



Policy and Education Committee

7 March 2024

Duty of Candour: Research report on workshop with patients conducted for GCC and GOsC

Classification	Public
Purpose	For decision
Issue	To consider the implications arising from Duty of Candour: Research report on workshop with patients conducted for the General Chiropractic Council (GCC) the General Osteopathic Council (GOsC) and to publish the report.
Recommendations	<ol style="list-style-type: none">1. To consider the implications and our response to the Duty of Candour Report.2. To recommend the publication of the report.
Financial and resourcing implications	No financial costs were incurred in the commissioning of this project. Community Research were commissioned and paid by the General Chiropractic Council following joint agreement to the specification of the work with the General Chiropractic Council. The General Osteopathic Council contributed to the project in kind through staff resource, patient contributions and case studies.
Equality and diversity implications	A diverse range of patients with a range of protected characteristics and socio-economic backgrounds were recruited for this piece of work to support diverse views.
Communications implications	Findings from the report will shape how we further support osteopaths and patients in implementing the duty of candour as part of the Osteopathic Practice Standards.
Annex	Duty of Candour: Research report on workshop with patients conducted for GCC and GOsC
Author	Fiona Browne, Rachel Heatley, Paul Stern, Steven Bettles

Key messages from this paper

- Community Research have undertaken a deliberative workshop with a diverse range of patients to explore the effective implementation of the duty of candour in the context of osteopathic and chiropractic practice.
- The report provides a rich resource from which to develop resources to support dialogue between osteopaths and patients when the duty of candour should be considered.
- The Committee are asked to reflect on the report at the annex and on the findings and our proposed response outlined in paragraph 14 and the questions outlined in paragraph 15.

Background

1. The health professional regulators worked together to provide consistent guidance about the Duty of Candour following the Francis Report into the reasons for the neglect and substandard care of patients at Mid Staffordshire back in 2014. The [government's response to the Francis Report](#) asked the Professional Standards Authority to monitor progress.
2. The regulators produced a joint statement and enhanced their guidance.
3. In 2019, the Professional Standards Authority Report into Candour noted that 'public awareness of the duty of candour is debatable, with ... participants suggesting that the public rarely mention of candour' with recommendations centered on professionals and guidance for professionals.
4. In 2022, the GMC and NMC published updated joint guidance about candour which went into further detail about patient expectations during a 'candour event' (when things go wrong as a result of care or where there is uncertainty around this), for example, how best to support the patient to make a shared decision about candour and how to make an apology.
5. In osteopathy and chiropractic, serious adverse events are rare, candour events are more likely to centre around uncertainty. For example, delayed diagnosis, whether an adverse symptom was caused by osteopathic treatment or non-clinical issues, for example breach of confidentiality or conflict of interest.
6. This meant that further work is required to explore the definition of candour as understood by patients and practitioners and to reflect on how to support the implementation of this for patients and osteopaths to support both the implementation of the duty of candour and positive conversation when things go wrong and support the implementation of the OPS for osteopaths and patients.

7. This report explores patients' expectations around the duty of candour and helps us to support osteopaths to communicate well with patients and meet their needs and expectations when things go wrong.

Discussion

Objectives

8. The objectives of the work with patients were:
- 'To explore the principles and key components of candour within musculoskeletal (MSK) treatments for patients.
 - To explore patients' understanding of risks within MSK treatment, their understanding and expectations of when they would be informed of something going wrong with their treatment (including a near miss, an adverse incident and when treatment is not working due to progression of an illness or condition).
 - To inform what additional resources may be required for GCC and GOsC websites and information regarding Duty of Candour for registrants, i.e. what do patients need to know about the Duty of Candour?'

Approach / Method

9. 'Community Research was commissioned to conduct a face-to-face deliberative workshop. The day-long session, held on the 28 September 2023, was attended by 22 participants; all of whom had recent experience of attending a chiropractic or osteopathic appointment.' Patients were recruited with different characteristics related to gender, age, ethnic background, working status and social grade.
10. A deliberative workshop approach allowed participants to be fully informed and then gave them the time and space required for meaningful dialogue. Recruiting a heterogeneous group of participants ensured that individuals were exposed to others' views on the subject and were able to discuss the issues with people from a different background to themselves.'
11. As this was a qualitative workshop, the report notes caveats related to the generalisability or reliability of the findings. The views presented cannot be the views of all patients. Nevertheless, key insights and learnings can be drawn from the report which we can reflect on to support enhanced communication between osteopaths and patients.

Key findings / insights

12. Key findings / insights included the following:
- a. What do patients need to know in relation to the duty of candour?

- That osteopaths are regulated in the same way as other health professionals
 - How to find information about practitioners that have done something wrong
 - How to report a complaint and the complaints process
 - Information about the Duty of Candour – this was felt to be implicit and expected as part of the practitioner / patient relationship. Others felt that it did need to be mentioned explicitly at the start of treatment as part of the general conversation / information about how the practitioners' work'
- b. How should the Duty of Candour be communicated?
- 'There was a strong call for the phrase 'Duty of Candour' not to be used in any communication with patients. Instead there was a preference for terms such as: 'honesty, openness, transparency, responsibility for mistakes, how practitioners respond when things go wrong / don't go to plan'
- c. How should the Duty of Candour be disseminated?
- 'More appetite for ensuring that the Duty is clear to practitioners i.e. that they are given clear guidance, examples, and access to individualised support with a specific query'
 - Some felt it should be on the regulator website with a mark of assurance on the practitioner website pointing them in the direction of the regulator.

Conclusion

13. Points made as part of the conclusion included:

- Response to the concept: It should be an integral part of practice but the language 'duty of candour' was not familiar. It should be reinforced by provision of information on the regulatory context and is important particularly for practitioners working in private practice and without a large team. There were drivers for candour including – ethics – it is the right thing to do; benefits of building trust; avoids reputational damage by being honest and open in the first place
- Applying the concept to practice: If there were clear errors, patients should be told and there should be learning for the organisation and the profession. Nuanced scenarios were more complex in terms of responses. Some felt that patients should be given all the information (and this is what the Duty of Candour requires), others felt that they didn't want information about near misses or marginal impacts.
- What do patients need to hear from practitioners in the event of something going wrong? Apologies should be timely, clear about the issue and any resulting actions for some, others just wanted to know

how the error would be rectified for them. 'This reinforces the need for apologies to be tailored to the patient and patient-centred'.

- What do patients need to know about the Duty of Candour? See above. Patients felt that practitioners needed information and support about the duty of candour particularly due to the potential obstacles for compliance and the need for practitioner judgement and discretion.

Next steps

14. The Duty of Candour report provides a rich resource upon which to provide information, guidance and resources for patients. Key themes that arose from the report included:

Theme	Potential response
<p>Before the consultation: When thinking about the possibility of things going wrong, matters highlighted as important to patients included:</p> <ul style="list-style-type: none"> - That practitioners were regulated - That there was a complaints process - That information should be given to patients about what has gone wrong but centred in dialogue and tailored to the needs and wants of the patient. - That practitioners reflected on and learned from mistakes. - Compliance with the duty of candour was important 	<p>GOSc to consider how to encourage and support osteopaths to promote their registration through registration marks and to have a good complaints policy to support the resolution of complaints at local level but also highlighting the GOSc role.</p> <p>To consider a further resource to support patient centred dialogue in the management of complaints drawing on the patient suggestions (particularly around apologies) supporting an understanding and implementation of the Duty of Candour.</p> <p>To encourage reflection on candour as part of the CPD scheme – Theme B.</p>
<p>During the consultation: Importance of listening to the patient and dialogue</p>	<p>Our patient resources will be a useful resource for osteopaths here and we can continue to promote these.</p> <p>We could reflect on making expectations of osteopaths in relation to the Duty of Candour clearer in the public area of our website including using possibly simpler more accessible language.</p>
<p>Importance of being open, transparent</p>	<p>We can develop this further in a resource for osteopaths (see above).</p>
<p>Expectations of apology</p>	<p>We can develop this further in a resource for osteopaths (see above).</p>

Theme	Potential response
Patient choice and responses being tailored to the patient	We can develop this further in a resource for osteopaths (see above).
Reflections for GOsC:	<p>How might we remove barriers to being candid for osteopaths integrating ethics into decision making more explicitly?</p> <p>How might we facilitate profession wide learning from mistakes and near misses to support patients to learn from these?</p> <p>NCOR used to hold an anonymous reporting system so that osteopaths could learn from what had gone wrong and use this to inform their own CPD. However, it was not well used. Patients expect this kind of resource to be in place, so we could discuss further with stakeholders how best to share this kind of learning more effectively.</p>

15. We welcome thoughts and feedback from the Committee on the report findings and our potential responses. Have we covered the right areas, are there any gaps? How else might we translate the findings into supporting osteopaths in practice and improving information for patients?

Recommendations:

1. To consider the implications and our response to the Duty of Candour Report.
2. To recommend the publication of the report.