

Actions taken on Recommendations in the Moderator's Report of 2014.

	Recommendation	Action taken
<p>5a Timescales</p>	<p>The procedure now requires that complainants are informed of a decision within 14 days of the meeting at which the decision is made. In my view it would be good practice for the IC to ensure that parties to a complaint are notified of the IC's decision as soon as possible, and preferably no later than one week. The parties will have known the date of the meeting and will no doubt be eager to know the IC's decision. I suggest that consideration be given to reducing the timescale for decisions to be sent to the parties.</p> <p>It is important that any follow-up correspondence, while not encouraging debate or discussion of the decision, should be promptly acknowledged. In one of the two cases this year there was a delay in acknowledging and responding to post-decision correspondence.</p>	<p>In practice, complainants are informed within one week as we are aware complainants and practitioners are eager to know the outcome. The day of the Investigating Committee (IC) meeting (a Wednesday), the Professional Conduct officer drafts the letter and circulates it to the members of the IC for comment/amendment. By the following Monday (when the professional conduct officer is back in the office), the IC will have looked at the letter and, all being well, it can be posted that day.</p> <p>The Professional Conduct Officer agrees it is important that any follow-up correspondence, while not encouraging debate or discussion of the decision, should be promptly acknowledged.</p>
<p>5b Breaches of case notes requirements</p>	<p>When considering a case, the IC has in the past noted when an aspect of a practitioner's record-keeping does not comply with the Code of Professional Conduct. This has been true in particular of the requirement to record a patient's GP details, which has been a concern in cases from previous years. Where a P has failed to record the GP details in the patient notes, the IC has to decide whether the failure warrants referral to the PCC or use its discretion not to refer the case.</p> <p>This year, in one case it appeared that the practitioner had not recorded the patient's GP details in the medical notes, contrary to the Code of Professional Conduct. I also note that no information was included about what advice the practitioner gave to the patient, which I understand is also a requirement of the Code. In the other</p>	<p>The Moderator states that sometimes the IC does not notice whether GP's details are recorded or not. As a background, the patient may have declined to provide this information, but if so, the practitioner should state this. Often, it is not a priority in some cases. The IC now has a checklist for each case and this will be added to the checklist.</p>

	<p>case, the practitioner appeared to have failed to obtain the patient’s signature on a form for self-administered treatment (Code of Safe Practice).</p> <p>I recommend that the IC ensure that it takes a consistent approach to noting failures to comply with the requirements of the professional codes. It is for the IC to decide whether or not such failures justify a referral to the PCC or simply a reminder to the practitioner (and this has not always been consistent the past). However, the IC should be consistent about recording when it is exercising its discretion not to refer such a breach to the PCC, and a standard admonishment/reminder should be given to the practitioner in each case.</p> <p>Last year I suggested that, given the frequency with which this issue arises in complaints, it might be worth the IC considering whether the BAcC should produce a reminder to practitioners and a model patient note template containing the entry for GP details.</p>	
<p>5c Further Guidance</p>	<p>One case this year identified the need for further guidance on practitioners’ use of social media and sharing social media with patients. I have not seen anything on the follow-up action and I recommend that guidance should be produced, as indicated by the IC.</p> <p>The other case involved suspected adverse effects of treatment. Last year I noted that the Guide to Safe Practice (p34) is potentially confusing about how practitioners are expected to respond to suspected adverse effects. It advises that insurers will oppose any unqualified acceptance of liability as part of a conciliation process. I recommended that the IC could suggest that the BAcC produce guidance for practitioners on how to respond appropriately and sympathetically to complaints about adverse effects without compromising the issue of liability.</p>	<p>Social Media Guidance has now been drafted and is available on the website.</p> <p>Guidance for practitioners on how to respond appropriately and sympathetically to complaints about adverse effects without compromising the issue of liability has been prepared. A letter of apology has been drafted which has been approved by the insurers. These are available on the website. There will be a number of articles over the next few months to help members to become more familiar, and comfortable, with the implications of being pro-actively accountable for what they have done without being fearful of admitting liability.</p>

	<p>Two years ago I recommended that the BAcC consider devising guidance for practitioners on making meaningful apologies – I have not yet seen this but I understand it is in progress.</p>	
<p>5d Improvements</p>	<p>I commented in my report last year on the progress that has been made in being more proactive in updating complainants and in providing more information for complainants about timescales. I am pleased that this appears to be continuing.</p> <p>It would also be useful to know if the IC has taken forward the recommendation, made in my first report, to set out in writing what follow up it undertakes, including any confirmation to the complainant that its recommendations have been implemented.</p>	<p>The IC has now taken forward the recommendation, to set out in writing what follow up it undertakes, including any confirmation to the complainant that its recommendations have been implemented.</p>