC  
*Code of Conduct for NHS Managers* (2002) Department of Health