



PRESS RELEASE

DUTY OF CANDOUR "ON A KNIFE-EDGE"

Campaigners are nervous that the long sought prize of a Duty of Candour (a duty on organisations to be open and honest with patients when harm has been caused) may be scuppered by the Government's formal response to the Francis report on Mid Staffordshire. This is expected to be made on Tuesday, 19th November. The introduction of a statutory "Duty of Candour" is sure to feature prominently. Secretary of State, Jeremy Hunt, has already signalled he is now prepared to introduce a Duty of Candour on organisations and a clause to require that has been added to the Care Bill. However, it has emerged that the current plan is to limit the duty only to fatal cases and those of most severe harm (permanent disability). Francis's recommendations for the duty to apply directly to individuals, and a criminal offence for individuals failing to comply are unlikely to find favour. Action against Medical Accidents (AvMA) – the charity which has led the campaign for a Duty of Candour for decades - has been mounting a last ditch attempt to retrieve the situation.

AvMA chief executive, Peter Walsh, said:

"If the Duty of Candour is done properly it will be the biggest advance in patients' rights and patient safety in a lifetime. However, if it is restricted in the way currently proposed it will be a disaster and actually make things worse. We are doing all that we can to change the Secretary of State's mind, but it is really on a knife-edge. All significant incidents should be covered by the duty and there must be a requirement to train and support staff".

AvMA has supported Robert Francis QC's recommendation for an individual duty of candour and a criminal offence, but ministerial statements suggest these are unlikely to find favour. However, the charity has suggested that if the Duty of Candour on organisations is designed so as to require employers to discipline or refer individuals to their regulator if they breach the duty, this would go a long way to meeting Francis's aims.

Mr Walsh added:

"It is no good having a Duty of Candour that excludes any individual responsibility. At the very least, organisations need to be required to deal appropriately with rogue individuals who prevent them from meeting their

duty. That, coupled with a more robust approach from the GMC and NMC, would help bridge that gap".

AvMA also has concerns that other recommendations such as national guidance on minimum staffing levels; regulation of healthcare assistants; and reform of Healthwatch (the patients' involvement organisation) may not be accepted.

Mr Walsh said:

"We know that we will not get everything that we and Robert Francis QC asked for. However, we are confident the majority of recommendations will be accepted. A proper Duty of Candour would be the greatest prize".

ENDS