

Council
16 May 2024

Duty of Candour: Research report on workshop with patients conducted for the General Chiropractic Council and the General Osteopathic Council

Classification	Public
Purpose	For decision
Issue	To consider next steps arising from Duty of Candour research report and to publish the report.
Recommendations	<ol style="list-style-type: none"> 1. To consider and provide feedback on the themes from the Duty of Candour report and our proposed next steps at the table at Annex A. 2. To agree to publish the Duty of Candour report outlined at Annex B.
Financial and resourcing implications	No financial costs were incurred in the commissioning of this project. The General Osteopathic Council contributed in kind through staff resource, patient contributions and case studies. Further work to communicate the findings may have some small costs and will be incorporated into existing budgets.
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. The report will be accompanied by a news item and a toolkit / resources.
Annex	<p>Annex A: Table of Themes and Proposed Next Steps</p> <p>Annex B: Duty of Candour: Research report on workshop with patients conducted for GCC and GOsC</p>
Author	Paul Stern, Rachel Heatley, Fiona Browne, Steven Bettles

Key messages from this paper

- Effective implementation of our standards in practice is important for osteopaths. As the regulator, we have a role in promoting high standards and supporting osteopaths to meet these.
- Standard D3 of the OPS states: '*You must be open and honest with patients, fulfilling your duty of candour.*' The meaning of candour in the osteopathic context is challenging for osteopaths and patients.
- We have undertaken some joint work with the General Chiropractic Council (GCC), Community Research (an expert organisation in bringing the voices of patients into the heart of an organisation) and patients to better inform and support an understanding for patients and osteopaths about how the duty of candour should be implemented within osteopathy.
- This report is presented to Council to:
 - a. inform Council of the findings and seek feedback our proposed response (at Annex A) and
 - b. seek agreement to publish the report (attached at Annex B).
- In reviewing this paper and report, Council are asked to consider:
 - Their response to the report?
 - Any particular matters that stand out as having particular implications for practice and supporting osteopaths and patients?
 - Our approach to publishing and disseminating the findings and our actions as outlined in the table at Annex B?
 - What gaps are there, what have we missed?
 - Anything else?
- Council is asked to reflect on the report at the annex, on the findings and our proposed actions outlined.

Background

1. Following the publication of the Francis Report into the reasons for the neglect and substandard care of patients at Mid Staffordshire back in 2014, the GOsC and other healthcare professional regulators have worked to strengthen and harmonise professional standards, and further develop their registrants understanding of their responsibilities in relation to candour and the reporting of errors.
2. 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.

3. Although much work has been done by regulators since 2014, the PSA found that the duty of candour is a complex area that is not well understood by the public¹. Therefore, We undertook further work 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 in the implementation of the duty of candour and have positive conversation when things go wrong and support the implementation of the OPS for osteopaths and patients.
4. This report explores patients' expectations around the duty of candour, understanding of risk and helps us to support osteopaths to communicate well with patients and meet their needs and expectations when things go wrong.
5. The report was discussed at the Policy and Education Committee on 7 March 2024. The Committee welcomed the report and recommended that it be published. The Committee were also keen for us to think about the best way to communicate the findings in order to ensure there is an impact for the profession. We have considered this in our suggested actions set out in the table in Annex A.

Discussion

6. The Duty of Candour report provides a rich resource upon which to provide information, guidance and resources for patients. Key findings / insights from the report have been inserted into the table at Annex A along with our proposed next steps and actions.
7. We have considered the key themes that arose from the report and think there are two stages we need to consider when considering actions. These are:
 - How we communicate the findings at the initial stage when we publish the report; and
 - What we do with the findings around patient expectations to enhance osteopathic practice around the duty of candour and to improve how patients can be supported to be partners in their care, before, during and after, if

¹ 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.

things go wrong.

8. We welcome thoughts and feedback from Council on the report findings and our suggested actions to address these findings and provide further support for osteopaths and improved information for patients on the duty of candour as outlined in the table at Annex A.

Recommendations:

1. To consider and provide feedback on the themes from the Duty of Candour report and our proposed next steps at the table at Annex A.
2. To agree to publish the Duty of Candour report outlined at Annex B.

Table of Themes and Proposed Next Steps

Theme	Actions to support osteopaths and patients
<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>For patients – update to the information on the GOsC webpage, “visiting an osteopath, what to expect” (https://www.osteopathy.org.uk/visiting-an-osteopath/what-to-expect/). This will provide further information on osteopaths responsibility regarding the duty of candour, including what the duty of candour is and how to make a complaint. We will use plain English to explain what the duty of candour is. This would also provide links to the complaints section of the website.</p> <p>For osteopaths – an update to the guidance provided on the website. This could be further developed. In the meantime, it would be a clearer reference to the Duty of candour in the osteopathic standards, what it means and a reference to the report once it is published.</p> <p>For osteopaths - We develop a toolkit that will support patient centred dialogue when things go wrong, informed by the patient suggestions (particularly around apologies) supporting an understanding and implementation of the Duty of Candour. The toolkit would include case studies highlighting when things go wrong and how they are handled. The toolkit would also include advice based on the patient views on how to make an apology. The toolkit will sit on the duty of candour guidance page on our website.</p> <p>We envisage that the toolkit could be used to aid case-based discussion and communication and consent requirements as part of an osteopaths CPD and we would promote it as such.</p> <p>The contents of the report as well as the toolkit could form the basis for a podcast on the duty of candour to further support osteopaths when taking CPD in this area.</p>
<p>During the consultation: Importance of listening to the patient and dialogue</p>	<p>For osteopaths and patients - our patient resources will be a useful resource and we can continue to promote these.</p>

Annex A to 11

Theme	Actions to support osteopaths and patients
	For osteopaths - we will promote the findings from the two sections of the report around expectations when things go wrong and expectations for apologies and redress visually to present the information in a way that is quick and easy to understand. The primary audience for this will be osteopaths so they can see what patient expectations are in this area. This will help us to promote the findings through a variety of media.
Importance of being open, transparent	We can develop this further in the toolkit.
Expectations of apology	We can develop this further in the toolkit.
Patient choice and responses being tailored to the patient	We can develop this further in the toolkit.
Reflections for GOSc:	<p>In addition, prior to launching to a toolkit, we suggest polling osteopaths through the newsletter to ask what particular areas they struggle with regarding their obligations under the duty of candour e.g. patients identified potential challenges to osteopaths complying with the duty of candour. This can be used to help us identify areas we need to emphasise in the toolkit as well as consider if any further resources are needed.</p> <p>How might we facilitate profession wide learning from mistakes and near misses to support patients to learn from these? 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> <p>It will also be important for us to consider these findings in our upcoming review of the Osteopathic Practice Standards.</p>