

Probity Issues: What Are We Talking About?

1. Partnership Issues

Is there a partnership agreement? Is it up-to-date and signed up to?

Is there a mechanism for dispute resolution?

Is there an accountant for practice and personally?

What happens when there is concern about a doctor's practice – eg missed diagnoses, overprescribing of medications, not up-to-date?

Attached clinical staff - who oversees their work?

Nurse appraisal is planned for 2017 - who will ensure they are up-to-date? Who covers their Indemnity?

What about HCAs/phlebotomy staff/other paramedical professionals?

2. Gift Policy

Does the practice have a gift policy - eg gifts over a certain value must be declared? How is this monitored?

Are small gifts recorded in any way?

When are gifts reported to the CCG?

3. Completing Forms and Reports

Are fees clearly demonstrated?

Do all fees go into the practice pot, or are some kept by the individual doctor?

Cremation forms – do all doctors do them? Who gets the money?

What information do we release in our reports?

4. Legal 'Controlled Drugs' Measures

Does the doctor carry controlled drugs?

What safeguards are there in the practice for keeping/disposal of controlled drugs?

Is there a nominated doctor in the practice in overall charge?

5. Chaperone Policy

Is there one? How are patients made aware of the chaperone policy?

What is recorded in the notes?

6. Consent Forms for Procedures

Can you describe examples of standard consent forms?

When is consent implied rather than given?

7. Information Governance guidelines not followed (eg Data Security compromised)

Is there a confidentiality policy in place for staff? If so, how is it explained and how is it reviewed?

What sanctions are there for breach of confidentiality?

8. Treating family and friends as patients

Is the doctor registered with a GP outside the practice?

Is doctor's family registered outside practice?

Do they ever prescribe for their family?

9. Is there a policy re. staff registration?

Are staff allowed to be registered where they work?

If new staff are registered, are they encouraged to register elsewhere?

If new staff ask to move from present practice to practice where they work, is this allowed?

What safety precautions are there for security of staff medical records?

10. Conflict of interest between roles

Paid roles out of practice – eg CCG – who gets the money?

Who covers the work in the practice?

CCG restrictions on referrals vs patient need, purchaser vs provider.

11. Medical Indemnity/Insurance

Registered with a defence union?

Adequate insurance for their roles?

Are the nurses and other clinical staff covered by a practice policy?

12. Working with Drug Reps

See them in surgery? Sponsor meetings?

13. Providing 'alternative' therapies vs providing more recognised therapies

Are there services such as osteopathy, physio, etc, provided from rooms within the practice building?

Are some of these payment into practice rather than to provider?

If referring to eg physio, and there is an in-house one, how do you make patients aware of other practitioners?

Does the doctor provide an "alternative" service him/herself – eg homeopathy, acupuncture?

14. Conflict of interests arising from ownership of allied health provider companies (eg managing local pharmacy/nursing home, etc. Many surgeries have pharmacies within the same building)

What is the nature of relationship between surgery and pharmacy?

Do patients have a choice in where their scripts are sent?

Nursing homes – do any pay ward round fees?

Is there a policy of single nursing home being looked after by single practice?

15. Conflict of interest between GP role and other roles (eg School Governor, community groups)

16. Advertising of Services

17. Supervision Issues

Do you ever have medical students/pre-medical students/FY2s/GP trainees?

Do they sign a confidentiality agreement?

How are patients informed of their right to decline presence of a medical student?

Other "trainees" – eg nurses sitting in, physician assistants.

18. Sickness Certification.

Can you describe any issues arising from this?

19. Personal and Staff Safety

Do your staff and partners have adequate safety alarm provision?

Do you ever check that the alarms work and that your colleagues know how to use them and when?

20. New patients vetted prior to acceptance on list

Is there a vetting procedure? Are patients ever refused and if so, on what grounds?

Are patients kept on if just outside of catchment - is this relevant anymore?

What happens if a patient has previously voluntarily removed themselves from a list and now wants to come back?

21. Removal of patients from doctor's list

Does the practice have clear guidelines re. removal of patients?

Do they follow GMC guidelines for this procedure (ie warning first, etc)?

22. Conflict between patient's best interests and clinical targets

Are there any examples of conflicts of interests arising when clinical care and clinical targets (eg QOF) clash?