Monday 10 September 2018

Medico-legal

15:10–15:35

Radiology and the duty of candour

Dr Giles Maskell, Royal Cornwall Hospitals NHS Trust and Ex-President, The Royal College of Radiologists

Learning points

To increase knowledge of the professional and legal responsibilities of a radiologist in relation to the Duty of Candour, understanding where there is reasonable clarity at present and exploring some of the ‘grey areas’ where clarity is still being sought.

References

www.rcr.ac.uk/posts/duty-candour-relation-diagnostic-radiology-position-statement  (last accessed 17/8/18)

www.gmc-uk.org/ethical-guidance/learning-materials/radiologist-error (last accessed 17/8/18)
Safe and realistic consent in diagnostic and interventional radiology

Dr Sam Chakraverty, Patient Safety Adviser, The Royal College of Radiologists

Learning points

Informed consent is a process rather than an event. This has historically posed challenges for radiologists given the workload pressure on radiology departments but has to be addressed rather than deprioritised. There is evidence of improvement over the last few years but many units still do not allow any, let alone sufficient, time for this important aspect of patient care.

There is a tendency to overestimate the benefits and underestimate the risks of procedures both in patient discussion and in information available elsewhere. This is particularly important when there is a poor evidence base. A more realistic approach is required to allow patients to make their own decisions that they can subsequently be happy with. This takes time.

Implied consent is usually the case in diagnostic radiology but major issues are pertinent in current UK radiological practice which can have significant impact on patients. There is perhaps more awareness of this issue now in screening. However for diagnostic imaging such issues also include radiation dosage, unexpected findings requiring follow-up under various guidelines and indeed whether the study will be reported, read or actioned at all. Given these issues it is pertinent to consider whether implied consent is fit for purpose.

The general public is mostly unaware of an inevitable error and discrepancy rate, the impact of which can be none, catastrophic or even beneficial. More realistic expectations would benefit both doctors and patients.

The informed consent process and the duty of candour process run into difficulties when optimal imaging or intervention is unavailable.

References


Monday 10 September 2018

Medico-legal (continued)

17:30–17:55

How to stay out of trouble – an evidence-based guide for diagnostic radiologists

Dr Paul McCoubrie, North Bristol NHS Trust and Human Factors Adviser, The Royal College of Radiologists

Learning points

Error is unavoidable but it is an extremely fine line between a simple error and malpractice. Mistakes that one gets sued about are not necessarily due to simple errors.

Error in radiology is a significant issue for NHS Litigation but General Medical Council (GMC) referrals are comparatively infrequent.

Most radiologists get into trouble as a result of significant lapses of judgement but the modern trend of scapegoating individual doctors and the English Adversarial Legal System mean that any individual is at risk.

Hence, it is important to stay safe by first and foremost treating colleagues and patients with respect and having high professional standards.

It is crucial to look at ‘staying safe the easy way’ – using a human factors approach to common sources of error to prevent them at their origin. Examples will be given.
Monday 10 September 2018

Medico-legal
17:55–18:30

Hypothetical scenarios

Dr Ian Zealley, NHS Tayside, Dundee

Learning points

Like most radiologists you probably just turn up for work and potter on for years without giving too much thought to what will happen if there is a substantial complaint or legal action brought against you, a colleague or your department. However, increasingly high-profile cases reported in the media over the past few years have heightened interest in this area (as well as anxiety levels) so we thought it would helpful to have a few folk with expertise and experience in the field talk through what happens when things go pear shaped.

The speakers will be discussing the RCR view, General Medical Council (GMC) Duties of a Doctor, human factors, and patient safety. Speakers from the Medical Defence Union and the litigation wing of the NHS (NHS Resolution) will be discussing Montgomery etc as well as the role of the defence unions, and the role and remit of the NHS legal structures.

The session will close with discussion of a few hypothetical scenarios during the speakers which will illuminate the points raised during the session.