Annex B
CONSULTATION QUESTIONNAIRE

Question 1 :
Do you agree that the arrangements that should be in place to support an organisational duty of candour should be outlined in legislation ?

Yes ☐ No ☒

In October 2014, the Joint statement from the Chief Executives of statutory regulators of healthcare professionals on Openness and honesty - the professional duty of candour was published.

The General Pharmaceutical Council is one of the statutory bodies that co-signed the joint statement and includes the following :

- We will promote this joint statement on 'the duty of candour' to our registrants
- We will review our standards and strengthen references, where necessary
- We will encourage all registrants to reflect on their own learning and continuing professional development needs
- We will also work with other regulators, employers and commissioners of services to help develop a culture in which openness and honesty are shared and acted on.

The member organisations of the Company Chemist's Association support this joint statement and fully understand the need for a duty of candour following recommendations of the Berwick and Francis reports. However we do not agree arrangements that are in place to support an organisational duty of candour should be outlined in legislation.

Question 2:
Do you agree that the organisational duty of candour encompass the requirement that adequate provision be in place to ensure that staff have the support, knowledge and skill required ?

Yes ☒ No ☐

An organisational duty of candour should be in place whether a statutory or professional duty of candour operates. Our member organisations support staff to understand the requirements around duty of candour, so that the principles are understood by the whole team.

Question 3a: Do you agree with the requirement for organisations to publically report on disclosures that have taken place ?

Yes ☐ No ☒

When something goes wrong with the patient's treatment or care which causes, or has the potential to cause, harm or distress, the healthcare professional demonstrates the following behaviours:

- telling the patient when something has gone wrong;
- apologising to the patient
- offering an appropriate remedy or support to put matters right (if possible); and
- explaining fully the short and long term effects of what has happened.

This would mean there is no need or benefit for organisations to publically report on disclosures that have taken place.

Legally requiring people/organisations to 'incriminate' themselves is likely to drive behaviours that seek to classify issues in a different way. As a whole this would prevent rather than encourage learning from incidents.

In addition, the General Pharmaceutical Council (GPhC) is currently working through a new inspection regimen for community pharmacies which includes guidance and specific standards on professional duty of candour. Once the inspection regime is out of the prototype (pilot) phase it is the intention of the pharmacy regulatory body to publish inspection reports publically. These reports will include the individual pharmacy approach to disclosure of harm to patients

Question 3b: Do you agree with the proposed requirements to ensure that people harmed are informed ?

Yes ☒ No ☐

This duty for pharmacy professionals to be candid with patients and others is already reflected in the General Pharmaceutical Council (GPhC) regulatory framework; both in their standards and in their guidance. The members of the Company Chemist's Association already inform patients and others, when appropriate, as part of their current practice

Question 3c: Do you agree with the proposed requirements to ensure that people are appropriately supported ?

Yes ☐ No ☒

See answer to 3(a), the person is appropriately supported by the following the healthcare professional demonstrates the following behaviours:

- telling the patient when something has gone wrong;
- apologising to the patient
- offering an appropriate remedy or support to put matters right (if possible); and explaining fully the short and long term effects of what

has happened

Question 4:
What do you think is an appropriate frequency for such reporting ?

Quarterly ☐ Bi-Annually ☐ Annually ☐ Other ☒ (outline below)

There is no need or benefit for organisations to publically report on disclosures that have taken place - see answer to question 3 (a)(b)

Question 5:
What staffing and resources that would be required to support effective arrangements for the disclose of instances of harm ?

CCA member companies have dedicated superintendent pharmacists' offices which are staffed and resourced to support effective arrangement for their organisations

Question 6a:
Do you agree with the disclosable events that are proposed ?

Yes ☒ No ☐

Medicines are where most of the incidents will be drawn from pharmacy. It can be taken from the general description for disclosable events that incidents involving medicines would fit. Community Pharmacy believes that our members would recognise the need to disclose events of harm involving medicines with patients as part of our professional duty of care to them.

Question 6b: Will the disclosable events that are proposed be clearly applicable and identifiable in all care settings ?

Yes ☐ No ☒

If the accepted harm scale is used then identifying disclosable events would be easier

Question 6c:
What definition should be used for 'disclosable events' in the context of children's social care?

This should be defined by specialists in the area

Question 7
What are the main issues that need to be addressed to support effective mechanisms to determine if an instance of disclosable harm has occurred ?

The main issue is consistency and using the harm scale which is consistent with other reporting structures. Guidance notes and examples would be a supportive mechanism.

Question 8:
How do you think the organisational duty of candour should be monitored ?

The Company Chemists' Association would stress that any system should be as free from bureaucracy for our members as possible. Monitoring is best achieved by professional regulators i.e. the duty of candour is much better implemented as a professional responsibility rather than a legally mandated issue

Question 9:
What should the consequences be if it is discovered that a disclosable event has not been disclosed to the relevant person ?

This should be for Health Boards and the regulator (General Pharmaceutical Council, GPhC) to look into the circumstances surrounding any such event. This can then be dealt with under recognised procedures.

End of Questionnaire