

# Professionalism

# e-learning module

## *A self, peer, team or supervisor review workbook*

Download, print and complete the questions and compare your opinion on each scenario with our supervisors. Links to the relevant professional regulator and points for reflection are included in our supervisors' comments.

Alternatively, you can dip in and out on screen to self-review your skills or quiz the team at a multi-disciplinary meeting. There is no facility for you to type in the box on screen, so you may wish to jot down your comments on paper. A reflective log is included at the end of the workbook for you to complete and retain in your professional portfolio.

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**Supervisor answer**

Yes

**Supervisor comments**

Passing off others' work as one's own is plagiarism. The example relates to this in an indirect way. The physiotherapist may not realise that she is being dishonest and may just need to be reminded that claims like this may be considered unprofessional and may cause doubts in the minds of her interviewers as to her overall honesty. After consultation with HR there should be an investigation and disciplinary action may be advised. However, a situation like this may be an example of inadvertent wrongdoing. How she responds and reflects on the feedback will also act as a gauge of her professionalism. If the physiotherapist is dismissive of the seriousness of her actions referral to the regulator will need to be considered. Contributing to research is laudable, there is no need to compensate for absence of authorship by being dishonest.

**Guidance from the regulator**

The Health Professions Council state (point no 12) that "You should behave honestly and not pass others work off as your own". Access the guidance here [www.hpc-uk.org/assets/documents/10002D1BGuidanceonconductandethicsforstudents.pdf](http://www.hpc-uk.org/assets/documents/10002D1BGuidanceonconductandethicsforstudents.pdf)

The GMC guidance on this topic can be found at:

[www.gmc-uk.org/guidance/ethical\\_guidance/6005.asp](http://www.gmc-uk.org/guidance/ethical_guidance/6005.asp)

**Health and Care Professions Council research report on professionalism in healthcare professionals:**

[www.hcpc-uk.org/assets/documents/10003771Professionalisminhealthcareprofessionals.pdf](http://www.hcpc-uk.org/assets/documents/10003771Professionalisminhealthcareprofessionals.pdf)

**NMC & GPC guidance can be found here**

[www.nmc-uk.org/Publications/Standards/The-code/Introduction](http://www.nmc-uk.org/Publications/Standards/The-code/Introduction)  
[www.pharmacyregulation.org/standards](http://www.pharmacyregulation.org/standards)

**Points for reflection**

Have you ever considered writing something on your CV that is not true?  
How would you approach the conversation with the physiotherapist about the false claims?

The National Institute for Health Research (NIHR) suggest that attendance at a Good Clinical Practice course may be of value and this is mandatory in some trusts for potential researchers

[www.crn.nihr.ac.uk/learning-development/good-clinical-practice](http://www.crn.nihr.ac.uk/learning-development/good-clinical-practice)



**Supervisor answer**

Do you have any concerns?

About the FY2 Yes

About the Core Trainee Yes

**Supervisor comments**

The core trainee is more senior than the foundation doctor and should not ask the FY2 doctor to engage in what is dishonesty. The core trainee has recognised he/she is not feeling well and is seeking to do something about it. The correct course is for the core trainee to see their GP to have the tiredness investigated.

The FY2 is put in a difficult position but should have refused the request from the CT. In an ideal world the CT is advised to see his GP or OH health department. The CT is not the FY2s patient and therefore it is not appropriate for him to take blood. Writing a fictitious name is also a cause for concern on 2 counts. 1) his probity is called into question and b) the identity of the sample and person is not verifiable. This is potentially a serious situation and needs to be investigated.

Doctors are notoriously poor at seeking help for their own health concerns. It can sometimes be difficult to judge when to take sick leave or to take time off for medical appointments. Healthcare professionals should not manage their own health issues and should not put colleagues with whom they work in a position which could compromise their relationship.

A GP can offer a confidential medical consultation and arrange any necessary investigations and follow-up. They can also provide objective, independent advice which is in the best interests of the individual concerned.

**Guidance from the regulator**

The General Medical Council advises that "you must make sure that your conduct justifies your Patient's trust in you and the Public's trust in the profession", stating "You should be registered with a general practitioner outside your family."

*[GMC Good Medical Practice 2013 para 28]*

The GMC advise that "If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or [the GMC]. If you are still concerned you must report this, in line with [GMC] guidance and your workplace policy, and make a record of the steps you have taken.

*[General Medical Council, Good Medical Practice, 2013, Para. 25c]*

**Points for reflection**

Think about a time when you were unwell. What worries did you have and how did you manage these?

Think about the actual words that you might use to respond to a request, like that in the scenario above, from a colleague who is more senior to you.

How might the FY2 feel if the blood test shows a serious underlying condition?



**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

The nurse should not have made the request as this request puts the FY doctor in a potentially awkward position as she is not this doctor's patient. The FY2 should politely decline to issue the prescription and should advise the nurse to consult or speak to her GP.

Even if the nurse and FY2 doctor are certain that a urinary tract infection is the correct diagnosis, the FY2 doctor should not issue a prescription. There may be factors that the FY2 doctor does not know about or feel comfortable to ask about e.g. pregnancy, other medications or health issues.

**Guidance from the regulator**

"You must prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs."

*[General Medical Council, Good Medical Practice, 2013 Para.16a. Also see: General Medical Council, 2013, Good Practice in prescribing and managing medicines and devices]*

The General Medical Council also says that "If you assess, diagnose or treat patients, you must adequately assess the patient's condition, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient."

*[General Medical Council, Good Medical Practice, 2013 paragraph 15 a]*

**Points for reflection**

What are the pros and cons of treating colleagues as patients?

If you have found yourself in a similar situation, what was good about the way that you handled it and what problems may have arisen?





**Supervisor answer**

Do you have any concerns? No sure.

**Supervisor comments**

It is not clear if this is an issue of culture or whether the phlebotomist is seeking to influence the reference. It would appear that the gifts were given to the ward as a whole rather than to the doctor personally. The doctor can give an objective and honest reference. If it is thought the gifts are inappropriate a quiet word from the ward sister or doctor to explain the norm in the UK would be helpful for the newcomer.

**Guidance from the regulator**

The General Medical Council states that "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 that you prescribe for, treat or refer patients or commission services. You must not offer these inducements."

*[General Medical Council, Good Medical Practice, 2013, Para 80]*

The General Medical Council also states that "You must be honest and objective when writing references, and when appraising or assessing the performance of colleagues, including locums and students. References must include all information relevant to your colleague's competence, performance and conduct."

*[General Medical Council, Good Medical Practice, 2013, Para 41. Also see General Medical Council 2012 Writing references.]*

**Points for reflection**

If you have been in a similar situation, what was effective about the way that you handled it?

What words would you use to explain to the phlebotomist without making him feel embarrassed?

How do you manage the issue of gifts from patients or their family?

Does your organisation have a gifts policy?



**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

If the patient is deemed to have an urgent clinical problem they need to be seen and treated urgently whether they are NHS or private patients. The consultant however should follow Trust regulations on where and when he may see private patients. Most Trusts will not allow a private patient to be seen during an NHS clinic. The doctor would either have to arrange to see the patient in the private facility or ask a colleague to see the patient instead. Seeing a private patient in NHS time and in an NHS facility is a matter of probity and warrants an investigation.

**Guidance from the regulator**

*General Medical Council, Good Medical Practice, 2013*

The General Medical Council states that "You must give priority to patients on the basis of their clinical need if these decisions are within your power."

*[General Medical Council, Good Medical Practice, 2013 Para 56.*

However, "doctors must be honest in financial & commercial dealings with patients, employers, investors and other organisations and individuals"

*Also see General Medical Council, 2013, Financial and commercial arrangements and conflicts of interest, [www.gmc-uk.org/guidance/ethical\\_guidance/21161.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21161.asp)]*

**Points for reflection**

What experience do you have of any conflicts of interest between private and NHS work (your own or involving colleagues)?

What are your views about private medical care? How might these impact on the way that you communicate with patients and healthcare professionals who work in the private sector?



**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

Team working and giving feedback are key skills in all doctors. A doctor who makes team members feel uncomfortable or belittled will adversely affect the efficiency and spirit of that team. This matter needs to be raised with the doctor and her educational supervisor. Although the doctor's behaviour appears to be unacceptable it may be helpful to think about possible underlying reasons that could be contributing to it. The doctor may be under pressure herself and/or unaware of the effect she has on others. This can be addressed by her educational supervisor initially but may need to be escalated to the training programme director or head of school if the trainee's behaviour remains unprofessional.

**Guidance from the regulator**

The General Medical Council states that "You must work collaboratively with colleagues, respecting their skills and contributions; you must treat colleagues fairly and with respect; you must be aware of how your behaviour may influence others within and outside the team.

*[General Medical Council, Good Medical Practice, 2013 Paras. 35, 36, 37]*

It also states: "You must tackle discrimination where it arises and encourage your colleagues to do the same. You must treat your colleagues fairly and with respect. You must not bully or harass them or unfairly discriminate against them. You should challenge the behaviour of colleagues who do not meet this standard."

*[General Medical Council, Leadership and management for all doctors, 2012 Para7]*

**Points for reflection**

What experience of bullying or undermining do you have?

What were the most effective ways of dealing with it?

How could a MSF be used constructively in this doctors development.

You may want to look at the following e-learning modules:

How to give feedback:

[www.faculty.londondeanery.ac.uk/e-learning/feedback/](http://www.faculty.londondeanery.ac.uk/e-learning/feedback/)

A guide to managing harassment, bullying and undermining is available at:

[www.lpmde.ac.uk/global-news/managing-bullying-harassment-and-undermining-a-guide-to-good-practice-2013-now-available](http://www.lpmde.ac.uk/global-news/managing-bullying-harassment-and-undermining-a-guide-to-good-practice-2013-now-available)

**Undermining and bullying e-module**

[www.lpmde.ac.uk/psu-e-learning](http://www.lpmde.ac.uk/psu-e-learning)



**Supervisor answer**

Yes

**Supervisor comments**

All professionals should be able to communicate effectively and work appropriately with others (Standard 8 & 9 SOP for Radiographers see below). The main concern is that there is an underlying cause for this change, either personal or work-related, which would need to be investigated further. The radiographer should be able to recognise that he needs to seek the assistance of his line manager in order to manage the situation effectively, if required. In general and where possible, personal issues should not interfere with performance in the work place but it may be that this radiographer requires some additional support from his/her GP and or occupational health. A professional should be able to know when to seek help or advice from a line manager, particularly if this affects his/her ability to communicate with patients and colleagues. Inability to communicate effectively with colleagues and patients is a performance issue and impacts negatively on team work and patient care.

**Guidance from the regulator**

See the standards of proficiency for radiographers, accessible at: [www.hcpc-uk.org.uk/publications/standards/index.asp?id=51](http://www.hcpc-uk.org.uk/publications/standards/index.asp?id=51)

**Points for reflection**

Think about how you would approach the conversation with this radiographer.

What support services are available to assist?

What reason might there be for his change in behaviour?





**Supervisor answer**

Yes

**Supervisor comments**

Pagers provide the ward with rapid access to the MDT and should be answered as soon as it is reasonably possible. If she has other priorities to attend to, the dietician should still respond to the bleep quickly, informing the ward of her planned arrival time or direct them to a colleague who is able to assist if she is unable to.

One would have to look at this scenario in context – she may just be chatting to the colleague in passing or quickly buying some biscuits for a meeting, which is not ideal; however most managers would understand this and exercise some discretion in this case. A situation like this would need consideration before coming to a conclusion. The presence of the dietician in the shop at 3pm raises the question of why she is not working during paid working hours and this may be construed as a probity matter. Further investigation is indicated.

**Guidance from the regulator**

See the regulators advice on working appropriately with others accessible at: [www.hpc-uk.org/aboutregistration/professions/dietitians/index.asp?printerfriendly=1](http://www.hpc-uk.org/aboutregistration/professions/dietitians/index.asp?printerfriendly=1)

**Points for reflection**

Have you ever ignored a bleep?

How does it make you feel when you are persistently bleeped by the ward for the same thing?

Who else could the nurses discuss their concerns about the child with?



**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

I am initially concerned for both the nurse and the safety of patients, although it is important to establish the facts before deciding on a course of action.

An immediate meeting to establish what the nurse means when he says he 'drank for England' is advisable to determine whether the nurse was in a fit state to undertake his duties. Jumping to a conclusion which is not justifiable (albeit from a patient safety point of view) would be unfair and counter-productive. If the nurse is fit for duty a follow up meeting could be arranged for the following day to discuss professional expectations concerning alcohol consumption. However, If it is established that the nurse was drinking excessive amounts of alcohol late into the early hours then the supervisor could not allow the nurse to remain in the workplace and he should be referred to Occupational Health. If, at the meeting with the nurse you are concerned about his health and/or the safety of patients then HR should be consulted. Your trust will have a local policy advising on alcohol usage which should be consulted. Suspension and investigation or sick leave may need consideration. Depending on the outcome referral to the NMC may be indicated.

If for example the nurse immediately recognises the seriousness of the situation, and your concern and is willing to engage with management of the situation then suspension may not be necessary. A referral to occupational Health will need to be discussed. OH can advise if the nurse is fit to return to work and on any intervention and additional support such as GP.

Confidentiality is of the utmost importance as is due consideration of this nurses health, well-being and difficulties that he may be experiencing in his personal and/or professional life. It may be that the nurse is feeling consistently stressed at work and more frequent de-briefing and a higher level of supervision is indicated for not only this nurse but the rest of the team.

**Guidance from the regulator**

The Nursing and Midwifery Code of Conduct states that 'you must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk. 'you must inform any employers you work for if your fitness to practise is called into question'

**Points for reflection**

Have you ever drunk a large amount of alcohol very late into the night and arrived early in the morning to start your shift?

How much alcohol do you consider too much the night before you are due to start an early shift?

Think about the possible risks to patients, yourself and colleagues.

What do you consider to be a reasonable interval between drinking alcohol and starting work?



**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

The core trainee must abide by the duties of a doctor and at all times be honest in his dealings with patients and colleagues. The trainee may have issues which contribute to this behaviour. A discussion between the consultant supervisor and the core trainee is the first step in approaching this problem. After discussing concerns with the trainee it should be possible to identify whether there is a pattern of behaviour that needs further investigation or simply having a conversation and outlining concerns may resolve the situation.

**Guidance from the regulator**

The General Medical Council states that "If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or [the GMC]. If you are still concerned you must report this, in line with [GMC] guidance and your workplace policy, and make a record of the steps you have taken.

*[General Medical Council, Good Medical Practice, 2013, Para. 25c]*

**Points for reflection**

What personal factors might be affecting this trainee's behaviour?

If you have ever had concerns about the honesty of a colleague how did you manage the situation?

What factors might make it easier or more difficult to blow the whistle on a colleague?



**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

The change in behavior may indicate health or personal issues that the nurse may need support with. One area of concern would be about the impression that she will make upon patients if she is not presenting herself professionally. There is also a risk of cross infection due to poor hand hygiene. It could be helpful to offer to arrange to meet with the nurse in a confidential space, to offer support and would sensitively ask questions to try to assess any underlying issues. Suspension should be considered if there is any risk to patients.

**Guidance from the regulator**

**Raising concerns:** Guidance for nurses and midwives, NMC 2013

[www.nmc-uk.org/Nurses-and-midwives/Raising-and-escalating-concerns](http://www.nmc-uk.org/Nurses-and-midwives/Raising-and-escalating-concerns)

The NMC states: 'Every day, employers, managers and supervisors deal with situations concerning the misconduct, lack of competence, bad character or poor health of nurses and midwives. Most of this can be managed locally through internal disciplinary procedures and do not give rise to wider concerns about the public's health and wellbeing.' If employers are considering reporting a performance concern about a nurse they should refer to:

[www.nmc-uk.org/Employers-and-managers/Making-a-referral](http://www.nmc-uk.org/Employers-and-managers/Making-a-referral)

**Points for reflection**

Have you ever considered raising concerns about a colleague at work?

What factors helped you to decide whether or not to take your concerns further?





**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

It is inappropriate to add kisses or write 'Love from' in a professional communication, even when people may be close enough socially to do so outside work. In a case where you have been line managing someone and they have not done this before, it would be reasonable to consider that they are doing it to curry favour (eg to pre-empt criticism) or to signal romantic feelings. Whatever the possible causes, the first step should be to explain directly to the person that they should not use such expressions to anyone in a professional context: this alone would be likely to end the matter. However, if clear expressions of romantic interest followed, a more senior manager should be informed, as the person's line management might need to be changed.

**Guidance from the code of conduct for support staff**

Guidance from the code of conduct for healthcare support workers and adult social care workers in England.

Guidance statement no 6. 'Establish and maintain clear and appropriate professional boundaries in your relationships with people who use health and care services, carers and colleagues at all times'.

[www.skillsforhealth.org.uk/images/services/code-of-conduct/Code%20of%20Conduct%20Healthcare%20Support.pdf](http://www.skillsforhealth.org.uk/images/services/code-of-conduct/Code%20of%20Conduct%20Healthcare%20Support.pdf)

**Points for reflection**

How do you sign your e-mails?

What do you think about the use of emoticons eg smiley faces in work related e-mails?



**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

This is not a professional way to dress. The student should not be allowed on the ward in these clothes which some people may regard as being sexually provocative. The student needs a conversation to help her reflect on her style of dress and to think about some of the cultural implications for patients and colleagues. It is possible that the student is immature and unaware of these.

It is also possible that the student's way of dressing is an aspect of a mental health issue that would need to be addressed sensitively and confidentially.

The best person to speak to the student initially would be whoever is in charge of the ward, or a senior staff member who has a good rapport with the student. They should let the student know that if she continues to dress in this way in a clinical workplace they will need to communicate their concerns to the student's medical school tutor.

**Guidance from the regulator**

Medical students: professional values and fitness to practise (GMC) accessible at [www.gmc-uk.org/education/undergraduate/professional\\_behaviour.asp#3professional](http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp#3professional)

Doctors and students are expected to maintain a professional boundary between themselves and their patients or anyone close to the patient. They must not use their professional position to cause distress or to exploit patients.

Students are expected to behave in a professional and responsible manner. Their behaviour should be measured against the principles set out in this guidance, in *Tomorrow's Doctors* and in *Good medical practice*.

**Points for reflection**

What are your views on uniforms at work?

What examples of inappropriate dress have you seen at work?

How can healthcare professionals express their individuality in appropriate ways at work?



**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

This is an example of theft as the chocolate belongs to the patient and the support worker has apparently taken a bar without the patient's knowledge or consent. It is possible that the patient's family had spoken to the support worker and told her to help herself. However, the support worker's words suggest that this is not the case. It is important to respect patients' possessions as well as their autonomy. Although the patient appears confused this may be temporary and they may later develop the capacity to make a decision about giving the chocolate bars to whoever they want.

Witnessing this puts you in a difficult position. In an ideal world you should report this to the support worker's line manager. It is likely to lead to an investigation in which you may need to give evidence. It could also lead to a disciplinary procedure and might feel uncomfortable for you. However, you have an over-riding duty of care to the patient.

**Guidance from the regulator**

Guidance from the code of conduct for healthcare support workers and adult social care workers in England. 'You must never abuse, neglect, harm or exploit those who use health and care services'

Guidance statement no 2. 'behave and present yourself in a way that does not call into question your suitability to work in a health and social care environment'.

Guidance statement no 6. 'Establish and maintain clear and appropriate professional boundaries in your relationships with people who use health and care services, carers and colleagues at all times'.

[www.skillsforhealth.org.uk/images/services/code-of-conduct/Code%20of%20Conduct%20Healthcare%20Support.pdf](http://www.skillsforhealth.org.uk/images/services/code-of-conduct/Code%20of%20Conduct%20Healthcare%20Support.pdf)

**Points for reflection**

Can you think of any other examples of theft at work? Public Concern at Work (PCaW) provides confidential advice to employees who witness wrongdoing or malpractice in the workplace and who are not sure whether or how to raise their concern. The website is: [www.pcaw.org.uk](http://www.pcaw.org.uk)



**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

Behaviour like this is unacceptable in any profession. The General Pharmaceutical Council (GPC) code of conduct has seven principles, the third of which is to 'respect others'. Mockery of another person's differences (in this case language) contravenes the principles of diversity. Her conduct in relation to the delivery of sensitive patient information is unacceptable and immature. She is also the sole representative of her profession in that MDT and her behaviour reflects poorly on her profession's attitude towards patients and diversity. Often behaviour like this is inadvertent and the pharmacist may be completely unaware of how unprofessional she is being. Lapses in professionalism of this sort are often underplayed, very common and seldom addressed with the gravity that they require. It is worth noting that there are often many culprits involved in this sort of disrespectful behaviour which may be inherent to the team ("culture") and lapses in professionalism may be learned. Allied healthcare professionals' behaviour is often closely scrutinised as they are often "outliers" within an MDT. This makes it all the more important that their professionalism is beyond reproach.

This behaviour would need to be addressed immediately as it is a serious breach of professional conduct. The supervisor should provide exact examples of the behaviour of concern and why it is so serious. She should be given the chance to reflect upon and rectify her behaviour or more formal performance management is indicated.

**Guidance from the regulator**

Advice from the regulator

The General Pharmaceutical Council in its Standards of conduct, ethics and performance (2012) states that: Showing respect for other people is essential in forming and maintaining professional relationships and you must: 'Not unfairly discriminate against people. Make sure your views about a person's lifestyle, religion or belief, race, gender reassignment, identity, sex and sexual orientation, age, disability, marital status or any other factors, do not affect how you provide your professional services'

[www.pharmacyregulation.org/standards/conduct-ethics-and-performance](http://www.pharmacyregulation.org/standards/conduct-ethics-and-performance)

**Points for reflection**

What other disrespectful or undermining behaviour have you witnessed and what did you do about it?





**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

Professional behaviour includes behaving appropriately towards colleagues.

If, as a doctor, you have concerns about the health or performance of another doctor, you must not ignore the situation particularly if it could affect patient safety. It may initially be sensible to speak privately to the individual who is making derogatory comments about a colleague. If a member of staff is concerned that a colleague has health issues that may affect patient care they should consult their supervisor/HR for advice. If the problem persists or escalates it would be necessary to speak to the Clinical Lead or Service Director. It is not appropriate to gossip with others about your personal opinion or create a rumour regarding a colleague's behaviour or personality.

Victimisation or defamation of a colleague would warrant swift intervention and escalation to a senior supervisor/manager. Further enquiry to establish truth from victimisation is indicated.

**Guidance from the regulator**

The General Medical Council states that "If you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice from a colleague, your defence body or [the GMC]. If you are still concerned you must report this, in line with [GMC] guidance and your workplace policy, and make a record of the steps you have taken.

*[General Medical Council, Good Medical Practice, 2013, Para. 25c]*

However the General Medical Council also states that "You must work collaboratively with colleagues, respecting their skills and contributions; you must treat colleagues fairly and with respect; you must be aware of how your behaviour may influence others within and outside the team. [General Medical Council, Good Medical Practice, 2013 Paras. 35, 36, 37] It also states: "You must tackle discrimination where it arises and encourage your colleagues to do the same. You must treat your colleagues fairly and with respect. You must not bully or harass them or unfairly discriminate against them. You should challenge the behaviour of colleagues who do not meet this standard."

*[General Medical Council, Leadership and management for all doctors, 2012 Para7]*

**Points for reflection**

How might you address such concerns about a doctor if you are from a different healthcare profession? Who would you speak to and what might you say?

How would you deal with the situation if you overheard gossip that you thought was about yourself?



**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

Professional behaviour includes behaving appropriately towards colleagues.

If, as a doctor, you have concerns about the health or performance of another doctor, you must not ignore the situation particularly if it could affect patient safety. It may initially be sensible to speak privately to the individual who is making derogatory comments about a colleague. If a member of staff is concerned that a colleague has health issues that may affect patient care they should consult their supervisor/HR for advice. If the problem persists or escalates it would be necessary to speak to the Clinical Lead or Service Director. It is not appropriate to gossip with others about a colleague's behaviour or personality.

**Guidance from the regulator**

GDC Standards for the Dental Team

**Standard 7.2**

You must work within your knowledge, skills, professional competence and abilities

**7.2.1** You must only carry out a task or a type of treatment if you are appropriately trained, competent, confident and indemnified. Training can take many different forms. You must be sure that you have undertaken training which is appropriate for you and equips you with the appropriate knowledge and skills to perform a task safely.

**Standard 6.2**

You must be appropriately supported when treating patients

You should work with another appropriately trained member of the dental team at all times when treating patients in a dental setting.

The only circumstances in which this does not apply are when:

- treating patients in an out of hours emergency;
- providing treatment as part of a public health programme; or
- there are exceptional circumstances.

[www.gdc-uk.org/Dentalprofessionals/Standards/Pages/home.aspx](http://www.gdc-uk.org/Dentalprofessionals/Standards/Pages/home.aspx)

Advice about acting on concerns can be found at:

[www.gdc-uk.org/Dentalprofessionals/Fitnesstopractise/Pages/default.aspx](http://www.gdc-uk.org/Dentalprofessionals/Fitnesstopractise/Pages/default.aspx)

**Points for reflection**

What are the pro's and cons of dentists treating family or friends?



**Supervisor answer**

Do you have any concerns? Yes

**Supervisor comments**

It is not acceptable to assume that a referring dentist has conducted a full extra- and intra-oral examination of his/her patient. The dentist accepting the referral must carry out a complete examination and record the findings in the patient record.

**Guidance from the regulator**

GDC Standards for the Dental Team

**Standard 4.1**

You must make and keep contemporaneous, complete and accurate patient records

**4.1.1** You must make and keep complete and accurate patient records, including an up-to-date medical history, each time that you treat patients.

Radiographs, consent forms, photographs, models, audio or visual recordings of consultations, laboratory prescriptions, statements of conformity and referral letters all form part of patients records where they are available.

**4.1.2** You should record as much detail as possible about the discussions you have with your patients, including evidence that valid consent has been obtained. You should also include details of any particular patient's treatment needs where appropriate.

[www.gdc-uk.org/Pages/default.aspx](http://www.gdc-uk.org/Pages/default.aspx)

Faculty of General Dental Practice: Clinical Examination and Record-Keeping:

[www.fgdp.org.uk/content/publications/clinical-examination-and-record-keeping-good-pract.ashx](http://www.fgdp.org.uk/content/publications/clinical-examination-and-record-keeping-good-pract.ashx)

**Points for reflection**

If an audit shows inadequate an clinical entry, what would you do?

## Reflective Diary for Educational Events

Please attach programme

Educational Event/Module

.....

Date completed

.....

Subject(s) covered:

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What I learned from this:

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Am I going to change anything as a result of this session?

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# *Developing people for health and healthcare*