



The Royal College of Pathologists

Pathology: the science behind the cure

Response from the Royal College of Pathologists to Consultation ECR0164 Care Quality Commission Code of Practice

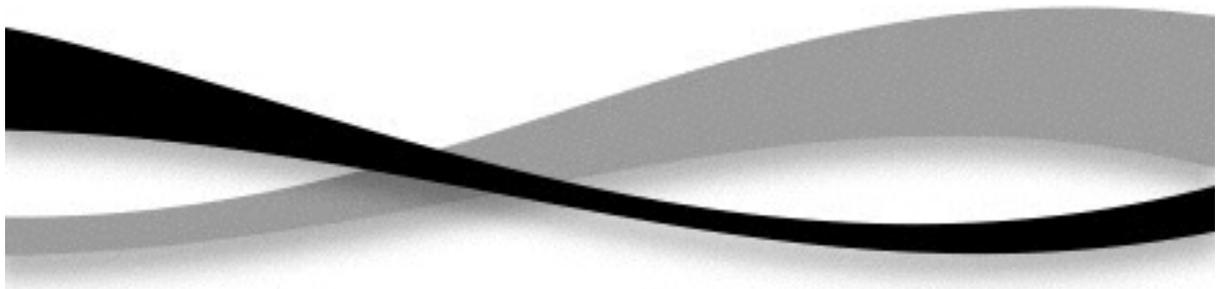
The Royal College of Pathologists' written submission

February 2016

For more information please contact:
Rachael Liebmann
Registrar

The Royal College of Pathologists
4th Floor
21 Prescot Street
London
E1 8BB

Phone: 020 7451 6700
Email: registrar@rcpath.org
Website: www.rcpath



1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPATH) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 19 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists comments were made by Fellows of the College during the consultation which ran from 14th December 2015 until the 29th January 2016 and collated by Dr Rachael Liebmann, Registrar.

2 CONTENTS

2.1 Fellows of the College considered that the consultation document clearly outlined the reasoning by the Care Quality Commission concerning why and how it would use confidential patient information.

2.2 However it was considered that the Care Quality Commission (CQC) had missed the point that many members of the public (including College Fellows) do not want the Care Quality Commission to access any aspect of their medical records, unless a concern had been specifically raised by that patient with the CQC.

2.3 In the opinion of the College Fellowship, an inspector, who has no direct involvement in the patient care of a patient, should not ever see any of the patient's medical records without explicit consent from the patient.

2.4 The reasoning for this was that it was considered that the tone of a CQC inspection was to 'seek out wrongdoing' and this was viewed as threatening the relationship the patient has with the medical (and nursing) staff looking after the patient.

2.5 The tone of the consultation document by the CQC was one which did not sufficiently respect patient autonomy. |

2.6 In addition, the consultation document did not specify what the Care Quality Commission would do if they had a concern. The document did not explain how the Care Quality Commission would raise any concern with a patient when asking to see their record. It was also not clear in what circumstances the Care Quality Commission would not access the patient's record if the patient refused. Specifically, the example included in the CQC consultation document of not needing to ask individual patients for consent to access records of a drug round was considered to be a clear example of how the Care Quality Commission did not understand and was not placing sufficient weight on the issue from the patient's perspective.