

# A Charter for Patients and their Doctors

## Principles Governing Medical Practice in the Independent Sector

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The patient's best interests are always the primary concern of all doctors, whether practising in the National Health Service or Independent Sector. However, the immediacy of payment and the varying types of reimbursements and funding arrangements in the Independent Sector have the potential to create additional ethical difficulties. All registered medical practitioners must adhere to the guidance issued by the General Medical Council in "Good Medical Practice"<sup>1</sup> and in "Good Surgical Practice"<sup>2</sup> from the Royal College of Surgeons of England together with advice from other Royal Colleges and professional organisations.

1. In the first instance it is the General Practitioner (GP) or another recognised healthcare professional who advises whether a specialist referral is required and if so the most appropriate specialty and consultant\* within that field; these principles have been reiterated by the British Medical Association in "Referral Management Principles"<sup>3</sup>. The consultant, in turn, should advise on the most appropriate hospital for the patient's care.
2. Consultants should only accept referrals for conditions within their normal scope of practice, and provide treatment in a confidential manner tailored to each patient's needs and with due regard to all relevant medical, social, ethnic, religious, and psychological factors.
3. Competent patients, once in possession of all relevant information, are the final arbiters of what amounts to their best interests in any given circumstances. To make informed choices, patients require objective, unbiased professional advice on the options available to them.
4. The doctor's duty of care requires careful consideration of the appropriateness and applicability of clinical guidelines drafted by professional bodies (i.e. Royal Colleges & Specialist Associations) on a case by case basis. Standards of care should not be compromised by the application of care plans or guidelines which do not accommodate the best interests of the patient or in which outside financial interests prevail. It is incumbent on the consultant to decide on treatment and the GMC guidance to doctors in "Good Medical Practice" is unequivocal and states that "The investigations or treatment you arrange or provide must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options".
5. All consultants providing care in the independent sector must undergo regular peer appraisal including review of audit data, collated within their practice. Clinical governance within the independent hospitals is the immediate responsibility of the Medical Advisory Committee (MAC) which should monitor all clinical activities. The methods by which the MAC should function have been laid out in "Guidelines for Medical Advisory Committee Chairmen and Members in the Independent Sector"<sup>4</sup> produced by FIPO (The Federation of Independent Practitioner Organisations).
6. Continuity of care should be secured by timely communication between specialists and GPs and between others responsible for the patient.
7. Following any adverse event remedial action should be instituted as soon as possible and a full explanation given to the patient.
8. Consultants working in the independent sector enter into a contractual relationship with their patients, who in turn are responsible for meeting all reasonable fees associated with their treatment irrespective of their insurance status. Whenever possible patients undergoing assessment or treatment in the independent sector should be informed of all potential fees, before being committed to payment.
9. Consultants should only work in or use accredited facilities and if they have a financial interest in a hospital, laboratory or other medical facility where they propose providing care, they should disclose that interest to patients before commencing treatment. Similar disclosures should be made if the consultant has entered into a negotiated package price for a specific treatment with an insurer or other providers.

*"...According to my ability and judgement, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous..." (The Hippocratic Oath)*

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**This document has been endorsed by the Senate of Surgery comprising the Royal Colleges of Surgery and the Federation of Surgical Specialty Associations**

The Royal College of Surgeons of England  
The Royal College of Surgeons of Edinburgh  
The Royal College of Physicians & Surgeons of Glasgow  
The Royal College of Surgeons in Ireland  
The Association of Anaesthetists of Great Britain and Ireland  
The Association of Surgeons of Great Britain and Ireland  
British Association of Oral Maxillofacial Surgeons  
British Association of Otolaryngologists - Head and Neck Surgeons  
British Association of Paediatric Surgeons  
British Association of Plastic, Reconstructive and Aesthetic Surgeons  
British Association of Urological Surgeons  
British Orthopaedic Association  
Society of British Neurological Surgeons  
Society of Cardiothoracic Surgeons of Great Britain and Ireland  
Joint Meeting of Dental Faculties  
College of Emergency Medicine

**And also the following Royal Colleges and organisations**

The Patients Association  
The General Medical Council (GMC)  
The Royal College of Anaesthetists  
The Royal College of General Practitioners  
The Royal College of Obstetricians and Gynaecologists  
The Royal College of Ophthalmologists  
The Royal College of Radiologists  
The Royal College of Pathologists  
Hospital Consultants and Specialists Association  
The Federation of Independent Practitioner Organisations  
The London Consultants' Association

References:

1. Good Medical Practice - [http://www.gmc-uk.org/guidance/good\\_medical\\_practice/index.asp](http://www.gmc-uk.org/guidance/good_medical_practice/index.asp)
2. Good Surgical Practice - [http://www.rcseng.ac.uk/rcseng/content/publications/docs/good\\_surgical\\_practice.html](http://www.rcseng.ac.uk/rcseng/content/publications/docs/good_surgical_practice.html)
3. Referral Management Principles - <http://www.bma.org.uk/ap.nsf/Content/Referralmanagement>
4. Guidelines for Medical Advisory Committee Chairmen and Members in the Independent Sector - <http://www.fipo.org/docs/natmac.htm>