

FAMILY DOCTOR ASSOCIATION  
MEETING NOVEMBER 14<sup>th</sup> 2009.

“The Rocket Session”



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Risk Management in Half an Hour

Snow White’s Seven Rules for avoiding Risk

1. Don’t be **Bashful** – act reasonably  
GMC expects reasonable standard, competence, appropriate care, etc.  
Bolam Principle (1957) “A doctor is not negligent if he has acted in accordance with a practice accepted as proper by a responsible body of  
Does the Bolam principle still apply? – has been modified over time.
  - a. Reasonable and substantial body of medical opinion
  - b. Statutory and authoritative guidance
    - i. National Institute for Health and Clinical Excellence
2. Don’t be **Dopey** – medical records have got to be good  
If it wasn’t documented . . . . it wasn’t done!  
Notes are vital for good communication, should be clear and legible (if written), with medical history, examination and treatment plan if appropriate with no disparaging comments  
From a litigation point of view, cases are made more difficult or indefensible by inadequate or missing notes  
Never alter, amend, adjust or add to existing notes for any reason unless

to correct an error (use code R9R)

When reviewing your notes, ask the following questions:

- a. Do they tell you what you need to know?
- b. Will they mean anything to you at the next appointment?
- c. If another clinician has to rely on them will they be good enough?
- d. If your professional reputation depended on them, would they be good enough?

3. Don't be ***Sleepy*** – remember the three 'C's

a. **Consent**:

Patients have a right to information about their condition and have the right to give or withhold consent

Without valid consent a practitioner may face an allegation of battery or an action for negligence

Consent must be valid

Information to be given may include purpose of procedure and consequences, options, benefits and disadvantages, side effects and option not to provide treatment.

Patients can change their minds at any time

Any competent adult can refuse treatment even if it may aid recovery or preserve life

Consent is a process not an event

Competent adults must understand the purpose and nature of treatment, risks, benefits and alternatives, consequences of refusal, retain information long enough to make a decision and make a free choice

Children over 16 can consent to treatment

Incompetent children aged 16 or 17 cannot consent and parents may consent on their behalf

Children under 16 – the Gillick case. Children under 16 can consent if they understand the nature, purpose and consequences of treatment as for competent adults (original judgement concerned contraception – the Frazer guidelines)

Children under 13 – the Bichard Report. Sexual activity in under 13s should always be discussed with Safeguarding Children lead

with presumption that it would be reported to children's social care

b. **Confidentiality:**

We expect that information held about us will be kept confidential

It is a practice team responsibility to protect confidentiality

Information can be shared with other practitioners on a need-to-know basis

Justified disclosure occurs when there is a legal or statutory requirement, when ordered to do so by a court or sometimes in the public interest

If accidental disclosure, apologise, notify of complaints procedure and make a significant event

c. **Chaperones:**

Chaperones should be used for the reassurance of the patient and the protection of the doctor if necessary

Indications are where clothes are being removed (especially where personal areas of body are exposed), where there is close personal contact, for patients of the opposite sex, if the patient asks for a chaperone or if the doctor feels compromised. Always offer one if any doubt

Publicise the availability of a chaperone using notices etc.

Practices should have staff trained and accredited for the role

Chaperone refused 9NP2, Chaperone present 9NP1 + name

4. Be **Happy** about the state of the practice

Look at the practice and make sure it is safe, appropriately signed, compliant with disability legislation

5. Check on the **Doc's** tests

Check that tests are returned and that patients are notified of abnormal results when required.

6. Don't be **Sneezy** – make sure your education is up-to-date

Education and accountability inextricably linked through revalidation and appraisal

Continuing Professional Development is a fact of life for all doctors

Make sure your appraisal documentation is good. The FDA can help you

Licences from November 16<sup>th</sup> 2009

Vital that appraisal folder contains evidence of continuing education and reflection

Use 360 degree (multi-source) feedback

7. Don't be **Grumpy** – handle complaints carefully

10 Tips for Handling Complaints

- a. Don't ignore them
- b. Act quickly
- c. Speak to the patient if possible
- d. If you write a response don't miss out the difficult bits!
- e. Don't get cross
- f. Use a conciliator if the problem is difficult to resolve
- g. Don't go to an independent review on your own
- h. Get advice
- i. It's OK to apologise for distress and inconvenience
- j. Keep the defence organisation informed

There is a very useful textbook

**Making Sense of Risk Management** by Roy Lilley and Paul Lambden  
**Radcliffe Medical Press**

Most things go well most of the time:

***Sleep Well, Don't Have Nightmares***