**Q and A on Probity for Appraisers**

**How does the GMC define Probity?**

* Probity means being honest and trustworthy, and acting with integrity: this is at the heart of medical professionalism

**Why is probity relevant to appraisal?**

* All appraisees are asked to sign the probity declaration which states ‘I declare that I accept the professional obligations placed upon me in Good Medical Practice in relation to probity.’

**What are the aspects of probity the GMC considers?**

* Being honest and trustworthy
* Providing and publishing information about your services
* Writing reports and CVs, giving evidence and signing documents
* Research
* Financial and commercial dealings
* Conflicts of interest

**How can we explore probity with appraisees?**

* Consider facilitating a discussion of the doctor’s understanding of what probity actually means
* Ask appraisees to consider if they have had any ethical dilemmas or probity concerns in the last year?

**Can you suggest some specific issues that may be relevant to appraisees?**

* **Being honest and trustworthy**

Patients who divulge information that challenges the principles of confidentiality (e.g. patient with epilepsy who is driving)

Chaperone use

* **Providing and publishing information about your services**

Advertising private services to NHS patients

Promoting in-house pharmacies to NHS patients

Clarity about private charges for NHS patients

* **Writing reports and CVs, giving evidence and signing documents**

Response to colleagues who are ill, underperforming or negligent

Sickness certification

Management of information governance

* **Research**

Ensuring valid patient consent

* **Financial and commercial dealings**

Ethics of working with drug reps

How/ whether to tell patients which local pharmacy to visit

Gift policy

Partnership issues e.g. cheque signing, salaried versus profit sharing, partnership agreement, accounts – personal & practice

* **Conflicts of interest**

Ethics of referring to alternative practitioners

Treating yourself and your family

Teaching issues e.g. having school children doing work experience, how much responsibility to give medical students

Defining appropriate professional boundaries with patients e.g. calling doctors by their first names, waiving fees

Conflicts of interest in other roles such as CCG work

**What should we consider in all discussions about probity?**

* What are the personal learning points arising from this?
* How might an appraisee’s practice need to change as a result?

**What should I write about the probity discussion in the summary?**

* You should record a brief summary of your discussion. This will ensure the RO knows that probity issues have been considered.

**Are there any case studies where we can see how probity is relevant to practice?**

* A good place to start is the GMC website. GMP in action has a number of scenarios where appraisers and appraisees can see how the GMC guidance applies in practice.

<http://www.gmc-uk.org/gmpinaction/>

**I’d like to know more. Which paragraphs of the GMC Good Medical Practice guidance refer to probity issues?**

**Being honest and trustworthy**

65. You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession.

66. You must always be honest about your experience, qualifications and current role.

67. You must act with honesty and integrity when designing, organising or carrying out research, and follow national research governance guidelines and our guidance.

**Providing and publishing information about your services**

68. You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

69. When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available.

70. When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients’ vulnerability or lack of medical knowledge.

**Writing reports and CVs, giving evidence and signing documents**

68. You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

a. You must take reasonable steps to check the information is correct.

b. You must not deliberately leave out relevant information.

72. You must be honest and trustworthy when giving evidence to courts or tribunals. You must make sure that any evidence you give or documents you write or sign are not false or misleading.

a. You must take reasonable steps to check the information.

b. You must not deliberately leave out relevant information.

73. You must cooperate with formal inquiries and complaints procedures and must offer all relevant information while following the guidance in [*Confidentiality*](http://www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp).

74. You must make clear the limits of your competence and knowledge when giving evidence or acting as a witness.

**Research**

17. You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.

67. You must act with honesty and integrity when designing, organising or carrying out research, and follow national research governance guidelines and our guidance.

**Financial and commercial dealings**

77. You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.

78. You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.

79. If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.

80. You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements.

**Conflicts of interest**

78. You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.

79. If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.

<http://www.gmc-uk.org/guidance/good_medical_practice.asp>

Dr Sophie Ellis December 2015