ACADEMY OF
MEDICAL ROYAL COLLEGES

Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients

June—2014

01 Background

The Francis Report made a number of recommendations on the need for there to be a named clinician who is accountable for a patient's care whilst they are in hospital. In addition the Secretary of State for Health in England has supported the concept of having an accountable consultant and nurse with their "*name over the bed*".

The Academy of Medical Royal Colleges (the Academy) was asked by the Secretary of State for Health to see how this could be taken forward. Following discussions with the Academy's member medical Royal Colleges, other professional bodies, professional regulators and employers, this short guidance has been produced.

All the bodies involved believe that introducing this system will benefit patients and improve the quality of care. The Academy also believes that the principles outlined here are equally applicable in all four countries of the UK.

This guidance relates only to a patient's stay in hospital. This is, of course, often only part of a patient's overall care pathway and therefore the principles underpinning this guidance should apply as much in a community or primary care setting. How this might be implemented is obviously complex but the principle of an accountable consultant/clinician should always be the objective. We would support further work to explore how the responsibility for and coordination of the totality of a patient's care might work across all care settings.

02 Objectives

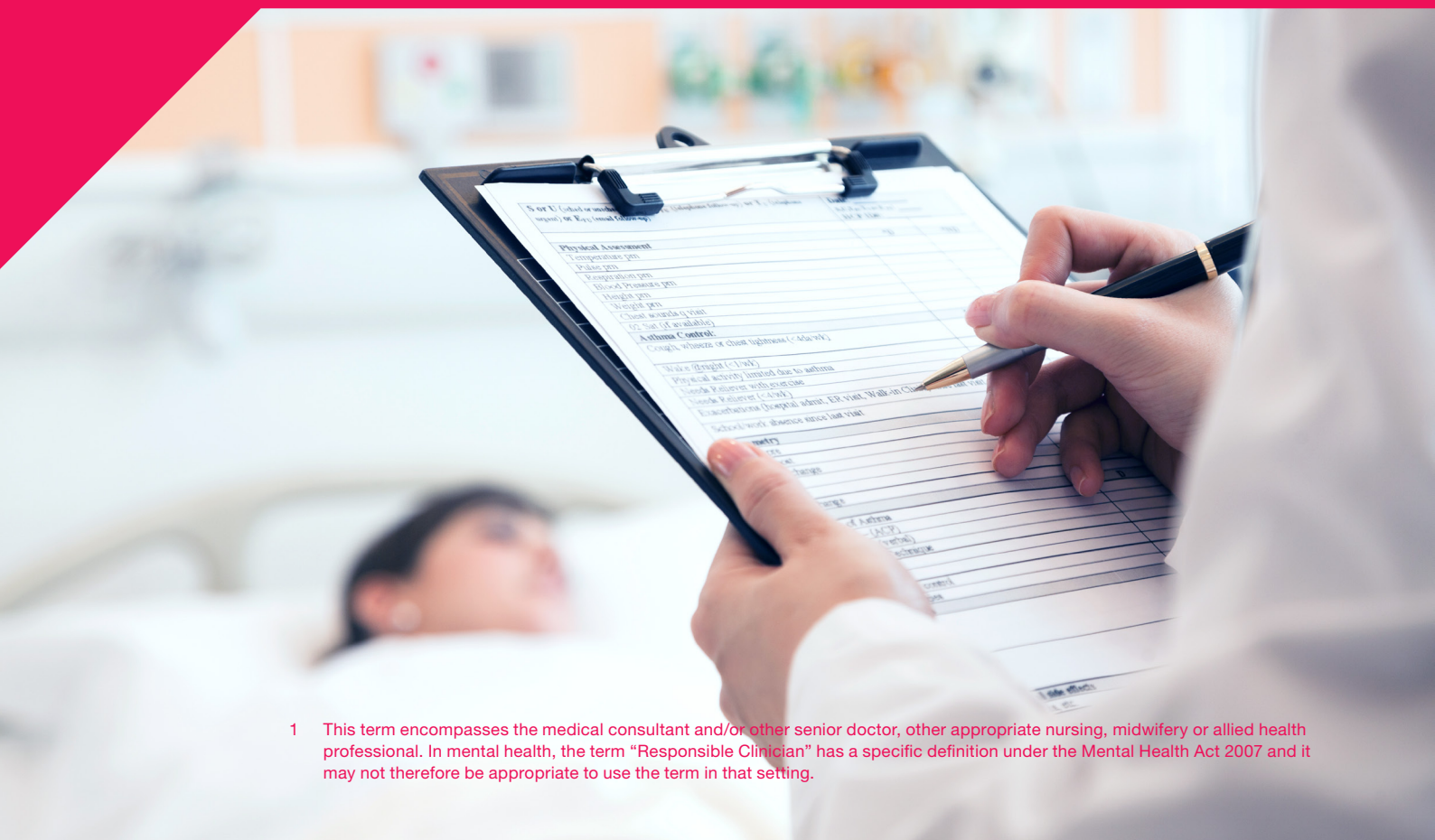
Objective One

A patient's entire stay in hospital should be coordinated and caring, effective and efficient with an individual named clinician – the *Responsible Consultant/Clinician* – taking overall responsibility for their care whilst retaining the principles of multidisciplinary team working.

Objective Two

Ensuring that every patient knows who the *Responsible Consultant/Clinician*, with this overall responsibility for their care is and also who is directly available to provide information about their care – the *Named Nurse*.

The *Responsible Consultant/Clinician* [1] is an individual named consultant/clinician who has responsibility for the overall management, continuity and delivery of all care to a patient throughout their hospital stay. Wherever if possible, the *Responsible Consultant/Clinician* should remain the same for the duration of a patient's hospital stay. There may be occasions when it is clinically appropriate that the role is formally transferred to another consultant with the documented agreement of all parties.



1 This term encompasses the medical consultant and/or other senior doctor, other appropriate nursing, midwifery or allied health professional. In mental health, the term "Responsible Clinician" has a specific definition under the Mental Health Act 2007 and it may not therefore be appropriate to use the term in that setting.

03 Definitions

The *Named Nurse* refers to the allocated registered nurse who is caring for the patient during their shift and will be a primary point of contact for a patient and their relatives/carers. The *Named Nurse* will change with every nursing shift change.

04 How to Implement: Issues to Consider

The detail of how to implement a *Responsible Consultant/Clinician* and *Named Nurse* for a patient must be down to local organisations but there are general issues for any organisation to consider.

This concept is about both ***accountability*** of clinicians and ***communication*** with patients and families. Successful implementation must address both these aspects.

Role of the Responsible Consultant/Clinician

The person designated as the *Responsible Consultant/Clinician* will have overall responsibility for the management, coordination and continuity of a patient's care throughout their hospital stay, including their discharge arrangements. They will also be likely to have some direct personal clinical responsibility for the patient.

The role of the *Responsible Consultant/Clinician* does not undermine the concept of multidisciplinary team (MDT) care and working, where many clinical decisions arise. It is paramount that the multidisciplinary team and the *Responsible Consultant/Clinician* work together to ensure all the links are made to enable safe and appropriate coordination of care. Team members within the MDT will be expected to continue to give appropriate advice. It is not intended that all issues are automatically referred to the *Responsible Consultant/Clinician*.

Whilst s/he may not be individually accountable for the delivery of every aspect of a patient's care the *Responsible Consultant/Clinician* is the person to whom a patient or their relative/carer would ultimately address concerns about any aspect of care throughout their stay. This means they will take overall responsibility for ensuring that any clinical issues, reports of specialised tests or investigations, difficulties or complaints are addressed appropriately.

The *Responsible Consultant/Clinician* may seek advice, investigations, treatment or patient reviews from other clinicians. Individual clinicians and other staff providing specific elements of the care of a patient during their stay in hospital (e.g. diagnostics, nursing, therapy, or administration) should retain their full organisational and professional accountability for all their actions.

However, the overall responsibility for the care of the patient rests with the named *Responsible Consultant/Clinician*. For example, where a respiratory physician is the Responsible Consultant for a patient who then requires a dermatology review, the dermatologist is accountable for the effective delivery of that treatment whilst the Respiratory Physician retains the overall responsibility for their care.

If an individual with the duties of *Responsible Consultant/Clinician* ignores or fails to take that overall responsibility, they may be considered as acting in an unprofessional manner by their employer or professional regulator.

However, aside from individual clinicians taking on the role of *Responsible Consultant/Clinician*, this concept will only work effectively if it is supported and enabled by employers. Trusts must ensure that the role of the *Responsible Consultant/Clinician* is recognised and legitimised within the organisation. If the *Responsible Consultant/Clinician* is expected to have overall responsibility for a patient's care, including ensuring that any patient/family/carer concerns about that care are addressed, they must have the recognised authority within the organisation to ensure that those issues are resolved promptly and appropriately.

This is not to suggest changes in management responsibilities or structures but genuine recognition by the organisation of the right of the *Responsible Consultant/Clinician* to raise issues on behalf of their patient and expect to have them addressed. Trusts must also recognise that, on occasions, effectively fulfilling the role of the *Responsible Consultant/Clinician* will place real additional duties on clinicians which they will need time to fulfill. If this does appear to be a significant issue it will need to be recognised in the planning and organisation of the individual's workload and activity.

Who can be the Responsible Consultant/Clinician?

In most circumstances the *Responsible Consultant/Clinician* will be the consultant doctor. However, in some cases it may be another senior doctor (e.g. a Specialty Doctor) with the right level of competence or another clinical healthcare professional.

In maternity services an obstetrician or midwife may be the Responsible Clinician during each component of maternity care (i.e. Antenatal, Intra- partum and Postnatal care). In the home or community setting it will universally be the midwife, whereas in the hospital it may be either an obstetrician or midwife. In addition there may be transfer to and from one *Responsible Consultant/Clinician* to the other throughout each phase of care. In this case, what becomes paramount is the process by which the transfer occurs and how it is documented.

Allocating the role of Responsible Consultant/Clinician

It is expected that the *Responsible Consultant/Clinician* role would be determined at the point a patient is admitted as an in-patient. It is not expected that an Emergency Care Clinician would be the *Responsible Consultant/Clinician* beyond the Emergency Department.

For patients admitted initially to the Medical/Surgical/Intensive Care Admissions Unit, a *Responsible Consultant/Clinician* would be allocated to each patient for the admission period. However, should a patient then be transferred to a ward the *Responsible Consultant/Clinician* will be reassigned unless they are transferred to a ward with the same *Responsible Consultant/Clinician*.

Patients classed as outliers should remain under the care and responsibility of their named *Responsible Consultant/Clinician*.

When a patient with the same clinical condition requires readmission to hospital, they should where possible remain under the care of their previous *Responsible Consultant/Clinician* unless this would cause undue delay to treatment.

Arrangements within a community hospital may differ and therefore our principles should be adapted to reflect this and ensure to meet the local needs. Similarly, there will have to be flexibility as to how having the *Responsible Consultant/Clinician* relates to local arrangements, for example where there is a ‘Consultant of the Week’.

Transferring the Role to Another Clinician

The intention is that wherever possible the same individual would be the *Responsible Consultant/Clinician* throughout the patient's hospital stay. However, there will be occasions where it is appropriate that the role of *Responsible Consultant/Clinician* will be reassigned to someone else.

Broadly these circumstances will be:

— When the *Responsible Consultant/Clinician* is likely to be unavailable for a considerable period

During periods when a *Responsible Consultant/Clinician* is away on leave or absent for the remainder or a considerable period of the patient's stay in hospital the role should be reassigned to another appropriate clinician. The transfer of care to another *Responsible Consultant/Clinician* is complex and will depend on the patient's clinical condition and anticipated changes.

For example, a consultant with patients in critical care or the high dependency unit should transfer care if absent for perhaps a day or two, whereas a long stay ward patient can manage with the *Responsible Consultant/Clinician* being away for a longer period.

Appropriate communication and documentation of the transfer process of a patient's care to an alternative *Responsible Consultant/Clinician* must occur before the period of absence is taken.

Arrangements for transferring the role should also be made if the *Responsible Consultant/Clinician* is on sick leave for a long period.

— Where the care of a patient would appropriately be transferred to different clinical teams

In certain circumstances it may be appropriate to reassign the role of the *Responsible Consultant/Clinician* to someone in another relevant specialty. This would be where it is determined that a patient's whole care should be transferred to a different team or specialty.

Examples where this would be appropriate could be where a patient admitted for pneumonia sustains a fall and develops a fractured hip, the responsibility and care of the patient would transfer from the consultant physician to the orthopaedic surgeon or an in-patient admission to an intensive care/high dependency unit where a transfer of accountability for the duration of time in the higher care unit may be required.

However, it is appropriate for the referring clinician to maintain contact with the patient's progress and to potentially reassume responsibility for the patient on their discharge from the other specialty.

Named Nurse

The *Named Nurse* is the allocated nurse responsible for the care of a specific individual patient(s) during their shift. They will be the person who a patient or relative can ask for immediate information and should therefore be expected to know about the patient's circumstances and care. There may be detailed questions for which the *Named Nurse* does not have the answer but s/he must know how it can be obtained e.g. from other doctors on duty, the MDT or from the *Responsible Consultant/Clinician*.

Having a *Named Nurse* does not mean that other nursing staff will not be available to provide care to the patient and deal with general enquiries where appropriate. For example, the ward sister is responsible for running the ward or unit and leads and manages the nursing team. They will work with other senior colleagues to ensure teamwork, coordination and continuity of care for the patient. In this regard they will also be a central point of contact and their name should be displayed clearly within the ward.

It is essential that the change of *Named Nurse*, who is responsible for providing information to a patient, is communicated to the patient at every shift change.

Patients, and their families/carers, must know who their *Responsible Consultant/Clinician* and the *Named Nurse* are. Exactly how this is best communicated must be for local organisations to determine.

Displaying Information

The information, however, should be displayed in an appropriate manner near the patient's bedside. Trusts already giving this information have used a board above a patient's bed, the individual's TV screen or a card display on the patient's bedside table.

There will be other information about a patient that those involved in their care, relatives and visitors will need to know (e.g. predicted date of discharge, nil by mouth, requires help with feeding, hard of hearing).

Most trusts already have simple visual methods of displaying this information. Consideration should be given as to whether or how much of this information should be displayed alongside the clearly visible name of the *Responsible Consultant/Clinician* and *Named Nurse*.
A patient's consent must be sought prior to displaying their own name or further information related to their health. If a patient's name is to be displayed it should be in the form they prefer.

There is obviously no single correct solution but it is suggested that the two principles to be followed should be:

- Display relevant information in the relevant place i.e. if visitors require the information, it needs to be at the bedside. If it is information only required by nursing or other clinical staff it may be more appropriate at the nursing station

- The information displayed should be clear and simple.

Details of who the *Responsible Consultant/ Clinician* is should be in the patient's notes or electronic notes.

Informing Patients of Changes

If there are any changes to the *Responsible Consultant/Clinician* throughout the duration of a patient's stay in hospital, the information should be updated with immediate effect and communicated accordingly to the patient.

It is recognised that the *Responsible Consultant/Clinician* will not be available in person at all times. They may be working elsewhere or off-duty. However, it must be clear to patients and their families/carers how they can be contacted and when they will be available in person. The *Named Nurse* should know or be able to obtain this information.

When the *Named Nurse* changes for a new shift the information must be relayed directly to the patient and the displayed information promptly changed. Good practice would be for the new *Named Nurse* to introduce themselves to their patients and become familiar and up-to-date on their circumstances.

It must be for local organisations to decide how they best communicate information about the *Responsible Consultant/Clinician* to patients, but patients should always be informed of the following:

Throughout your stay in hospital there will be one person, usually a doctor, who has the overall responsibility for your care. This is to ensure that the care you receive, including arrangements for your discharge, are properly coordinated.

This person, who is called the Responsible Consultant or Clinician, is who you should talk to about your overall treatment or about any concerns you have about your stay in hospital. S/he will be responsible for seeing that your concerns are addressed.

You will be told who your Responsible Consultant or Clinician is and how to contact them. Even though you may not see them everyday, you will be told how to get in touch with them.

You will also know the name of the nurse who is responsible for your care. This person will be your point of contact for any questions you have or information you want.

Whilst the intention is that the Responsible Consultant/Clinician is the same person throughout your stay there may be some occasions when it is appropriate to transfer this responsility to someone else.

This could be because it is better for your care to be provided by a different team or simply that your Responsible Consultant is going to be away on leave. You will be informed of any change.

Your *Named Nurse* will change as staff go on and off duty but you will be informed of this change and the information will be displayed.

Details of the Responsible Consultant/Clinician and *Named Nurse* can be be found... [*organisation to specify where*]

08 Credits

The Academy would like to thank those who kindly contributed to this report:

Academy member medical Royal Colleges and Faculties

Academy Patient/Lay representatives

British Medical Association

General Medical Council

Foundation Trust Network

NHS Confederation

NHS Employers

NHS England

NHS Trust Development Authority

Nursing and Midwifery Council

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Royal College of Midwives

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