

# Safe delegation



## Medicolegal and membership enquiries

T 1800 815 837 (Freecall)  
E [querydoc@mps.org.uk](mailto:querydoc@mps.org.uk)

Doctors cannot practise in isolation and therefore need to call upon their colleagues for assistance for a variety of reasons. Doctors should delegate appropriately and responsibly, working with colleagues in ways that best serve patients' interests.

## Delegating

The MMA, in its *Code of Medical Ethics*, advises that if you plan to be away on other business, or on vacation, you should formally appoint another doctor who will agree to look after patients in your absence. When delegating care to another practitioner, you should be satisfied that the practitioner has the necessary expertise to provide the requested care and that they are registered to practise in Malaysia and hold a valid annual practising license (APC).

Although you remain responsible for the overall management of the patient, and accountable for your decision to delegate, the doctor who is delegated the task is professionally accountable for his/her actions when carrying out the delegated task.

When you refer a patient to another it involves the transfer of some or all of the responsibility for the patient, for care or treatment that is outside your competence.

If you are called to attend a patient whilst their regular practitioner is away, you should provide whatever treatment is necessary for the time being and notify the patient's regular doctor of the steps you have taken in the treatment of the patient.

In some instances, looking after another doctor's patient may result in the patient wishing to switch to care under your own practice. The MMA reminds doctors that wilfully trying to entice patients from a fellow practitioner, or employing touts or agents to attract patients to your practice, are unethical.

## Examination in consultation

You may be called to examine a patient under another doctor's care, either at a meeting, or by correspondence. You should co-operate with the attending practitioner in the formulation of diagnosis, prognosis and treatment of the case.

It is the duty of the attending practitioner to propose a consultation where indicated, or to allow any reasonable request for consultation with another doctor expressed by the patient or his/her representatives.

The attending practitioner should make the arrangements for consultation and should let the patient know about the approximate expenses which may be involved in specialist consultation.

If for any reason the practitioner consulted and the attending practitioner cannot examine the patient together, the attending practitioner should send to the practitioner consulted a brief history of the case. After examining the patient, the practitioner consulted should forward his/her opinion, together with any advice as to treatment, in a sealed envelope addressed to the attending practitioner, exercising great discretion as to the information they provide to the patient or their representatives. Where practitioners cannot agree on the way forward, both views should be disclosed to the patient for his consideration.

This factsheet provides only a general overview of the topic and should not be relied upon as definitive guidance. If you are an MPS member, and you are facing an ethical or legal dilemma, call and ask to speak to an adviser, who will give you specific advice.

MPS is not an insurance company. All the benefits of membership of MPS are discretionary as set out in the Memorandum and Articles of Association.

The Medical Protection Society Limited. A company limited by guarantee.

Registered in England No. 36142  
at 33 Cavendish Square,  
London, W1G 0PS

## Incentives for referral

The basis for referral must be in the best interests of the patient to ensure quality care. You should not make any fee splitting or kickback arrangement as an inducement to refer a patient to another practitioner or facility – to do so is unethical and would be seen as professional misconduct by the MMA.

The MMA states that you must not criticise another physician in the presence of patients or health personnel.

The exchange of communication should take place only between doctors looking after the same patient. This is regarded as privileged communication and no prior consent of the patient is necessary.

## Employment or association with unqualified or unregistered persons

You should not allow staff who are unqualified or unregistered under the Medical Act 1971 to attend, treat, or perform operations upon patients where professional discretion or skill is required. Nor should you allow an unqualified member of staff to issue any certificate, notification or report in professional practice.

You should not assist (either by administering anaesthetics or otherwise) an unqualified or unregistered person to attend, treat, or perform an operation on any patient. To do otherwise may result in disciplinary action.

This does not restrict the proper training and instruction of bona fide medical students, or the legitimate employment of midwives, medical assistants, nurses, dispensers and skilled mechanical or technical assistants, under supervision of a registered medical practitioner.

## Non-orthodox forms of healthcare

It is also unethical for a doctor to care for a patient jointly with a traditional medicine practitioner or share premises with a traditional medicine practitioner.

## Further information:

- MMA, *Code of Medical Ethics* (2002)

This factsheet provides only a general overview of the topic and should not be relied upon as definitive guidance. If you are an MPS member, and you are facing an ethical or legal dilemma, call and ask to speak to an adviser, who will give you specific advice.

MPS is not an insurance company. All the benefits of membership of MPS are discretionary as set out in the Memorandum and Articles of Association.

The Medical Protection Society Limited. A company limited by guarantee.

Registered in England No. 36142  
at 33 Cavendish Square,  
London, W1G 0PS