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*Good Psychiatric Practice* sets out standards for psychiatrists. It is accompanied by extensive quotations from the GMC's guidance on *Good Medical Practice* (2001), available from the General Medical Council, 178–202 Great Portland Street, London W1N 6JE, or at <http://www.gmc-uk.org/standards/good.htm>.

CR125 replaces *Good Psychiatric Practice 2000* (CR83). Several additions have been made, and the sections on unacceptable practice have also been developed further. Appendix 2 sets out additional skills needed by psychiatrists in each of the psychiatric specialties. CR125 also includes extracts from the General Medical Council's revised good medical practice guidance, published in 2001.

The College is proposing to produce a separate guidance document on good psychiatric practice in Ireland, linked to guidance on good medical practice published by the Irish Medical Council.

*Good Psychiatric Practice* should be read in conjunction with the following guidance documents published by the College in the Good Psychiatric Practice series:

- *Good Psychiatric Practice: Confidentiality* (CR85), published in 2000, which is currently being revised and is due to be replaced in 2005.
- *Vulnerable Patients, Vulnerable Doctors: Good Practice in our Clinical Relationships* (CR101), published in 2002, due for review in 2006. It outlines the principles underlying good practice, the situations of vulnerability in which awareness of these principles is vital, and the factors that increase or decrease that vulnerability. The guidance recommends that clinicians should be aware of other key documents in this area and be familiar with the main points that they make. This knowledge is part of the duty of care.
- *Good Medical Practice: Continuing Professional Development* (CR90) (2001)
- *Good Medical Practice: CPD in Ireland* (CR107) (2002)

## Good Medical Practice

**GMC Good Medical  
Practice 2001**

All patients are entitled to good standards of practice and care from their doctors. Essential elements of this are professional competence; good relationships with patients and colleagues; and observance of professional ethical obligations.

- *Good Psychiatric Practice: Interim Guidance on the Relationship Between Psychiatrists and Commercial Sponsors and the Sponsorship of College Activities (CR117)*. This interim guidance, produced in 2003, is published online only at <http://www.rcpsych.ac.uk/publications/cr/cr117.htm>, and will be reviewed and updated in 2004.

The above reports are available in PDF format on the College's website at <http://www.rcpsych.ac.uk/publications/cr/>. Hard copies are available for purchase from the College's Booksales Office.

## The duties of a doctor registered with the GMC

Patients must be able to trust doctors with their lives and well-being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life. In particular as a doctor you must:

- make the care of the patient your first concern
- treat every patient politely and considerately
- respect patients' dignity and privacy
- listen to patients and respect their views
- give patients information in a way they can understand
- respect the rights of patients to be fully involved in decisions about their care
- keep your professional knowledge and skills up to date
- recognise the limits of your professional competence
- be honest and trustworthy
- respect and protect confidential information
- make sure that your personal beliefs do not prejudice your patients' care
- act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practise
- avoid abusing your position as a doctor
- work with colleagues in ways that best serve patients' interests.

In all these matters you must never discriminate unfairly against your patients or colleagues. And you must always be prepared to justify your actions to them.

## Core attributes

The core attributes which contribute to the personal and professional skills required for good psychiatric practice include the following (not listed in order of priority):

- clinical competence
- being a good communicator and listener
- being fully sensitive to gender, ethnicity and culture
- commitment to equality, anti-discriminatory practice and working with diversity
- having a basic understanding of group dynamics
- being able to contribute to creating an atmosphere within a team where individual opinions are valued, and team members have a sense of ownership of decisions
- ability to be decisive
- ability to appraise staff
- basic understanding of the principles of operational management
- understanding and acknowledgement of the role and status of the vulnerable patient
- bringing empathy, encouragement and hope to patients and their carers
- a critical self-awareness of emotional responses to clinical situations
- being aware of the power inherent in the role of doctors and its potentially destructive influence on relationships with colleagues in other disciplines, with patients and with carers, and respecting boundaries
- acknowledging situations where there is a potential for bullying or harassment either through one's own actions or those of others.

Unacceptable psychiatric practice will include failure to adhere to the precepts outlined in this document. Psychiatrists need, for example, to pay particular attention to issues concerning patients' vulnerability, and to be aware of the risks of over- or inappropriate involvement with their patients.

## Maintaining trust

### SUCCESSFUL RELATIONSHIPS BETWEEN DOCTORS AND PATIENTS DEPEND ON TRUST

To establish and maintain that trust you must:

- be polite, considerate and truthful
- respect patients' privacy and dignity
- respect the right of patients to decline to take part in teaching or research and ensure that their refusal does not adversely affect your relationship with them
- respect the right of patients to a second opinion
- be readily accessible to patients and colleagues when you are on duty.

You must not allow your personal relationships to undermine the trust which patients place in you. In particular, you must not use your professional position to establish or pursue a sexual or improper emotional relationship with a patient or someone close to them.

### ENDING PROFESSIONAL RELATIONSHIPS WITH PATIENTS

Rarely, there may be circumstances, for example where a patient has been violent to you or a colleague, has stolen from the premises, or has persistently acted inconsiderately or unreasonably, in which the trust between you and the patient has been broken and you find it necessary to end a professional relationship with a patient. In such circumstances, you must be satisfied your decision is fair and does not contravene the guidance in the section 'Decisions about access to medical care'; you must be prepared to justify your decision if called on to do so. You should not end relationships with patients solely because they have made a complaint about you or your team, or because of the financial impact of their care or treatment on your practice. (If you charge fees, you may refuse to provide further treatment for patients unable or unwilling to pay for services already provided. The obligations in the paragraph below will still apply.)

You should inform the patient, orally or in writing, why you have decided to end the professional relationship. You must also take steps to ensure that arrangements are made quickly for the continuing care of the patient, and hand over records to the patient's new doctors as soon as possible.

## The trusting relationship

Psychiatrists will need to develop trusting relationships with patients, carers and colleagues in all disciplines. This can be particularly fraught where patients might need to be detained against their wishes and/or treatments given without their consent, or when child protection concerns arise. Relationships can break down as a result. In addition, it is often not possible for psychiatrists and clinical teams to provide the treatment interventions requested or demanded by patients. Psychiatrists must consider and explain to patients the risks and benefits of acting in accordance with or against their expressed wishes and act decisively but sensitively, and always in the best interests of the patient. This is also a difficulty where people with mental illnesses have a different view of their needs from their carers. There will be occasions when the psychiatrist will need to withdraw from a therapeutic relationship with a patient either for the psychiatrist's own protection, or because the relationship has irretrievably broken down. When this occurs, arrangements should be made to ensure the continuing care and treatment of the patient where appropriate. When treating children, older adults and vulnerable adults lacking capacity, particular attention needs to be given to relationships with carers, parents and other professionals involved.

TO MAXIMISE TRUSTING RELATIONSHIPS, THE PSYCHIATRIST WILL:

- listen to people who have psychiatric disorders and respect their views
- treat patients politely and considerately
- respect patients' privacy and dignity
- recognise and respect patients' diversity, including cultural and religious beliefs and practices
- acknowledge and consider the views of carers
- ensure that patients understand their treatment plans and have access to information or advice that will help them to develop that understanding
- facilitate the expression of differences of opinion with users, carers and colleagues and a constructive discussion around areas of disagreement
- respect the patient's right to a second opinion
- ensure that issues of confidentiality are fully respected (see section on Confidentiality)

## Good communication

Good communication between patients and doctors is essential to effective care and relationships of trust. Good communication involves:

- listening to patients and respecting their views and beliefs;
- giving patients the information they ask for or need about their condition, its treatment and prognosis, in a way they can understand, including, for any drug you prescribe, information about any serious side effects and, where appropriate, dosage\*;
- sharing information with patients' partners, close relatives or carers, if they ask you to do so, having first obtained the patient's consent. When patients cannot give consent, you should share the information which those close to the patient need or want to know, except where you have reason to believe that the patient would object if able to do so.

If a patient under your care has suffered harm, through misadventure or for any other reason, you should act immediately to put matters right, if that is possible. You must explain fully and promptly to the patient what has happened and the likely long and short term effects.

When appropriate you should offer an apology. If the patient is an adult who lacks capacity, the explanation should be given to a person with responsibility for the patient\*\*, or the patient's partner, close relative or a friend who has been involved in the care of the patient, unless you have reason to believe the patient would have objected to the disclosure. In the case of children the situation should be explained honestly to those with parental responsibility and to the child, if the child has the maturity to understand the issues.

\* *For further guidance see our booklet Seeking Patients' Consent: The Ethical Considerations.*

\*\* *A person appointed under the Adults with Mental Incapacity (Scotland) Act 2000.*

If a child under your care has died you must explain, to the best of your knowledge, the reasons for, and the circumstances of, the death to those with parental responsibility. Similarly, if an adult patient has died, you should provide this information to the patient's partner, close relative or a friend who has been involved in the care of the patient, unless you have reason to believe that the patient would have objected.

- ensure that, where patients are competent to make a decision, their valid consent to any proposed treatment is obtained wherever possible (recognising that patients detained under mental health legislation may be treated against their will)
- ensure that, where patients lack capacity to decide, only those treatments that are in the patient's best interests are provided, observing legal constraints or requirements affecting those individuals who can make decisions on behalf of the patient and governing what treatments may be provided
- respect a patient's right to representation by a nominated advocate (in particular where the patient lacks capacity)
- respect and acknowledge the views of professional colleagues even though they might be different from his/her own
- listen to members of the team
- be mindful of the vulnerability of some patients to exploitation within the therapeutic relationship
- take a child-centred, developmentally appropriate approach towards engaging and assessing children that is respectful to their parents and carers
- acknowledge the special requirements of vulnerable adults and older adults.

#### UNACCEPTABLE PRACTICE INCLUDES:

- attitudes leading to multiple justified complaints (specific examples: where a patient or carers ask for a second opinion and either this is refused or there is evidence that the request is accompanied by a negative attitude towards the patient/carers; where a doctor directly disadvantages a patient/carer after a complaint has been made)
- evidence on investigation that the doctor persistently ignores views of other professionals
- clear evidence that the doctor contravenes local bullying and harassment policies
- allowing personal views about a patient's culture, religion, lifestyle, sexuality, ethnicity, race or colour, gender, age, social status or disability to prejudice treatment offered or provided.

## Providing a good standard of practice and care

### GOOD CLINICAL CARE MUST INCLUDE:

- an adequate assessment of the patient's conditions, based on the history and symptoms and, if necessary, an appropriate examination;
- providing or arranging investigations or treatment where necessary;
- taking suitable and prompt action when necessary;
- referring the patient to another practitioner, when indicated.

### IN PROVIDING CARE YOU MUST:

- recognise and work within the limits of your professional competence;
- be willing to consult colleagues;
- be competent when making diagnoses and when giving or arranging treatment;
- keep clear, accurate, legible and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed;
- keep colleagues well informed when sharing the care of patients;
- provide the necessary care to alleviate pain and distress whether or not curative treatment is possible;
- prescribe drugs or treatment, including repeat prescriptions, only where you have adequate knowledge of the patient's health and medical needs. You must not give or recommend to patients any investigation or treatment which you know is not in their best interests, nor withhold appropriate treatments or referral;
- report adverse drug reactions as required under the relevant reporting scheme, and co-operate with requests for information from organisations monitoring the public health\*;
- make efficient use of the resources available to you.

If you have good reason to think that your ability to treat patients safely is seriously compromised by inadequate premises, equipment, or other resources, you should put the matter right, if that is possible. In all other cases you should draw the matter to the attention of your Trust, or other employing or contracting body. You should record your concerns and the steps you have taken to try to resolve them.

\* In making these disclosures, you must follow our guidance *Confidentiality: Protecting and Providing Information*

## Good clinical care

Good psychiatric practice involves providing the best level of clinical care commensurate with training and experience.

TO ACHIEVE THIS THE PSYCHIATRIST WILL:

- achieve competence in undertaking a comprehensive mental state examination
- achieve competence in obtaining a full and relevant history
- fully incorporate developmental, psychological and social factors
- have a basic knowledge of human development and developmental psychopathology
- have competence in the basic understanding of biological/organic factors present in many psychiatric disorders
- have a working knowledge of the impact of alcohol and substance misuse on all aspects of physical and mental health
- have/obtain an in-depth knowledge of the clinical area in which he/she works
- have a basic understanding of the principles of the pharmacokinetics and pharmacodynamics of psychoactive medications
- have knowledge of and thus ability to defend clinical decisions outside accepted guidance issued by relevant bodies/the College
- be aware of the potential for some prescription drugs to lead to dependence
- have a detailed knowledge, or seek specialist advice, in the prescribing of medication
- have knowledge of the basic principles of the major models of psychological treatments
- undertake only those psychological interventions within his/her level of competence
- be competent in understanding basic sciences relevant to medical/psychiatric practice
- understand the range of clinical interventions available within the mental health services and arrange referrals where appropriate to the needs of the person with a mental disorder

## Decisions about access to medical care

The investigations or treatment you provide or arrange must be based on your clinical judgement of patients' needs and the likely effectiveness of the treatment. You must not allow your views about patients' lifestyle, culture, beliefs, race, colour, gender, sexuality, disability, age, or social or economic status, to prejudice the treatment you provide or arrange. You must not refuse or delay treatment because you believe that patients' actions have contributed to their condition.

If you feel that your beliefs might affect the advice or treatment you provide, you must explain this to patients, and tell them of their right to see another doctor.

You must try to give priority to the investigation and treatment of patients on the basis of clinical need.

You must not refuse to treat a patient because you may be putting yourself at risk. If patients pose a risk to your health or safety you should take reasonable steps to protect yourself before investigating their condition or providing treatment.

- have sufficient knowledge and skills of psychiatric specialties other than his/her own to be able to provide emergency assessment and immediate care and advice in emergency situations where specialist cover may not be immediately available (see Appendix 1)
- be able to assess clinical risk for harm to self or others, and to take appropriate clinical action as a result
- be aware of and work within their own competence, and seek advice where necessary
- listen to the patient and carers, taking into account whatever additional support may be required to meet any language or communication needs
- provide care that is sensitive to issues of gender, race, colour, culture, lifestyle, beliefs, sexuality, age and disability
- seek and listen to the views/knowledge of other professionals involved in the care of the patient
- initiate investigations where necessary
- act on the outcome of investigations
- arrange specialist or medical treatments in collaboration with the general practitioner, by referral to specialist or generalist colleagues, or undertake physical investigation and treatment within competencies
- be able to judge the ethical implications of management regimes and take appropriate action
- have special (but not unique) skills in being a good communicator and being a good listener.

#### EXAMPLES OF UNACCEPTABLE PRACTICE INCLUDE:

- repeatedly prescribing medication without justifiable reason, in contravention of accepted professional guidelines, to the detriment of the patient or outside BNF doses without ensuring that adequate safeguards are in place, clear documentation is outlined and consent procedures are adhered to
- lack of knowledge leading to significant breaches of patient rights under the Mental Health Act 1983 (for example, treating detained patients inappropriately or recommending detention inappropriately)



- commencing investigations of a potentially serious condition but failing to follow through, resulting in a negative outcome for the patient
- failing to take the necessary steps to ensure the safety of the patient or others arising out of a full clinical assessment (for example, not communicating key risk information, resulting in a member of staff or other being injured; after assessment, leaving a disturbed patient in the hands of inexperienced staff before satisfying oneself that the situation is safe)
- repeatedly undertaking clinical interventions for which one is not fully competent, to the detriment of the patient
- failing to intervene where necessary to ensure the safety of the patient or others, depending on one's seniority within the team (for example: it would be considered unacceptable for a consultant to fail to take appropriate action if he or she were aware of a patient being placed at risk by less-experienced members of the clinical team).

## Obtaining consent

You must respect the right of patients to be fully involved in decisions about their care. Wherever possible, you must be satisfied, before you provide treatment or investigate a patient's condition, that the patient has understood what is proposed and why, any significant risks or side effects associated with it, and has given consent.

You must follow the guidance in our booklet *Seeking Patients' Consent: The Ethical Considerations (1998)*

## Consent to treatment

Psychiatrists will often decide on treatment options, and also detention of patients, where the patient is either unwilling to consent or unable to make a capable judgement. Current mental health legislation in England and Wales is undergoing extensive review, but it is likely that psychiatrists will continue to hold significant power to detain and enforce treatment, albeit within a framework of continuing legal safeguards. In addition there are particular legal and ethical issues relating to children.

### GOOD PSYCHIATRIC PRACTICE WILL INVOLVE:

- knowledge of relevant mental health legislation
- knowledge of the interplay and potential conflict between mental health legislation and other legislation, including Human Rights legislation and legislation covering equality and diversity, and capacity
- ensuring that he/she practises within the framework of the law at all times, and is familiar with the good practice issues raised within the Code of Practice
- awareness of the limitations imposed on his/her practice and decision-making under the relevant law
- awareness of the rights of children when deciding on treatment options, and the particular legal issues relating to enforced treatment
- awareness of the rights of the individual
- engaging the patient and carers/relatives/patient advocates – particularly and especially any person with the right to consent for the patient – in full and open discussions about treatment options
- providing accessible information about treatments and care options
- assuming that the patient is able to make choices, and ensuring that such choices are respected unless there is a clear clinical reason for overriding a choice and/or the patient lacks capacity to consent
- taking issues of ethnicity and culture into account in patient choice
- ensuring that mental health law is not unjustifiably used for some ethnic groups of patients more than others in one's practice
- participating in hearings and tribunals, and other similar activities which protect the rights of the patient in a timely and appropriate manner, including the necessary adherence to mental health legislation covering consent to treatment, continuation of detention, and second opinions and written reports when required



- taking views of relatives/carers and other members of the clinical team fully into account when taking decisions about mental capacity where non-mental health treatments are being considered, but acting in the best interests of the patient
- in all the above to seek legal advice and a second opinion where the issues are complex, unclear or beyond the individual's competence.

The common law definition of 'best interest' is as follows: 'The operation or other treatment will be in the best interests of patients if, but only if, it is carried out in order to save their lives or ensure improvement or prevent deterioration in their physical or mental health'.

#### EXAMPLES OF UNACCEPTABLE PRACTICE

There are many examples of unacceptable practice which also relate directly to poor communication and attitude difficulties (see below) and a lack of trusting relationships. Examples of clearly unacceptable practice primarily related to issues of consent include:

- persistent refusal to abide by the Mental Health Act Code of Practice relating to consent to treatment
- persistent refusal to abide by basic standards of informed consent according to the Department of Health and local Consent to Treatment Policies.

Other examples of unacceptable practice include:

- not ensuring that patients receive information about clinical decisions for treatment or investigations (either verbal or written)
- persistent lack of cooperation with tribunals
- lack of knowledge of The Children Act 1989, or persistent flouting of good practice guidance, when making treatment decisions for children
- making treatment decisions in a high-handed and autocratic manner
- ignoring the views of patients, carers and other health care professionals
- communicating poorly with others
- stifling open debate within clinical teams
- acting against the best interests of the patient
- unwillingness to recognise the importance of seeking advice when children are at risk.



## Note-keeping and inter-agency/ inter-professional communication

Good psychiatric practice will involve keeping complete and understandable records, and ensuring that there is good communication with all agencies and between professionals.

TO ACHIEVE THIS THE PSYCHIATRIST WILL:

- ensure that good clinical records are kept of all key decisions or assessments
- ensure that notes are legible and clearly identified
- ensure the inclusion in the clinical record of consent having been given by the patient for information to be shared with a family member or carer
- ensure the inclusion in the clinical record of information shared with or received from carers or family members
- communicate treatment decisions, changes in care plans and other necessary information to all relevant agencies and professionals, either in writing or personally, paying due regard to confidentiality
- not tamper with notes, or change or add to entries once they have been signed without identifying the change, dated and signed
- provide timely reports where appropriate

EXAMPLES OF UNACCEPTABLE PRACTICE INCLUDE:

- retrospectively altering case notes
- not dating and signing all entries (all entries in case notes must be identifiable)
- not recording key decisions.

## Respecting confidentiality

You must treat information about patients as confidential. If in exceptional circumstances there are good reasons why you should pass on information without a patient's consent, or against a patient's wishes, you must follow our guidance *Confidentiality: Protecting and Providing Information* and be prepared to justify your decision to the patient, if appropriate, and to the GMC and the courts, if called on to do so.

## Confidentiality

Detailed guidance on decisions concerning confidentiality and its boundaries is provided in the College's *Good Psychiatric Practice: Confidentiality*.

Good psychiatric practice starts from the premise that all information about the patient is confidential. However, there are many conflicting demands, including issues of public safety, the importance of involving relatives, carers, parents and those with parental responsibility, and the sharing of information between the police, courts and agencies responsible for child protection.

TO ACHIEVE THIS THE PSYCHIATRIST WILL:

- treat information about patients as confidential
- be familiar with the recommendations of the Caldicott Report, and seek the advice of the Caldicott Guardian where issues of breaches of confidentiality are raised
- be aware of the rights of patients of access to records and the limited grounds upon which access can be refused
- ensure that the use of identifiable information relating to persons with psychiatric disorders for use in research and audit is governed by the protocols of the local ethics committee
- be aware of the need to share information beyond the immediate clinical team and health care practitioners on the rare occasions where a person with severe psychiatric disorder poses a threat to others or self
- be cognisant of the information needs of informal carers about persons with severe mental illness
- be aware of the needs of children and the responsibilities imposed on health care professionals by the legislative framework
- be familiar with the General Medical Council's guidance on confidentiality.
- communicate high-quality and correct clinical information to members of clinical teams
- communicate across agencies according to agreed protocols and practice



- communicate fully with general practitioners and with the expectation that the communication will be confidential
- work to achieve good communication between patients and their family/carers
- respect the confidentiality of sensitive third-party information
- ensure that written communications about patients are clear, understandable and respectful
- use non-identifiable information to inform service development, commissioning and performance monitoring
- always consult with local child protection officers if a child is placed at possible short- or long-term risk

EXAMPLES OF UNACCEPTABLE PRACTICE INCLUDE:

- persistently refusing to explain the reasons for inability to give information to carers and others where the patient refuses consent
- persistently breaching patient confidentiality
- persistently ignoring local information protocols
- persistently divulging third-party information to a patient without consent and/or where others might be placed at risk as a consequence
- persistently using electronic media to transmit identifiable information about patients without taking confidentiality into account (for example, identifying a patient in a message and sending it widely by e-mail across an organisation(s))
- persistently refusing to provide information when appropriate or necessary.

## Treatment in emergencies

**GMC Good Medical  
Practice 2001**

In an emergency, wherever it may arise, you must offer anyone at risk the assistance you could reasonably be expected to provide.

## Availability and emergency care

### GOOD PSYCHIATRIC PRACTICE WILL INVOLVE:

- offering appropriate intervention or treatment in an emergency relating to a patient under the psychiatrist's care, or ensuring that appropriate clinical interventions are available from other health care professionals
- availability to members of the clinical team when necessary
- making appropriate arrangements for patients/carers to have access to professional services, emergency care, advice or referral to other specialist or generalist services.

### EXAMPLES OF UNACCEPTABLE PRACTICE INCLUDE:

- persistently failing to make adequate arrangements for cover when absent/on call
- poor team-working resulting in being inaccessible during a crisis
- failing to cooperate appropriately with other health care professionals in an emergency (see Good clinical care).

## Working in teams

Health care is increasingly provided by multi-disciplinary teams. Working in a team does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you must:

- respect the skills and contributions of your colleagues;
- maintain professional relationships with patients;
- communicate effectively with colleagues within and outside the team;
- make sure that your patients and colleagues understand your professional status and specialty, your role and responsibilities in the team and who is responsible for each aspect of patients' care;
- participate in regular reviews and audit 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 TEAMS

If you lead a team, you must ensure that:

- medical team members meet the standards of conduct and care set in this guidance;
- any problems that might prevent colleagues from other professions 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 patients, and for openly and honestly recording and discussing problems;
- each patient's care is properly co-ordinated and managed and that patients know who to contact if they have questions or concerns;
- arrangements are in place to provide cover at all times;
- regular reviews and audit of the standards and performance of the team are undertaken and any deficiencies are addressed;
- systems are in place for dealing supportively with problems in the performance, conduct or health of team members.

Further advice on working in teams is provided in our booklets *Maintaining Good Medical Practice* and *Management in Health Care – The Role of Doctors*.

### ARRANGING COVER

You must be satisfied that, when you are off duty, suitable arrangements are made for your patients' medical care. These arrangements should include effective handover procedures and clear communication between doctors.

## Working as a member of a team

Most psychiatrists work as members of a multidisciplinary team. To ensure harmonious working within the team, and between agencies, the psychiatrist will:

- have an understanding of the various professional roles within the team
- be aware of team dynamics and one's own influence on those dynamics
- develop collaborative working relationships with other professionals based on mutual professional respect
- acknowledge the lines of accountability
- work to facilitate an atmosphere within the team where individual opinions and the diversity of team members are valued
- have an understanding of the roles of other agencies and voluntary organisations, and the limits and extent of their involvement with the patient
- set an example of good communication both within the team and with other agencies/professionals.

Clear articulation of the working of a multidisciplinary team is required. A psychiatrist working with a single clinical team can develop a range of relationships and co-working arrangements. This is perhaps more difficult if the psychiatrist has to relate to more than one team, as is often the case.

### UNACCEPTABLE PRACTICE WILL INCLUDE:

- making arbitrary decisions when the team should be informed or involved
- working independently where team work is required
- lacking respect for the views of others within the team
- lacking awareness of, and respect for, the roles of others within the health care system
- making decisions without due regard for the roles and functions of other health care and voluntary sector workers
- most seriously, bullying members of the team.

If you arrange cover for your own practice, you must satisfy yourself that doctors who stand in for you have the qualifications, experience, knowledge and skills to perform the duties for which they will be responsible. Deputising doctors and locums are directly accountable to the GMC for the care of patients while on duty.

#### TREATING COLLEAGUES FAIRLY

You must always treat your colleagues fairly. In accordance with the law, you must not discriminate against colleagues, including those applying for posts, on grounds of their sex, race or disability. And you must not allow your views of colleagues' lifestyle, culture, beliefs, colour, gender, sexuality, or age to prejudice your professional relationship with them.

You must not undermine patients' trust in the care or treatment they receive, or in the judgement of those treating them, by making malicious or unfounded criticisms of colleagues.

#### TAKING UP APPOINTMENTS

You must take up any post, including a locum post, you have formally accepted, unless the employer has adequate time to make other arrangements.

#### SHARING INFORMATION WITH COLLEAGUES

It is in patients' best interests for one doctor, usually a general practitioner, to be fully informed about, and responsible for maintaining continuity of, a patient's medical care.

You should ensure that patients are informed about how information is shared within teams and between those who will be providing their care. If a patient objects to such disclosures you should explain the benefits to their care of information being shared, but you must not disclose information if a patient maintains such objections. *For further advice see our guidance Confidentiality: Protecting and Providing Information.*

When you refer a patient, you should provide all relevant information about the patient's history and current condition.

If you provide treatment or advice for a patient, but are not the patient's general practitioner, you should tell the general practitioner the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects. If the patient has not been referred to you by a general practitioner, you should inform the general practitioner before starting treatment, except in emergencies or when it is impracticable to do so. If you do not tell the patient's general practitioner, before or after providing treatment, you will be responsible for providing or arranging all necessary after-care until another doctor agrees to take over.



## Delegation and referral

Delegation involves asking a nurse, doctor, medical student or other health care worker to provide treatment or care on your behalf. When you delegate care or treatment you must be sure that the person to whom you delegate is competent to carry out the procedure or provide the therapy involved. You must always pass on enough information about the patient and the treatment needed. You will still be responsible for the overall management of the patient.

Referral involves transferring some or all of the responsibility for the patient's care, usually temporarily and for a particular purpose, such as additional investigation, care or treatment, which falls outside your competence. Usually you will refer patients to another registered medical practitioner. If this is not the case, you must be satisfied that any health care professional to whom you refer a patient is accountable to a statutory regulatory body, and that a registered medical practitioner, usually a general practitioner, retains overall responsibility for the management of the patient.

## Referring patients

The psychiatrist has a particular role in referring (or receiving) people with psychiatric disorders between services, across agencies and between disciplines.

TO ACHIEVE THIS, THE PSYCHIATRIST WILL:

- have knowledge of the protocols for transfer of care between services
- treat receiving or referring professionals with respect and courtesy
- involve the patient and carers in the decision to refer
- inform the patient of the reason for referral and the expected outcomes
- take account of the views of members of the clinical team or other workers/agencies when making referrals
- in emergencies act to ensure necessary referral and treatment
- inform agencies, referrers and other workers of the outcome of the referral at all key points
- ensure smooth transfer of care in either direction, and give as complete a picture as possible to the receiving doctor, as it will be necessary for him/her to take over the safe conduct and management of the patient.

EXAMPLES OF UNACCEPTABLE PRACTICE INCLUDE:

- persistently flouting agreed protocols for transfer of care
- failing to put the best interests of the patient first in referring, transferring or receiving care
- having little respect for the needs of patients when arranging transfer between services
- acting unilaterally when making decisions about such transfers of care.

## Maintaining good medical practice

### KEEPING UP TO DATE

You must keep your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in educational activities which maintain and further develop your competence and performance.

Some parts of medical practice are governed by law or are regulated by other statutory bodies. You must observe and keep up to date with the laws and statutory codes of practice which affect your work.

### MAINTAINING YOUR PERFORMANCE

You must work with colleagues to monitor and maintain the quality of the care you provide and maintain a high awareness of patient safety. In particular, you must:

- take part in regular and systematic medical and clinical audit, recording data honestly. Where necessary you must respond to the results of audit to improve your practice, for example by undertaking further training;
- respond constructively to the outcome of reviews, assessments or appraisals of your performance;
- take part in confidential enquiries and adverse event recognition and reporting to help reduce risk to patients.

## Clinical governance

Good psychiatric practice requires participation in a programme of clinical governance. Clinical governance assures clinical standards, quality and improvement.

TO ACHIEVE THIS, THE PSYCHIATRIST WILL:

- actively continue to learn and develop professionally
- contribute to the programme of clinical audit
- keep up to date with clinical advances
- deal with complaints in a sensitive and cooperative manner
- listen to the views of patients/carers regarding service delivery and quality
- be aware of relevant clinical guidelines issued by different organisations, and give due weight and consideration to them
- actively continue to develop antidiscriminatory practice and cultural capabilities
- consider research evidence and diversity when introducing treatment choices for patients from different ethnic groups and cultures
- participate in training initiatives for him/herself and other staff
- participate in National Confidential Inquiries
- participate in risk management initiatives, including health and safety, clinical risk assessment, staff training and development of policy and procedure
- assist in learning lessons when things go wrong
- accept and provide clinical and professional supervision.

EXAMPLES OF UNACCEPTABLE PRACTICE INCLUDE:

- refusing to sign up to or participate in a suitable CPD programme
- refusing to provide clinical supervision when required
- refusing to participate in organisational learning following untoward incidents involving one's patients

## Dealing with problems in professional practice

### CONDUCT OR PERFORMANCE OF COLLEAGUES

You must protect patients from risk of harm posed by another doctor's, or other health care professional's, conduct, performance or health, including problems arising from alcohol or other substance abuse. The safety of patients must come first 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 the concerns, to establish whether they are well-founded, and to protect patients.

If you have grounds to believe that a doctor or other health care professional may be putting patients 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 or chief executive, or 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 patients, 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 GMC for advice.

If you have management responsibilities you should ensure that mechanisms are in place through which colleagues can raise concerns about risks to patients. *Further guidance is provided in our booklet Management in Health Care: The Role of Doctors.*

### COMPLAINTS AND FORMAL INQUIRIES

Patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response. This will include an explanation of what has happened, and where appropriate, an apology. You must not allow a patient's complaint to prejudice the care or treatment you provide or arrange for that patient.

You must co-operate fully with any formal inquiry into the treatment of a patient and with any complaints procedure which applies to your work. You must give, to those who are entitled to ask for it, any relevant information in connection with an investigation into your own, or another health care professional's, conduct, performance or health\*.

*\*Section 35 of the Medical Act 1983 (as amended) places a legal duty on doctors to supply, on request from the GMC, any document or information which appears relevant to the discharge of the GMC's professional conduct, professional performance or fitness to practise functions. In addition, where a decision has been taken to investigate a doctor's conduct, performance or health through our formal procedures, the Act requires us to obtain from that doctor the names of his or her employers or bodies for whom he or she contracts to provide services.*

- refusing to participate at any level in programmes to improve quality of services to patients
- refusing to participate in the required investigation and response to patient/carer complaint.

If you are suspended from a post, or have restrictions put on your practice because of concerns about your performance or conduct, you must inform any other organisations for whom you undertake work of a similar nature. You must also inform any patients you see independently of such organisations, if the treatment you provide is within the area of concern to which the suspension or restriction relates.

Similarly, you must assist the coroner or procurator fiscal, by responding to inquiries, and by offering all relevant information to an inquest or inquiry into a patient's death. Only where your evidence may lead to criminal proceedings being taken against you are you entitled to remain silent.

#### INDEMNITY INSURANCE

In your own interests, and those of your patients, you must obtain adequate insurance or professional indemnity cover for any part of your practice not covered by an employer's indemnity scheme.

## Health

#### IF YOUR HEALTH MIGHT PUT PATIENTS AT RISK

If you know that you have a serious condition which you could pass on to patients, or that your judgement or performance could be significantly affected by a condition or illness, or its treatment, you must take 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 patients.

If you think you have a serious condition which you could pass on to patients, you must have all the necessary tests and act on the advice given to you by a suitably qualified colleague about necessary treatment and/or modifications to your clinical practice.



## Teaching and training, appraising and assessing

**GMC Good Medical  
Practice 2001**

### MAKING ASSESSMENTS AND PROVIDING REFERENCES

You must be honest and objective when appraising or assessing the performance of any doctor including those you have supervised or trained. Patients may be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice.

You must provide only honest and justifiable comments when giving references for, or writing reports about, colleagues. When providing references you must include all relevant information which has any bearing on your colleague's competence, performance, and conduct.

### TEACHING AND TRAINING

You should be willing to contribute to the education of students or colleagues.

If you have responsibilities for teaching you must develop the skills, attitudes and practices of a competent teacher. You must also make sure that students and junior colleagues are properly supervised.

## Teaching and training

### GOOD PSYCHIATRIC PRACTICE WILL INCLUDE:

- having a personal commitment to teaching and learning, and showing a willingness to develop further through education, audit and peer review
- an understanding of the principles of education, and using teaching methods appropriate to educational objectives
- ensuring that patients are not put at risk when seeing students or doctors in training
- using formative assessment where appropriate, and constructing educational plans
- assisting in making honest summational assessments of trainees.

### EXAMPLES OF UNACCEPTABLE PRACTICE INCLUDE:

- adopting a disrespectful or over-critical attitude towards trainees or students
- abusive, exploitative or bullying relationships with trainees or students.

## Research

If you participate in research you must put the care and safety of patients first. You must ensure that approval has been obtained for research from an independent research ethics committee and that patients have given consent. You must conduct all research with honesty and integrity.

*(see also 'Research: The Role and Responsibilities of Doctors' published by the GMC in February 2002)*

## GOOD PSYCHIATRIC PRACTICE WILL INVOLVE:

- ensuring that research carried out in one's practice is done to a high standard
- protecting patients' rights, and making sure that they are not disadvantaged by taking part in research
- preserving patients' confidentiality
- ensuring that where vulnerable patients are concerned – especially those lacking decision-making capacity – a research ethics committee has considered all relevant aspects and is able to justify the research
- ensuring that all research and audit has achieved the appropriate level of ethics approval before commencing
- ensuring that research does not discriminate against particular ethnic or cultural groups.

## EXAMPLES OF UNACCEPTABLE PRACTICE INCLUDE:

- falsifying results
- failing to obtain ethics approval for research
- misuse or misappropriation of research funds
- failure to disclose key conflicts of interest
- accepting inappropriate gifts or inducements
- making inappropriate claims to authorship.

# Probity

## PROVIDING INFORMATION ABOUT YOUR SERVICES

If you publish information about the services you provide, the information must be factual and verifiable. It must be published in a way that conforms with the law and with the guidance issued by the Advertising Standards Authority.

The information you publish must not make unjustifiable claims about the quality of your services. It must not, in any way, offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.

Information you publish about your services must not put pressure on people to use a service, for example by arousing ill-founded fear for their future health. Similarly you must not advertise your services by visiting or telephoning prospective patients, either in person or through a deputy.

## WRITING REPORTS, GIVING EVIDENCE AND SIGNING DOCUMENTS

You must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. This means that you must take reasonable steps to verify any statement before you sign a document. You must not write or sign documents which are false or misleading because they omit relevant information. If you have agreed to prepare a report, complete or sign a document or provide evidence, you must do so without unreasonable delay.

## Being a good employee and employer

Many psychiatrists will be employed by health care organisations, will act as employer of other doctors, and will appraise and supervise other psychiatrists or be appraised and supervised; they will be aware of the probity required of a medical practitioner and as an employee of an organisation.

### GOOD PSYCHIATRIC PRACTICE WILL INVOLVE:

- being aware of the risks of accepting gifts from patients, and seeking advice and declaring gifts which are other than small tokens
- being aware of the responsibility of the organisation for financial probity where the affairs of a person with a severe mental illness are under the control of the organisation in which the doctor works
- not accepting gifts or inducements which could be seen as affecting judgement in making clinical decisions (treatment or referral)
- only signing documents when assured as far as possible that the information is correct
- awareness of the responsibility for equal opportunities when appointing and supervising staff
- providing references for staff which are fair and factually correct
- participating in performance appraisal in an open and non-defensive manner, either as appraiser or appraisee
- being open to peer review
- awareness of the responsibilities of maintaining the highest professional standards when reviewing colleagues' or team's clinical management/performance.

### EXAMPLES OF UNACCEPTABLE PRACTICE INCLUDE:

- accepting gifts or inducements which could be seen as affecting judgement
- admitting NHS patients under one's care to a private hospital in which one has a financial interest

## Financial and commercial dealings

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

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

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

- if you manage finances, you must make sure that the funds are used for the purpose for which they were intended and are kept in a separate account from your personal finances;
- before taking part in discussions about buying goods or services, you must declare any relevant financial or commercial interest which you or your family might have in the purchase.

### CONFLICTS OF INTEREST

You must act in your patients' best interests when making referrals and providing or arranging treatment or care. So you must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect your judgement. You should not offer such inducements to colleagues.

- failing to declare performance or conduct issues in references
- refusing to participate fully in the appraisal process and other performance review processes or groups
- unlawful discrimination and failure to respect equal opportunities.

**FINANCIAL INTERESTS IN HOSPITALS, NURSING HOMES AND OTHER MEDICAL  
ORGANISATIONS**

If you have financial or commercial interests in organisations providing health care or in pharmaceutical or other biomedical companies, these must not affect the way you prescribe for, treat or refer patients.

If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the health care purchaser.

Treating patients in an institution in which you or members of your immediate family have a financial or commercial interest may lead to serious conflicts of interest. If you do so, your patients and anyone funding their treatment must be made aware of the financial interest. In addition, if you offer specialist services, you must not accept patients unless they have been referred by another doctor who will have overall responsibility for managing the patient's care. If you are a general practitioner with a financial interest in a residential or nursing home, it is inadvisable to provide primary care services for patients in that home, unless the patient asks you to do so or there are no alternatives. If you do this, you must be prepared to justify your decision.

## Appendix 1

### Basic knowledge and skills (competencies) in the specialties of psychiatry

All psychiatrists will have a common basic understanding of the following specialties: child and adolescent psychiatry, forensic psychiatry, general adult psychiatry, psychiatry of learning disability, liaison psychiatry, psychiatry of old age, psychotherapy, rehabilitation psychiatry and psychiatry of substance misuse.

Knowledge and skills in these areas will need to be maintained and updated. All psychiatrists should be competent to assess and undertake the immediate management of patients for whom they have responsibility when on-call, over weekends and in emergencies.

Knowledge of specialties other than their own will also be necessary when acting as an educational supervisor to their own junior doctor or when advising others on the appropriate referral or type of treatment for a patient.

All psychiatrists should have:

- knowledge of the differing presentations of mental health problems in young persons, those with learning disability, older adults and those with physical health problems
- knowledge of the effects of substance misuse on physical and mental health
- skills in the assessment of psychiatric disorder complicated by or associated with substance misuse, and of psychiatric problems in young persons, older adults and people with learning disability
- skills in the immediate (short-term) management of these conditions
- sufficient knowledge of management strategies and local services to access the appropriate care for these conditions
- knowledge of the differing relevant ethical and legal frameworks to ensure appropriate emergency care
- capability in antidiscriminatory practice and cultural competence

## Appendix 2

# Good practice within the psychiatric specialties

The following Appendix sets out the Faculty/Section-specific additional knowledge and skills needed by psychiatrists in each of the psychiatric specialties.

### CHILD AND ADOLESCENT PSYCHIATRY

Good practice in child and adolescent psychiatry will include:

- having a detailed understanding of the developmental, psychological, behavioural, systemic, physical and social factors in the presentation of child and adolescent mental disorders, and of the implications of risk and resilience factors
- being able to engage, communicate and effectively intervene with children, adolescents and adults individually and in families
- balancing the needs of children and parents in families, and acting in the best interests of children/young people
- balancing the maintenance of confidentiality and the need for child protection
- gaining the child's consent to assessment and treatment and, where necessary, considering the use of the most appropriate legal orders to assess and/or treat the child/young person
- having a detailed knowledge of the relevant legislation relating to children, and being aware of and following local child protection procedures
- assessing parenting skills and planning for the management and treatment of identified deficits
- prescribing with due care, having regard for the age and wishes of the child, parents' wishes, side-effects and the overall treatment plan.

## Appendix 2

### Good practice within the psychiatric specialties (contd...)

#### FORENSIC PSYCHIATRY

Good practice in forensic psychiatry will include:

- expert knowledge of the effects of psychopathology on abnormal (including criminal) behaviours, including, in particular, aggression and sexual violence
- having a detailed knowledge of the range of services available to mentally disordered offenders and how to use them
- an understanding of criminological issues
- having particular knowledge of the chronic mental disorders, including personality disorder, found in the field of forensic psychiatry and their physical, social and psychological treatment
- expertise in the use of security as part of treatment
- expertise in the assessment and management of risk and dangerousness, and appropriate communication of advice on this to professional colleagues
- being experienced in the forensic psychiatric aspects of adolescent psychiatry, learning disability and substance misuse
- expertise in the rehabilitation of patients who present potential risk to others
- being able to formulate opinions (both written and verbal) clearly and to present them to other professionals and as evidence to the courts (including mental health review tribunals) and the parole board
- an understanding of the special confidentiality issues which apply to court and other legal work
- being able to run an in-patient unit and community services in forensic psychiatry, including expertise in the statutory care requirements of detained and restricted patients.

## Appendix 2

### Good practice within the psychiatric specialties (contd...)

#### GENERAL ADULT PSYCHIATRY

Good practice in general (adult) psychiatry will include taking a direct care role which involves:

- assessment of mental health problems using a biological, psychological and social approach, and being cognisant of the spiritual and cultural needs of patients and their carers
- assessment which includes the functioning of patients in cognitive and affective spheres on the one hand, and social and cultural domains on the other
- being capable of considering different forms of aetiological factors and planning holistic interventions
- possessing skills for the analysis of psychological and social systems
- being able to integrate humanistic and scientific approaches.

## Appendix 2

# Good practice within the psychiatric specialties (contd...)

### PSYCHIATRY OF LEARNING DISABILITY

Good practice in the psychiatry of learning disability will include:

- treating people with learning disabilities with respect
- enabling effective and reciprocal communication with people with communication impairments and with their families and carers
- sensitivity to the potential power of the psychiatrist in this situation, and an awareness of its possible abuse
- being prepared to advocate on behalf of people with learning disabilities, and encouraging them in self-advocacy
- awareness of the vulnerability to abuse of people with learning disabilities, and acting whenever there is potential for abuse or evidence that it may be taking place
- having the specific knowledge and competence required for the assessment and treatment of psychiatric and behavioural problems in people with learning disabilities
- understanding the complex interplay between the learning disability, other developmental disorder (such as autistic-spectrum disorders), social disadvantage and adverse experiences, abnormal brain development (including disorders such as epilepsy) and mental illnesses. This requires a very broad knowledge base in mainstream psychiatry, developmental psychiatry, neuropsychiatry, forensic psychiatry, psychotherapy and social psychiatry and includes detailed knowledge about:
  - (a) the causes, development and presentation of learning disability (across the full range from mild to profound) and associated developmental disorders
  - (b) the presentation of psychiatric and behavioural disorders in people with learning disabilities
  - (c) the terminology, classification and epidemiology of psychiatric disorders in learning disability
  - (d) the influence of social and environmental factors on intellectual and emotional development
  - (e) the impact of a learning disability on the adjustment of the individual and the family
  - (f) relevant legislation and policy development

## Appendix 2

# Good practice within the psychiatric specialties (contd...)

### LIAISON PSYCHIATRY

Good practice in liaison psychiatry will include:

- skills in assessing those presenting with deliberate self-harm in various settings (e.g. the A&E department) and in different situations (such as after drinking alcohol)
- core clinical competencies in a range of areas, including:
  - awareness of comorbid conditions such as depression, anxiety, alcohol and substance misuse in those with physical illness
  - ability to assess the nature and cause of psychiatric disorder in those with severe physical illness
  - knowledge of modifications needed in drug or psychological treatments in the presence of physical illness
  - being skilled in the management of acute disturbance in physically ill people
  - knowledge of the processes of adjustment to illness and abnormalities in those processes
  - skills in assessing medically unexplained symptoms, formulating the problem and providing psychiatric intervention; a particular skill is the engagement of somatising patients in treatment
  - assessment of complex presentations of physical disorder, and management of such problems through multi-agency work, including coordination of surgical, medical, psychiatric and primary care teams
  - knowledge of how Mental Health Acts may be used both in the A&E department and in general hospital settings, where a patient may be detained on a medical ward
  - knowledge of the common law in relation to medical treatment
  - awareness of psychological services for general hospitals following major disasters.

## Appendix 2

### Good practice within the psychiatric specialties (contd...)

#### PSYCHIATRY OF OLD AGE

Good practice in the psychiatry of old age will include:

- an avoidance of stereotyping, regardless of patients' age or disability
- being particularly (but not uniquely) skilled in the assessment of confusional states and in communicating with patients who have confusional states
- recognition that the needs and wishes of patients and their families do not always coincide
- expertise in the consideration of moral and ethical dilemmas at the end of life, and being able to discuss these where appropriate with patients and families
- being particularly cognisant of the interrelationship of biological, psychological and social factors in the aetiology, presentation and management of both functional and organic mental illness in old age
- understanding how treatments developed for working-age adults may be adapted for an older population.

## Appendix 2

### Good practice within the psychiatric specialties (contd...)

#### PSYCHOTHERAPY

Good practice in psychotherapy will include:

- paying particular attention to boundaries, time and place, and being sensitive to the psychological implications of transgressing boundaries, e.g. through touch and/or self-revelation
- being especially sensitive to issues of confidentiality in view of the intimacy of the therapeutic situation
- being aware of the extent and limitations of psychotherapy training, and staying within the limits of competence at all times
- respecting the different models operating within both psychiatry and psychotherapy
- being well-versed in the evidence base underlying psychological therapies, and not undertaking treatments for which there is no established clinical or scientific evidence
- when supervising others, having clear views about where clinical responsibility lies
- recognition of the particular psychotherapeutic needs of minority groups (identified by ethnicity, gender, sexual orientation, age and disability).

## Appendix 2

### Good practice within the psychiatric specialties (contd...)

#### REHABILITATION PSYCHIATRY

Good practice in rehabilitation psychiatry will include:

- applying relevant assessment schedules to a person with chronic mental illness, and identifying the biological, social and psychological components that contribute to disability. This assessment must include the strengths as well as weaknesses of a patient so as to enhance the opportunities for recovery
- making assessment of change within the mental, social, cultural and psychological state of such an individual
- assessing and evaluating the social needs of a person with chronic mental illness, and being familiar with the processes that lead to better housing, social support, benefit matters and occupation.

## Appendix 2

### Good practice within the psychiatric specialties (contd...)

#### PSYCHIATRY OF SUBSTANCE MISUSE

Good practice in the psychiatry of substance misuse (including alcohol) will include:

- awareness of the need for careful assessment and advocacy for this patient group, who tend to encounter particular forms of stigma
- knowledge and awareness of the types and prevalence of licit and illicit drugs, and alcohol, as well as prescribed drugs and over-the-counter medications with misuse potential
- recognition that substance misuse problems affect all age groups and all sections of society
- knowledge and competence to understand and apply appropriately the specific ethical and legal framework appropriate to the age groups
- specific knowledge and competence to assess comprehensively use, harmful use and dependence
- knowledge and skills to assess those with complex physical problems and substance misuse, and to manage them through multi-agency work with medical and primary care teams
- knowledge and competence to assess and manage psychiatric comorbidities with mental health colleagues
- knowledge and specific competence to manage complex drug and alcohol dependencies, using pharmacological and psychological approaches in a variety of settings
- recognition of the high risk of substance misuse within the medical profession, and competence to treat it.