

# CODE OF ETHICS & STANDARDS OF PROFESSIONAL PRACTICE



## Cayman Islands Medical and Dental Council

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## **Code of Ethics and Standards of Professional Practice**

### **Part I**

1. The Cayman Islands Medical and Dental Council (MDC) accept this document as its Code of Ethics and Standards of professional Practice. It does not pretend to be a complete code of professional misconduct, which may lead to disciplinary action. To do this would be impossible, because from time to time with changing circumstances new forms of professional misconduct will undoubtedly arise.
2. Any abuse by a practitioner of any privileges and opportunities afforded to him or any grave dereliction of professional duty or serious breach of medical ethics may give rise to a charge of serious professional misconduct. Only after considering the evidence in each case can the MDC determine the gravity of a conviction or decide whether a practitioner's behaviour amounts to serious professional misconduct. Practitioners who seek detailed advice on professional conduct in particular circumstances should consult their medical defence society or professional association.
3. The following recommendations fall under 5 main headings: -
  - Neglect or disregard by practitioners of their professional responsibilities to patients for their care and treatment
  - Abuse of professional privileges or skills
  - Personal behaviour: conduct derogatory to the reputation of the medical profession
  - The advertising of practitioner's services
  - Disparagement of professional colleagues
4. These headings have been adopted for convenience but such classification can only be approximate. In most cases the nature of the offence or misconduct will be readily apparent. In some cases, such as those involving personal relationships between practitioners and patients or questions of advertising, practitioners may experience difficulty in recognizing the proper principles to apply in various circumstances.

### **NEGLECT OR DISREGARD OF PERSONAL RESPONSIBILITIES TO PATIENTS FOR THEIR CARE AND TREATMENT**

#### **Responsibility for standards of medical care.**

5. The MDC accepts that in pursuance of its primary duty to protect the public, it may institute disciplinary proceedings when a practitioner appears seriously to have disregarded or neglected his professional duties, for example by failing to visit or to provide or arrange treatment for a patient when necessary.

6. The public is entitled to expect that a registered medical practitioner will afford and maintain a good standard of medical care. This includes
  - a) Conscientious assessment of the history, symptoms and signs of a patient's condition;
  - b) Sufficiently thorough professional attention, examination and, where necessary, diagnostic investigation;
  - c) Competent and considerate professional management;
  - d) Appropriate and prompt action upon evidence suggesting the existence of a condition requiring urgent medical intervention; and
7. A comparable standard of practice is to be expected from medical practitioners whose contribution to a patient's care is indirect, for example those in laboratory and radiological specialties.
8. Practitioners should keep clear, accurate, legible and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed.
9. The MDC is concerned with errors in diagnosis or treatment, and with the kind of matter which gives rise to action in the civil courts for negligence, only when the practitioner's conduct in the case has involved such a disregard of his professional responsibility to patients or such a neglect of his professional duties as to raise a question of serious professional misconduct. A question of serious professional misconduct may also arise from a complaint or information about the conduct of a practitioner, which suggests that he has endangered the welfare of patients by persisting in unsupervised practice of a branch of medicine in which he does not have the appropriate knowledge and skill and has not acquired the experience that is necessary.
10. Apart from a practitioner's personal responsibility to patients, practitioners who undertake to manage, to direct, or to perform clinical work for organizations offering medical services should satisfy themselves that those organizations provide adequate clinical and therapeutic facilities for the services offered.

#### **Delegation of medical duties of professional colleagues.**

11. The MDC recognizes that in many branches of professional practice a practitioner cannot himself at all times attend to all his patients' needs. It is therefore both necessary and desirable that arrangements should be made whereby a suitably qualified professional colleague may undertake the professional responsibilities of a practitioner, during his absence from duty.
12. Any deputizing arrangements should make provisions for prompt and proper communication between the deputy and the practitioner who has primary responsibility for the patients' care. However, so far as the MDC is concerned, the deputy is himself responsible for any neglect or disregard of his professional responsibilities towards patients of the practitioner for whom he is deputizing.

#### **Delegation of medical duties to nurses and others**

13. The MDC recognizes and welcomes the growing contribution made to health care by nurses and other persons who have been trained to perform specialized functions, and it has no desire either to restrain the delegation to such persons of treatment or procedures falling within the proper scope of their skills or to hamper the training of medical and other health students. But, a practitioner who delegates treatment or other procedures must be satisfied that the person to whom they are delegated is competent to carry them out. It is also important that

the practitioner should retain ultimate responsibility of the management of his patients because only the practitioner has received the necessary training to undertake this responsibility.

14. For these reasons a practitioner who improperly delegates to a person who is not a registered medical practitioner, functions requiring the knowledge and skill of a medical practitioner, is liable to disciplinary proceedings. Accordingly the MDC warns that practitioners should not employ assistants who are not medically qualified to conduct their practices. Practitioners should not sign certificates or prescriptions that enable persons who are not registered as medical practitioners to treat patients as though they were so registered.

## **ABUSE OF PROFESSIONAL PRIVILEGES OR SKILLS**

### **Abuse of privileges conferred by law: Misuse of professional skills**

#### ***Prescribing of drugs***

15. The prescription of controlled drugs is reserved to members of the medical profession and to certain other professions, and the prescribing of such drugs is subject to statutory restrictions. The MDC regards as serious professional misconduct the prescription or supply of drugs of dependence otherwise than in the course of bona fide treatment. Disciplinary proceeding may also be taken against practitioners convicted of offences against the laws which control drugs, where such offences appear to have been committed in order to gratify the practitioner's own addiction or the addiction of other persons.

#### ***Medical certificate***

16. A practitioner's signature is required by statute on certificates for a variety of purposes on the presumption that the truth of any statement that a practitioner may certify can be accepted without question. Doctors are accordingly expected to exercise care in issuing certificates and similar documents, and should not certify statements that they have not taken appropriate steps to verify. Any practitioner who in his professional capacity signs any certificate or similar document containing statements which are untrue, misleading or otherwise improper renders himself liable to disciplinary proceedings.

#### **Obtaining consent**

17. Practitioners must respect the right of patients to be fully involved in decisions about their care. Wherever possible, practitioners must be satisfied, before providing treatment or investigating a patient's condition, that the patient has understood what is proposed and why, any significant risks or side effects associated with it, and has given consent.

#### **Compliance with the Law.**

18. The law regulates the termination of pregnancy and practitioners must observe the law in relation to such matters. Practitioners should also comply with the

Public Health Law (2002 Revision) Section 19 regarding notifying the Medical Officer of Health of any notifiable disease.

Abuse of privileges conferred by custom: Professional confidence; Undue influence; Personal relationships between practitioners and patients.

19. Patients grant practitioners privileged access to their homes and confidences and some patients are liable to become emotionally dependent upon their practitioners. Good medical practice depends upon the maintenance of trust between practitioners and patients and their families, and the understanding by both that proper professional relationships will be strictly observed. In this situation practitioners must exercise great care and discretion in order not to damage this crucial relationship. Any action by a practitioner, which breaches this trust, may raise a question of serious professional misconduct.
20. Three particular areas may be identified in which this trust may be breached;
  - a) A practitioner may improperly disclose information, which he obtained in confidence from or about a patient.
  - b) A practitioner may improperly exert influence upon a patient to lend him money or to alter the patient's will in his favour.
  - c) A practitioner may enter into an emotional or sexual relationship with a patient (or with a member of the patient's family), which disrupts that patient's family life or otherwise damages, or causes distress to, the patient or his or her family.

#### PERSONAL BEHAVIOR: CONDUCT DEROGATORY TO THE REPUTATION OF THE PROFESSION.

21. The public reputation of the medical profession requires that every member should observe proper standards of professional behaviour, not only in his professional activities but at all times. This is the reason why a practitioner's conviction of a criminal offence may lead to disciplinary proceedings even if the offence is not directly connected with the practitioner's profession. In particular, three areas of personal behaviour can be identified which may occasion disciplinary proceedings:
  - Personal misuse or abuse of alcohol or other drugs
  - Dishonest behaviour
  - Indecent or violent behaviour.

#### **Personal misuse or abuse of alcohol or other drugs**

22. In the opinion of the MDC convictions for drunkenness or other offences arising from misuse of alcohol (such as driving a motor car when under the influence of drink) indicate habits, which are discreditable to the profession and may be a source of danger to the practitioner's patients. After a first conviction for drunkenness a practitioner may expect to receive a warning letter. Further convictions may lead to an inquiry by the MDC.
23. A practitioner who treats patients or performs other professional duties while he is under the influence of drink or drugs, or who is unable to perform his professional

duties because he is under the influence of drink or drugs, is liable to disciplinary proceeding or to inquiry by the MDC in his fitness to practice.

### **Dishonesty: Improper Financial Transactions**

24. Practitioners are liable to disciplinary proceedings if they are convicted of criminal deception (obtaining money or goods by false pretences), forgery, fraud, theft or any other offence involving dishonesty.
25. The MDC takes particular serious views of dishonest acts committed in the course of a practitioner's professional practice, or against patients or colleagues.
26. The MDC also takes a serious view of the prescribing or dispensing of drugs or appliances for improper motives. The motivation of practitioners may be regarded as improper if they have prescribed a product manufactured or marketed by an organization from which they have accepted an improper inducement. Further guidance on this matter is contained in paragraphs 74 – 78 of the Code.
27. The MDC also regards with concern, arrangements for fee splitting under which a practitioner received part of a fee paid by a patient who he refers to another practitioner, and the association of a medical practitioner with any commercial enterprise engaged in the manufacture or sale of any substance which is claimed to be of value in the prevention or treatment of disease but is of undisclosed nature or composition.
28. Practitioners, like lay members or officers of any health authority, have a duty to declare an interest before participating in discussion which could lead to the purchase by a public authority of foods or services in which they, or a member of their immediate family, have direct or indirect pecuniary interest. Non-disclosure of such information may, under certain circumstances, amount to serious professional misconduct.

### **Indecency and violence**

29. Indecent behaviour to or a violent assault on a patient would be regarded as serious professional misconduct. Any conviction for assault or indecency would render a practitioner liable to disciplinary proceedings, and would be regarded with particular gravity if the offence was committed in the course of a practitioner's professional duties or against his patients or colleagues.

### **THE ADVERTISING OF PRACTITIONERS' SERVICES**

30. The MDC encourages practitioners to provide factual information about their qualifications and services. The provision of information of this kind is nonetheless a sensitive matter. It is the duty of all practitioners to satisfy themselves that the content and presentation of any material published about their services and the manner, in which it is distributed, conforms to the guidance given both in this section and in paragraphs 55-58 of the Code. This applies whether a practitioner personally arranges for such publication or permits or acquiesces in its

publication by others. Failure to abide by the MDC's guidance may call a practitioner's professional conduct into question.

31. In no circumstances should the distribution of advertising material be undertaken so frequently or in such a manner as to put recipients, including prospective patients, under pressure. Such a course of action is not in the interest of patients or of the medical profession.

## **DISPARAGEMENT OF PROFESSIONAL COLLEAGUES**

32. It is improper for a practitioner to disparage, whether directly or by implication, the professional skill, knowledge, or qualifications of any other practitioner, irrespective of whether this may result in his own professional advantage, and such disparagement may raise a question of serious professional misconduct.
33. It is however, entirely proper for a practitioner, having carefully considered the advice and treatment offered to a patient by a colleague, in good faith to express a different opinion and to advise and assist the patient to seek an alternative source of medical care. The practitioner must however, always be able to justify such action as being in the patient's best medical interests.
34. Furthermore, a practitioner has a duty, where the circumstances so warrant, to inform an appropriate body about a professional colleague whose behaviour may have raised a question of serious professional misconduct, or whose fitness to practice may be seriously impaired by reason of physical or mental condition. Similarly, a practitioner may also comment on the professional performance of a colleague in respect of whom he acts as a referee.

## **CONCLUSION**

### **The nature of serious professional misconduct**

35. As stated in paragraph 2 of this document, the question whether any particular course of conduct amounts to serious professional misconduct is a matter which falls to be determined by the MDC after considering the evidence in each individual case. It must be emphasized that the categories of misconduct described cannot be regarded as exhaustive. Any abuse by a practitioner of any of the privileges and the opportunities afforded to him, or any grave dereliction of professional duty or serious breach of medical ethics, may give rise to a charge of serious professional misconduct.

## **Part II**

### **ADVICE ON STANDARDS OF PROFESSIONAL CONDUCT AND ON MEDICAL ETHICS.**

36. Paragraphs 17 – 18 of the Code, dealing with the abuse by practitioners of certain privileges conferred on them by custom explain why practitioners must exercise great care and discretion not to damage the crucial relationship between practitioners and patients, and identify three areas in which experience shows that this trust is liable to be breached. The following paragraphs relate to one of these areas – personal relationships between a practitioner and a patient (or a member of the patient's family) that disrupt the patient's family life or otherwise damage the maintenance of trust between practitioners and patients.

37. The MDC takes a serious view of a practitioner who uses his professional position in order to pursue a personal relationship of an emotional or sexual nature with a patient or the close relative of a patient. Such abuse of a practitioner's professional position may be aggravated in a number of ways. For example, a practitioner may use the pretext of a professional visit to a patient's home to disguise his pursuit of the personal relationship with the patient (or, where the patient is a child, with the patient's parent). Or he may use his knowledge, obtained in professional confidence, of the patient's marital difficulties to take advantage of that situation. But these are merely examples of particular abuses.
38. The question is sometimes raised whether the MDC will be concerned with such relationships between a practitioner and a person for whose care the practitioner is contractually responsible but whom he has never actually treated, or between a practitioner and a person whom the practitioner has attended professionally in the distant past. In view of the great variety of circumstances that can arise in cases of this nature, the MDC will make a decision about such matters upon careful consideration.
39. The trust that should exist between practitioners and patients can be severely damaged when, as a result of an emotional relationship between a practitioner and a patient, the family life of that patient is disrupted. This may occur without sexual misconduct between the practitioner and the patient.
40. The foregoing paragraphs refer to personal relationships between practitioners and patients or the close relatives of patients.
41. Any practitioner who assaults a patient or exposes himself to a patient who is being attended to professionally may be regarded as having committed serious professional misconduct.
42. For convenience these paragraphs describe a situation where the practitioner is a man and the patient a woman. Similar principles would apply if the practitioner were a woman and the patient a man or to a homosexual relationship.
43. Innocent practitioners are sometimes caused anxiety by unsolicited declarations of affection by patients or threats that a complaint will be made on the grounds of a relationship which existed only in the patient's imagination. All complaints received by the MDC will be screened most carefully, and action taken only when the evidence received is sufficient to require investigation.

### **Professional confidence**

44. The following guidance is given on the principles that should govern the confidentiality of information relating to patients.
45. It is a practitioner's duty, except in the cases mentioned below, strictly to observe the rule of professional secrecy by refraining from disclosing voluntarily to any third party information about a patient that he has learnt directly or indirectly in his professional capacity as a registered medical practitioner. The death of the patient does not absolve the practitioner from this obligation.

46. The circumstances where exception to the rule may be permitted are as follows:
- a) If the patient or his legal adviser gives written and valid consent, information to which the consent refers may be disclosed.
  - b) Confidential information may be shared with other registered medical practitioners who participate in or assume responsibility for clinical management of the patient. To the extent that the practitioner deems it necessary for the performance of their particular duties, confidential information may also be shared with other persons (nurses and other health care professionals) who are assisting and collaborating with the practitioner in his professional relationship with the patient; it is the practitioner's responsibility to ensure that such individuals appreciate that the information is being imparted in strict professional confidence.
  - c) If in particular circumstances the practitioner believes it undesirable on medical grounds to seek the patient's consent, information regarding the patient's health may sometimes be given in confidence to a close relative or person in similar relationship to the patient. However, this guidance is qualified in paragraphs 46-48 below.
  - d) If in the practitioner's opinion disclosure of information to a third party other than a relative would be in the best interests of the patient, it is the practitioner's duty to make reasonable efforts to persuade the patient to allow the information to be given. If the patient still refuses then only in exceptional cases should the practitioner feel entitled to disregard his refusals.
  - e) Information may be disclosed to the appropriate authority in order to satisfy a specific statutory requirement, such as notification of an infectious disease.
  - f) If the practitioner is directed to disclose information by a judge or other presiding officer of a court before whom he is appearing to give evidence, information may at that stage be disclosed. Information may also be disclosed to a coroner or his nominated representative to the extent necessary to enable the coroner to determine whether an inquest should be held. But where litigation is in prospect, unless the patient has consented to disclosure or a formal court order has been made for disclosure, information should not be disclosed merely in response to demands from other persons such as another party's solicitor or an official of the court.
  - g) Rarely, disclosure may be justified on the grounds that it is in the public interest, which, in certain circumstances such as, for example, investigation by the police of a grave or very serious crime, might override the practitioner's duty to maintain his patient's confidence.
  - h) Information may also be disclosed if necessary for the purpose of a medical research project, which has been approved by a recognized ethical committee.
47. Whatever the circumstances, a practitioner must always be prepared to justify his action if he has disclosed confidential information. If a practitioner is in doubt whether any of the exceptions mentioned above would justify him disclosing information in a particular situation he will be wise to seek advice from his medical defence society or professional association.
48. Where a child below the age of 16 consults a practitioner for advice or treatment, and is not accompanied at the consultation by a parent or a person in loco parentis, the practitioner must particularly have in mind the need to foster and

maintain parental responsibility and family stability. Before offering advice or treatment the practitioner should satisfy himself after careful assessment, that the child has sufficient maturity and understanding to appreciate what is involved. For example, if the request is for the treatment for a pregnancy or contraceptive advice, the practitioner should satisfy himself that the child has sufficient appreciation of what is involved in relation to his or her emotional development, family relationships, problems associated with the impact of pregnancy and or its termination and the potential risks to health or sexual intercourse and certain forms of contraception at an early age.

49. If the practitioner is satisfied of the child's maturity and ability to understand, as set out above, he must nonetheless seek to persuade the child to involve a parent, or another person in loco parentis, in the consultation. If the child nevertheless refuses to allow a parent or such other person to be told, the practitioner must decide, in the patient's best medical interest, whether or not to offer advice or treatment. He should however, respect the rules of professional confidentiality set out above in the foregoing paragraphs of this section.
50. If the practitioner is not so satisfied, he may decide to disclose the information learned from the consultation but if he does so he should inform the patient accordingly, and his judgment concerning disclosure must always reflect both the patient's best medical interests and the trust the patient places in the practitioner.
51. Special problems in relation to confidentiality can arise in circumstances where practitioners have responsibilities both to patients and to third parties, for example in the practice of occupational medicine. If an occupational physician is asked by the employer to assess the fitness to work of an employee he should not undertake such assessment except with the informed consent of the employee.
52. The extent to which disclosure of medical information after the death of a patient is regarded as improper will depend on a number of factors, for example:
  - a) the nature of the information disclosed;
  - b) the extent to which such information has already appeared in published material;
  - c) the circumstances of the disclosure, including the period which has elapsed since the patient's death

The MDC feels unable to specify an interval of years to apply in all cases and a practitioner who discloses such information without the consent of the patient or a surviving close relative of the patient may be required to justify his action.

53. The foregoing guidance on confidentiality applies not only to information which a practitioner has received in a clinical relationship with a patient, but also to information which he has received, either directly from the patient or indirectly, in the course of administrative or non-clinical duties, for example when employed by Government or private health sector, commercial firm, insurance company or other comparable organization, or as a medical author or medical journalist. Where one practitioner shares confidential information with another practitioner, the interests of the patient require that the practitioner with whom the information is shared must observe the same rule of professional secrecy as the practitioner who originally obtained the information from the patient. Records are to be regarded with utmost care and the practitioner must be satisfied that the patient is agreeable [by a signed statement] for the release of his/her information before any transfer of patient information is done.

54. In expressing these views the MDC recognizes and accepts that in some areas of practice specialist and hospital clinics customarily accept patients referred by sources other than their general practitioners. In these circumstances the specialist still has the duty to keep the general practitioner or locally referring physician informed.

## **THE ADVERTISING OF PRACTITIONERS' SERVICES**

55. There are restrictions on advertising by physicians as set out in the policy guidelines. A form is available from the MDC office for approval of any advertising in newspapers, magazines, telephone directory, webpage, eCay radio, television etc. The public can sometimes be deceived by the use of medical terms or illustrations that are difficult to understand. **Services** Aggressive, high-pressure advertising and publicity should be avoided if they create unjustified medical expectations or are accompanied by deceptive claims. The key issue, however, is whether advertising or publicity, regardless of format or content, is true and not materially misleading. Appendix A.

## **OTHER PUBLIC REFERENCES TO PRACTITIONERS**

### **The use of professional directories.**

56. Subject to approval of the MDC factual information about a practitioner who is appropriately qualified may be published in a professional directory, provided that it is open to all practitioners practicing in the relevant specialty to be included. Practitioners should not however instigate, sanction or acquiesce in the publication of their names or practice details in any professional directory or book which purports to make recommendation as to the quality of particular practitioners or their services.

### **Publicity material about companies or other organizations**

57. The name and qualifications of a practitioner who is a director of a company may be shown on the company's notepaper. Practitioners should however take steps to avoid the inclusion, in material published by any company or organizations with which they are associated, of references, which draw attention to their attainments in ways likely to promote their professional advantage, whether or not the business of their company is connected with medical practice.
58. Books or articles written by practitioners may include their names, qualifications, appointments and details of other publications. Similar information may be given where practitioners participate in the broadcast presentation and discussion of medical and related topics. Difficulties in this area arise chiefly when material included in articles, books or broadcast by practitioners, or the manner in which it is referred to, is likely to imply that the practitioner is especially recommended for patients to consult. Practitioners should see to it that no such implication is given. When a registered practitioner regularly writes articles or columns, which offer advice to the public on medical conditions or problems, or offers telephone or other recorded advice on such subjects, or broadcasts about them, he/she should seek prior approval of MDC should be explicitly stated that patients

should contact their local physician for further advice. No personal contact details should be exposed in any publication or broadcast.

### **Financial relationship between practitioners and independent organizations providing clinical, diagnostic or medical advisory services.**

- 59 A practitioner who recommends that a patient should attend at, or be admitted to, any hospital, nursing home or similar institution, whether for treatment by the practitioner himself or by another person must do so only in such a way as will best serve and will be seen best to serve the medical interest of the patient. Practitioners should therefore avoid accepting any financial or other inducement from such an institution, which might comprise or be regarded by others as likely to comprise, the independent exercise of their professional judgment. Where a practitioner has financial interest in an organization to which he proposes to refer a patient for admission or treatment, whether by reason of a capital investment or a remunerative position, he should always disclose that he has such an interest before making the referral.
- 59 The seeking or acceptance by a practitioner from such an institution of any inducement for the referral of patients to the institution such as free or subsidized consultation, premises or secretarial assistance, may be regarded as improper. Similarly the offering of such inducements to colleagues by practitioners who manage or direct such institutions may be regarded as improper.

### **Relationships between the medical profession and the pharmaceutical and allied industries.**

The medical profession and the pharmaceutical industry have common interest in the research and development of new drugs of therapeutic value and in their production and distribution for clinical use. Medical practice owes much to the important advances achieved by the pharmaceutical industry over recent decades. In addition, much medical research and postgraduate medical education are facilitated by the financial support of pharmaceuticals firms.

- 60 Advertising and other forms of sales promotions by individual firms within the pharmaceutical and allied industries are necessary for their commercial viability and can provide information that is useful to the profession. Nevertheless, a prescribing practitioner should not only choose but also be seen to be choosing the drug or appliance which, in his independent professional judgment, and having due regard to economy, will best service the medical interests of his patient. Practitioners should therefore avoid accepting any pecuniary or material inducement that might compromise or be regarded by others as likely to compromise the independent exercise of their professional judgment in prescribing matters. The seeking or acceptance by practitioners of unreasonable sums of money or gifts from commercial firms that manufacture or market drugs or diagnostic or therapeutic agents or appliances may be regarded as improper. Examples of inducements that the MDC may regard as improper are set out below.

## **Clinical trials of drugs.**

- 61 It may be improper for a practitioner to accept per capita or other payments from a pharmaceutical firm in relation to a research project such as the clinical trial of a new drug, unless the payments have been specified in a protocol for the project that has been approved by the relevant national or local ethical committee. It may be improper for a practitioner to accept per capita or other payments under arrangements for recording clinical assessments of a licensed medicinal product, whereby he is asked to report reactions which he has observed in patients for whom he has prescribed the drug, unless the payments have been specified in a protocol for the project which has been approved by the relevant national or local ethical committee. It is improper for a practitioner to accept payment in money or kind that could influence his professional assessment of the therapeutic value of a new drug.

## **Gifts and loans**

- 62 It may be improper for an individual practitioner to accept from a pharmaceutical firm monetary gifts or loans or expensive items or equipment for his personal use. Exception can, however, be taken to grants of money or equipment by firms to institutions such as hospitals, health care centres and university departments, when they are donated specifically for the purposes of research.

## **Acceptance of hospitality**

63. It may be improper for individual practitioners or groups of practitioners to accept services, lavish hospitality or travel facilities under the terms of sponsorship of medical postgraduate meetings or conferences. However, no exception is likely to be taken to acceptance by an individual practitioner of a grant that enables him to travel to an international conference or to acceptance by a group of practitioners who attend a sponsored postgraduate meeting or conference, of hospitality at an appropriate level, which the recipients might normally adopt when paying for themselves.

## APPENDIX A

### MEDICAL AND DENTAL COUNCIL

#### Policy Guidelines For Health Professional Advertisements

These guidelines shall apply to all health practitioners registered with the Council

- (1) The Code of Ethics of the Cayman Islands Medical and Dental Society was adopted by the Health Practitioners Board on 18<sup>th</sup> April, 1991. The Code of Ethics was also adopted by the Medical and Dental Council on 15<sup>th</sup> June, 2004. In 2006 the Code of Ethics was reviewed and amendments made and dopted, and in December 2006 it approved to publication and distribution to the membership and public. Hence paragraph **55** does apply to dealing with advertisement by medical and dental practitioners. The following expansions are provided for guidance for the practitioners.
- (2) Although the Code of Ethics and Standards of Practice refers to advertisements by medical and dental practitioners, they are responsible for the advertisements relating to their work that may appear through their employers, or from the institutions where they work.
- (3) Any **institution/medical centre/health centre** may prepare a brochure outlining the services available. The brochure may be made available to the public, at their offices. It is not to be distributed outside their offices, nor inserted in the print media. They may have a detailed “write up” in any publication and/or media coverage initially whenever a new service is initiated.
- (4) Any promotion of any service offered at any institution/medical centre/health centre, **claiming superiority, is not acceptable**. The health care worker providing the service, is liable for disciplinary proceedings by the Board.
- (5) Professional qualifications of all health practitioners can be entered in any directory, eg. Telephone, Chamber of Commerce, CIMDS, etc.
- (6) Announcements in relation to change of location of health care institutions or providers should only state their names, addresses and telephone numbers.
- (7) Any announcements in relation to closure of institutions for short periods, should only be by the name, address and telephone number of the institution.
- (8) Announcements relating to the visiting specialists through the media, regarding dates and times, along with address and telephone numbers are acceptable, but limited to one advertisement to announce the arrival or impending visit of the specialist.
- (9) Resident practitioners’ announcements regarding their absences should just include their name and address but should not indicate their specialty, phone number, and address as this is an indirect way of promotion. Name, address and telephone number of practitioner covering in your absence is to be included.
- (10) Announcements in print media, as per items 6,7,8 and 9 should not exceed **3” x 2”**.

## APPENDIX B

### MEDICAL and DENTAL COUNCIL GENERAL GUIDELINES AND INFORMATION FOR REGISTRATION

- (11) In order for an application to be considered by the Medical & Dental Council, the following items should be submitted:
- (i) Completed application form (HPL - Form A)
  - (ii) Letter stating reasons for applying for registration in the Cayman Islands
  - (iii) Original/Certified copies of Diplomas, Certificates, etc. ★
  - (iv) Original/Certified copy of Current Licensure ★
  - (v) Original Letter of Good Standing (LOGS) from current Board of Registration must be mailed directly to Registrar from the issuing body in an official, sealed envelope. E-mails or faxes will be accepted from the institution or issuing body for processing only. Receipt of Original LOGS is required before commencement of duties.
  - (vi) Two original letters of professional reference (directed to the Registrar) made no earlier than six months prior to application for registration (must be dated & bare the contact information of referee and his professional license number)
  - (vii) A police certificate (within six months of application)
  - (viii) A reference as to good character (directed to the Registrar) made no earlier than six months prior to application for registration, from a person unrelated to the applicant by birth or marriage, being a person of good standing in the community who has known the applicant for at least four years and who is acceptable to the Registrar (including an attorney-at-law, a notary public, justice of the peace, a minister of religion, or policeman) **NB:** Notary public who certifies any document or doctor completing a medical for the applicant is **NOT** acceptable as a referee.
  - (ix) A copy of the immigration medical report which should state that the applicant is of sound physical and mental health given by a applicant's medical practitioner (who must not be related to the applicant by birth or marriage, prospective employers, and must have known the applicant for a period of at least two years) and completed no earlier than six months prior to application for registration.
  - (x) One full-face passport-size photograph certified★ as taken no earlier than six months prior to application for registration. Photograph must have date & Photo studio's name stamped at the back.
  - (xi) Indicate resident or visiting on Number 12 of registration application form
  - (xii) Application fee for first registration of CI \$250.00 (US \$305.00). Cheque to be drawn in favour of "Cayman Islands Government". (Non-refundable) Overseas personal cheques are not acceptable; in lieu a bank draft is required.
  - (xiii) Coloured copy of Passport of page(s) with photograph and personal information.
  - (xiv) Such other documents and information as the Council considers necessary in determining the application.
- (12) PROVISIONAL REGISTRATION: Applicants requiring Provisional registration may be exempted from producing a letter of good standing as mentioned in section 1(viii). Application should be accompanied by documentation that employment as an intern in a health care facility in the Islands has been approved by relevant universities or institutions.
- (13) An applicant shall pay a registration fee within 60 days of the date of the approval of his registration and the registrar shall only enter the applicant's name in the register on payment of such fee.



- (23) Renewal applications should be submitted in the specified format (HPL - Form B) along with the prescribed annual fee, by October 31, each year. Continuing Education requirements need to be met for renewal of registration.
- (24) Incomplete applications will NOT be accepted, and if received by mail will be returned by ordinary mail, with ten (10) days of its receipt. The Council accepts no responsibility for loss of documents that may occur in the mailing process.
- (1) Any applicant once registered, must provide legal documentation for any requested name change to be affixed to the Register.

For full details of the Regulations and all other fees, please consult the second schedule of the Health Practice Regulations (2005 revision). **ALL Documents are required in ENGLISH, translated versions must be certified \* as listed in point 1 (viii).**