

Professional Standards Authority: questionnaire on Professional duty of candour
Response from the Royal College of Physicians of Edinburgh

The Royal College of Physicians of Edinburgh (“the College”) was founded in 1681. We support and educate doctors in the hospital sector throughout the UK and the world with over 12,000 Fellows and Members in 91 countries, covering 30 medical specialties. We welcome the opportunity to submit comments to the Professional Standards Authority’s questionnaire on Professional duty of candour.

1. Do you think there has been a change in professionals’ attitudes to candour since 2014? If so, how?

Fellows of the College have indicated that awareness of candour is significantly higher. This is not limited to the Duty of candour responsibilities, but due to high profile cases in the media such as the Montgomery case in 2015, which was primarily about informed consent but still relevant in terms of candour. Fellows feel that reference to candour has become more common place in conversations with patients and their relatives, during discussions in audit and quality improvement meetings, and generally in multi-disciplinary teams.

2. Is it possible to measure the extent to which professionals are complying with the professional duty of candour? If measurement is possible, do regulators have a role in this task?

Fellows suggest this is difficult to measure, as the duty of candour is a mainly qualitative attribute. It may also be challenging to accurately draw any meaningful or reliable conclusions from data. It is very difficult to measure precisely when an individual was candid, the extent of the disclosure made to the patient and the family, though this could be developed. In addition, the above description of the measurement is not only qualitative and binary, it relies on the professional being candid in reporting as well as in discharging the duty of candour.

Errors should be documented in a patient’s record and reported via the board/trust’s reporting system. However, we know that this is done inconsistently (for a wide variety of reasons including inefficient software, IT access, time, unfamiliarity with the process, or lack of confidence that any meaningful feedback or support will result). If the use of error reporting systems is not consistent, then it is more difficult for an additional or parallel system to record whether that information was shared with the relevant parties.

3. What role do professional regulators have in encouraging candour among their registrants?

Regulators should provide easy access to clear, coherent, practical information and advice. The provision of staff dedicated to offer confidential advice to healthcare professionals with queries about specific scenarios would also be useful. The College supports them being advocates for their registrants, and vocal in standing up for the need for time for registrants to train; maintain CPD requirements; develop service in response to incidents (ie quality improvement work), report and respond to incidents. These activities are critical to improving, but are often neglected due to lack of resource.

It is possible to make the duty of candour an item in the appraisal process, and give it a weight in the revalidation of the medical practitioner. This, however, needs to be done in a way that does not discriminate against those practicing in higher risk environment.

4. If regulators have a role in encouraging candour, have professional regulators been successful in carrying out this task?

College Fellows recognise that education has been provided in a number of board and Trust areas, where duty of candour has become an essential component of reflective practice and is regularly encouraged in the course of error reporting and during morbidity and mortality meetings, audits, etc. It is however less clear if this is directly due to input from professional regulators.

5. Can professional regulators do more to encourage candour? If so, what?

As suggested in the response to question 3, regulators could advocate for doctors to have time for the activities listed and emphasise the promotion of a blame free 'just' culture within organisations. There could also be a greater focus on the importance of public health/ education, which is vital to ensure that the public can make informed choices about their lifestyle and likely consequences of their decisions.

Professional regulators should emphasise that candour is not just a duty to be discharged, but a quality to be sought and valued, as an example, by affording the practitioner whose misfortune results in harm to a patient a recognition when facing penalties or investigations (internal, external professional or legal), if they were candid with the patient and the relatives regarding the incident concerned; and in reverse making it clear that failure of candour risks the removal of the board/Trust's indemnity.

6. What barriers are there to professionals behaving candidly?

Generally, Fellows feel this comes down to a lack of support (perceived or otherwise)- from team, organisation, regulators; lack of time and training; and fear of recrimination. There can also be a lack of belief that any meaningful or constructive feedback or support for improvement will occur as a result of being candid.

7. How do professionals perceive the professional duty of candour?

There is a general feeling that it is positive, however depending on the practicalities of the situation it can be too rigid to work as intended. A number of colleagues have reported that the principles of the duty of candour have been embraced locally and are being applied where appropriate and indicated.

8. What materials or guidance relating to candour do professionals refer to?

Fellows refer to a number of sources including the GMC website; Deanery/College websites; the statement of principles cited in the document; defence organisation websites; and social media.

9. What do you recommend could be done in your sector and/or others to better encourage candour?

Increased engagement and a feeling among clinicians that the board/Trust listens and responds to the concerns of frontline staff would be encouraging. Local training would also be helpful, delivered by senior managers and front line staff together.

Please also see the response to question 5.

10. How does your organisation encourage professionals to behave candidly?

The College works closely with many external organisations to promote candid behaviour, and importantly the open and no-blame culture required to make this a reality. We also provide training, education, resources and information to support and facilitate professional development for physicians throughout their careers. We provide expert comment to calls for views on the duty of candour and hold events where the issues can be openly discussed. Our medico-legal update [Doctors, Lawyers and Wolves: Learning from the Bawa-Garba Case](#) covered a wide range of topics, including the Duty of Candour, encouraging doctors to engage in open and honest reflection on our mistakes and errors, in order to help drive improvements in the quality of healthcare, and to make care safer for patients.

11. Are there any general comments, feedback, observations you wish to make?

The College would also draw attention to our response to the [Williams review into gross negligence manslaughter in healthcare](#) as much of this referred to the importance of candour and the conditions required at an organisational level to make this a reality.