

Primary Care Services

Staff as Patients Protocol Version 1.0

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Version Control Summary

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1.0	23 rd February 2021	Dr Liz Dawson / Charan Saduera	Based on: Can your practice staff also be your patients? Medical Protection.

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1. Introduction

The GMC states in paragraph 16(g) of Good Medical Practice: “In providing clinical care you must wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.”

The GMC also states in paragraph 17 of Good practice in prescribing and managing medicines and devices: “Wherever possible you must avoid prescribing for yourself or anyone with whom you have a close personal relationship.”

Both pieces of guidance could be interpreted widely as including work colleagues. Therefore, staff are discouraged from registering as patients, especially if there are other practices available nearby.

2. Risks

It may be difficult for the clinical team to maintain clinical objectivity when treating a colleague, which may in turn subvert the normal doctor-patient relationship.

There may be situations that could put the clinical team in a very difficult position. If, for example, a clinical staff member sought advice regarding alcohol abuse, a partner would be in a very difficult position of having to care for the patient while also taking appropriate steps as an employer to ensure patient safety. Another example may be where a staff member seeks a fit note to take time off work due to work-related stress, which again would put a partner in a difficult position as the employer.

Staff members should be treated no differently from other patients but, in some situations, there could be conflicts of interest and difficult medicolegal issues may arise.

Patients who are also staff may find it more difficult to talk openly about their health with a clinician they work with. This may lead to the patient/staff member withholding information that is vital to a diagnosis or management of a condition. They may also feel unable to refuse treatment or seek alternative approaches. Questioning a recommendation or seeking a second opinion may be seen, by either party, as demonstrating a lack of trust.

3. Actions to mitigate risks

- Practises are strongly advised to encourage staff to register elsewhere of their own accord.
- If asking a staff member to move to a different practice would be detrimental to their health; would pose a great practical difficulty; or if the patient had a strong preference to remain on the list; then the wishes and best interests of the patient should be taken into account. However, they should be balanced against the risks outlined above.
- Where staff are registered as patients (as a last resort), access to patient records should only occur if necessary and required, such as when consulting with the patient, booking an appointment or scanning their records.
- Any staff members who are registered as patients should not be given preferential treatment in any way, either clinically or administratively.

- If a patient registered with the practice takes on formal employment with the practice, they are strongly advised to de-register and join another practice where possible.
- If staff have immediate family members registered with the practice, staff are encouraged to inform the Practice Manager to de-register family members and register with another practice where possible.
- If immediate family members are patients at the practice, staff member access to EMIS and SystemOne to be blocked for health care record.
- Staff to issue a list of local practices if requested however, if immediate family members are unable to register with any other practice, this should be discussed with the practice manager.
- All practices are required to follow the patient registration policy.

4. Review

This protocol will be subject to review every three years, or, in light of any changes to national standards or Trust policy.