Consultation Summary Document

INDIVIDUAL DUTY OF CANDOUR

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DUP MLA

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1. Introduction

Paul Frew, DUP MLA for North Antrim launched a public consultation to help develop and inform his private Members Bill proposal to see the introduction of an Individual Duty of Candour. This report will summarise and examine the responses which will play a significant role in the development of the Bill.

We have all been touched by the excellent care and attention we and our loved ones have received in our health care system when we have needed it, and we have been truly grateful for the diligent service of the dedicated staff that make up that healthcare service. The aim of this Bill is to improve that service and experience but to also protect the staff who work in our healthcare settings usually under immense pressure.

It is the case that nurses, medics, doctors and all other staff need to be armed with protections just like the people they serve. They need proper and robust reporting processes, effective whistleblowing protections and an effective law behind them so they can say no when they are asked to obstruct investigations, remove notes or change details on a person's medical notes after an incident or accident. This is why I propose a statutory Individual Duty of Candour as outlined in Sir Justice O'Hara's Report into the Hyponatremia related deaths. At the heart of this report was a duty to be open and transparent, a duty to always tell the truth and to make it a criminal offence to obstruct an inquiry by a member of the public or investigation by authorities and to falsify records.

The full report by Sir Justice O'Hara can be accessed –here - https://www.ihrdni.org/inquiry-report.htm

The consultation sought to inform the development of the Bill by focusing on the following core areas: -

- Assessing how well individuals who have reported malpractice/ wrongdoing in the Health Service felt supported and did they feel that this resulted in meaningful change.
- Evaluating the effectiveness of current whistleblowing legislation.
- People's confidence in reporting bodies e.g. RQIA, NIPSO, DoH or Health Trusts.
- Considering whether sanctions that are applied for deliberate wrongdoing in the Health Service be strengthened or amended.
- Any perceived implications of the proposed Bill and alternative ideas to deal with the issue of trust and transparency within the Health Service.

2. Process Summary

Methodology

The online consultation was carried out using Google Forms software. The consultation ran for a period of 14 weeks; it was launched on the 4th July 2025 and closed at 5pm on Friday 10th October 2025.

The e-consultation consisted of 25 questions with a mixture of multiple-choice questions and a variety of questions that enabled people to respond freely with text. The consultation link was advertised through social media, as well as being available on the Northern Ireland Assembly website. The consultation link was shared with constituents and members of the public contacting the constituency office regarding the proposed Bill.

Response Breakdown

A total of **111** responses were recorded on the online consultation; this was accompanied by a number of written responses that were also received via post and email. Due to the nature of the proposed legislation a lot of the responses were from anonymous individuals, but responses were also received from a number of public groups/bodies.

A summary of respondents: -

- HSC staff members
- Family members of people who experienced harm whilst under the care of a Trust and/or experienced mistakes/malpractice whilst under Trust care. (this was the most common type of online responder).
- Current and ex medical professionals.
- Academics
- Anonymous individuals impacted by mistakes/malpractice in the Health Service.
- Ladies with Letters
- **Official Bodies** – NIPSO, Department of Health, RNIB, New Script, Commissioner for Victims of Crime, BMA, RCN.

Summary of Direct Engagement with Stakeholders

The consultation process has involved significant engagement with stakeholders, whether this be through in person meetings, email, phone calls or in writing a considerable contribution has been made by stakeholders to the development of this Bill.

Engagement has taken place with the Department of Health, equality bodies, victim groups, external organisations and individuals. All input and recommendations have been valued and considered throughout the process thus far.

Consideration of Relevant Assembly Legal Advice and Research

Prior to launching the consultation significant correspondence took place with Assembly officials to ensure that the proposal was in line with the Assembly's legislative competence and to ensure ethical considerations and implications were taken into account.

Significant research was undertaken before the consultation was launched. During the launch of the consultation further research material was requested from the Assembly's research and information service. This research focuses on whistleblowing policies and daily staff reporting regimes.

In the e-consultation the questions sought to expand upon the already commissioned research, particularly around whistleblowing practices. Questions focused on ascertaining what current whistleblowing practices are, and whether these are adequate or need to be strengthened. Crucially the consultation assessed whistleblowing practices for staff as well as looking at the effectiveness of complaints processes for individuals and patients.

The Bill takes its main source of inspiration from the report by Sir Justice O'Hara into the Hyponatraemia related deaths. The report recommends that

'A statutory duty of candour should now be enacted in Northern Ireland so that: Every healthcare organisation **and** everyone working for them must be open and honest in all their dealings with patients and the public.'

Input from Official Bodies and Departments

Given the nature of this proposed Bill, input from official bodies and departments has been instrumental to the progress of the Bill to date. I notified the Minister of Health and the Department about my intentions to progress this Bill. I have also met with and received a formal written response from the Commissioner designate for Victims of Crime. I also notified the Equality Commission and the Northern Ireland Human Rights Commission about my consultation ahead of its release and would welcome any input they wish to provide. I have also met with the Public Service Ombudsman who expressed their support for the Bill and consultation.

Input Outside of Consultation

Central to the development of this Bill was the input gathered from external bodies and individuals. I have met with 'Ladies with Letters', people affected by Hyponatraemia scandal, victims of the infected blood scandal as well as meeting with individual concerned Health Care staff. All of these groups and individuals have been supportive of the proposed Bill and their input has been of great value to the work on the Bill to date.

Engagement has also taken place with the British Medical Association and the Royal College of General Practitioners. A detailed written response was provided by 'New Script' mental health charity and by the Royal National Institute of Blind People (RNIB).

Why the Need for legislation?

The following quote is just one example of the countless responses of people's experience of wrongdoing in the Health Service. They highlight the need for better reporting mechanisms, strengthened whistleblowing protections and the need to see openness, transparency and honesty in our Health Service.

- *'I am one of 17,500 ladies in the Southern Trust who received a letter stating that my last smear test may have been read incorrectly. The letter was blasé. In fact it minimised the situation.. I have been campaigning, Ladies with Letters, from the beginning of this debacle to find out who allowed these failings to run 13 or more years and why. Also who is responsible. The biomedical scientists who read these tests are just part of the scandal. We want to know who in the chain of management knew this was happening and how for 13+ years this was allowed to continue. We want those in the Public Health Agency's to be held to account for their part in this. They are the custodian of the cervical screening programme. So many unanswered questions. We attended the Health Committee Public meeting on Thursday past. The Southern Trust, Belfast Trust, PHA and Department all present. The MLAs questioned these individuals. I cannot tell you how angry and frustrated we were when we left Stormont. We have called for a Statutory Public Inquiry. This is the only way truth will prevail.'*
  (Response edited slightly to ensure anonymity)

  This is just one of the 66 messages left on the e-consultation describing peoples experience of wrongdoing/ malpractice in the Health Service. This proposed Bill is designed to ensure situations like those described above never happen again.

3. Support and Opposition to the Proposal

Support for the Proposal

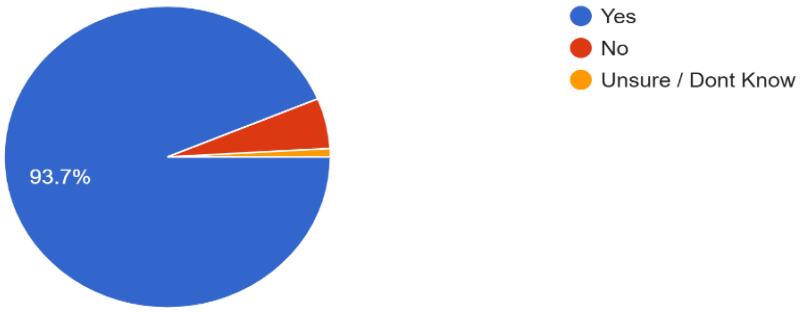
The consultation was overwhelmingly supportive of the Bill proposal. Of the 111 online respondents **104 (94%) of these respondents were in favour of an Individual Duty of Candour**. We also received supportive responses from the Commissioner for Victims of Crime, NIPSO and New Script mental health charity.

A positive written response was also received from the Patient and Client Council (PCC), the body responsible for facilitating Duty of Candour engagement on behalf of the Department of Health. The PCC supported the idea of extending a statutory duty to individuals as 'Organisations cannot deliver on a Duty of Candour unless the individual staff within them consistently report incidents and are open and honest in recording what has happened.'

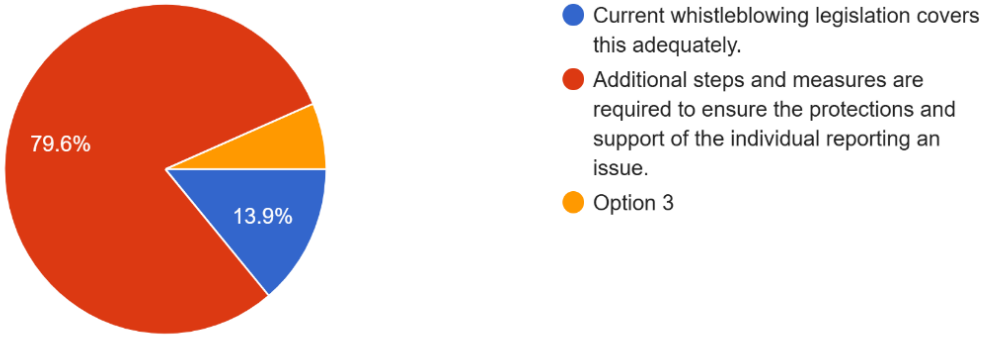
Of the 24 HSC staff that completed the e-consultation, only 3 (13%) were opposed to the Bill.

The online consultation showed a vast amount of support for the Bill from victims, and families of victims of malpractice or wrongdoing in the Health Service. The online consultation contains vast amounts of text which tell stories of wrongdoing and people's quest for the truth. As a result, the vast majority of these people supported the introduction of an individual duty of candour.

9.Do you believe an Individual Duty Of candour should be made law? A duty of candour being a legal requirement to be open and tell the truth when things go wrong?
111 responses



15.Do you think whistleblowing legislation, as detailed above, protects and supports the complainant adequately, or do you feel additional...tection and support of someone reporting an issue?
108 responses



The consultation also focused on the current practices for whistleblowing and current reporting mechanisms that exist across the Health Service. The online consultation sought to gain opinion on whether current whistleblowing legislation protects the complainant adequately. **86 of the 108 respondents (80%) believed that it did not, and that further strengthening of existing legislation was required**. Furthermore, a follow-up question was asked to assess what people felt needed to change about the current legislation. Common themes in this answer were accountability and protection for the complainant. All things this Bill proposal seeks to do.

Examples of supportive quotes from the online consultation and written responses

- *"It's not okay to cover up the truth because it's inconvenient."*
- *"The corruption is often at all levels of an organisation, and it is unlikely that staff feel safe enough to report to any level as news will travel and they have to deal*

with bullying or cold shouldering which I have witnessed first-hand within a care home."

- *"Truth is the only basis for trust, accountability and ultimately a civilised society where there is decency, integrity, genuine totally mutual respect and people who do their best without reserve. These would improve human rights for all."*
- *"I believe you break a hard situation with a hard hammer- our health service does not advocate for people- this needs challenged and changed."*
- *"The Bill is excellent and much needed."*
- *'As a former employee of the health, serving high-level committees and meetings, I witnessed systemic lack of candour over many years regarding errors and malpractice. There appeared to be no genuine scrutiny or regulation of these practices or how they were handled.'*

Opposition to the Proposal

The consultation process highlighted minimal opposition to the Bill proposal. The online consultation in particular was overwhelmingly positive with only 6 of the 111 online respondents saying they were not in favour of an individual duty of candour being made law.

There was a small number of online responses which provided negative feedback and raised concerns about the legislative proposal. The consultation process also saw written opposition collected separately from the e-consultation, this included opposition from the BMA, RNIB and the RCN. Is also important to note the Health Minister is currently not supportive of the proposal.

Examples of negative feedback from the consultation process

- Some people raised concerns that the creation of an individual duty of candour would lead to a culture of secrecy and encourage more cover-ups.
- Some raised concerns that this legislation would criminalise nurses and make HSC staff feel under more intense pressure.
- Written responses from the BMA and Royal College of General Practitioners outlined their opposition to the proposed Bill. They cited concerns around the 'criminalisation' of individuals and how the proposed Bill would work in practice.
- It is also important to note that the Health Minister Mike Nesbitt has not expressed his support for an individual Duty of Candour. In a Written Ministerial Statement released on the 18th September 2025 the Minister expressed his support for an Organisational Duty of Candour in Northern Ireland. This statement was in response to the Being Open / Duty of Candour consultation

that ended in March 2025 which the Minister says suggested 'there was clear support for such alignment in Northern Ireland regarding Organisational Duty of Candour.'

- The Health Minister has been reluctant to support the need for an Individual Duty of Candour citing concerns in the Assembly Chamber about what 'the unintended consequences of an individual criminal sanction might be.' It is however worth noting that the Minister proposes a criminal sanction for individuals in his proposed Adult Protection Bill.

Statistical Analysis

Further to the previously noted broad support for Bill and additional whistleblowing protections the e-consultation process also highlighted further areas of interest: -

- **66 people (60%)** of the respondents to the e-consultation did experience harm or distress as a result of the actions or omissions of the Health Service.
- **54 (79%)** of these people felt that this was a result of wrongdoing/ malpractice.
- **24 people of the 111** do/did work in the Health Service, **84 (76%) did not**.
- Of the 37 people who reported wrongdoing in the Health Service **26 (71%**) of them did not feel supported by the person/people they reported it to.
- Of the 37 people who reported wrongdoing **27 (73%)** of them did not feel it led to positive outcomes or meaningful change, a further **6 (17%)** were unsure.
- **96 (87%)** of total respondents felt that an individual DOC should be applied at all times.
- **98 (90%)** of 109 respondents felt that oversights and wrongdoing should be directly reported to an independent body like the Public Service Ombudsman.
- **73 (67%)** of 109 respondents said they have no confidence in reporting to any of the bodies mentioned in the question (DOH, Trusts, RQIA). 16% had confidence in the DOH, 12% had confidence in the health trusts and 16% had confidence in the RQIA.
- **101 (91%)** of 11 respondents felt there should be more serious sanctions/ offences created for individuals who deliberately tamper/ amend medical records or deliberately withhold information from the complainant or patient.

Reflection on Potential Changes or Modifications

A number of proposed changes/modifications were highlighted during the process and will be considered: -

- Expanding reporting mechanisms may lead to an overrun of complaints that would not be manageable.
- Healthcare professionals may become overly cautious, leading to defensive medicine, where they order unnecessary tests and authorise unnecessary prescriptions out of fear and to avoid liability, and over-report minor incidents, which could overwhelm reporting systems and divert resources.
- An initial focus on individual accountability may reinforce a blame culture, leading staff to fear and be reluctant to report.
- Duplication and Conflict with Existing Duties. An IDoC risks duplicating or conflicting with these established ethical and professional obligations, thereby introducing legal and practical complexity and confusion for frontline staff.

4. Proposals to Develop or Alternatives to Legislation

The e-consultation contained a question asking respondents do they have any alternative ideas that they believe would be better suited to dealing with the issues of transparency and honesty in the Health Service than this Bill. Given the vast majority of people agreed with the legislative proposal, the consultation did not involve a vast number of alternative proposals. A summary of these alternative ideas is set out below.

- *'Yes, the HSCNI has a toxic poisonous culture, which stymies openness and which blames people. We need a just culture, and true cultural change. Openness will arise from this inevitably. To try to legislate in this way WITHOUT an open just culture will be damaging.'*
- *'I think every staff member should write notes on what happened that day. It should be logged into a separate computerised site and be password controlled for each person. It should also be printed as well. I would have this as well. I also would have an outside body to report to not connected to the care home, hospital etc with worries and problems.'*
- *'The focus should remain on strengthening the existing Organizational Duty of Candour and fostering a truly just culture.'*

In a written response suggestions were received from the BMA and the Commissioner for Victims of Crime: -

BMA

- *'Donaldson similar to Baroness Cumberlege, recommended the establishment of an independent body to hold the system to account. This will enable the full realisation of candour in the system. BMA NI's preferred approach would be for this issue to be located in an overarching patient safety framework which would challenge the current culture of blame and sanction, working towards a culture of learning and openness.'*
- *'This must be led by patient safety and clinical experts who understand how the system works and how to identify the most appropriate interventions to achieve these goals. This would provide patients, services users and staff with a much safer and positive experience, rather than implementing punitive legislation that has no basis in evidence and could do more harm than good.'*

CFVOC

- *'Duty of candour legislation should be reserved for the more serious instances where public officials or public authorities mislead the public. It should not be used to address every oversight and incident of wrongdoing within a public authority and should operate within a culture where staff feel safe to speak up when mistakes are made.'*

Suggestions to Develop the Proposal

Below are direct quotes from the e-consultation as well as a summary of the key suggestions made to the Proposal.

- 'Regular and genuinely independent review of patients' notes, minutes of hospital meetings, and interviews of staff at all levels. Clear established method of recording all incidents which breach protocol no matter how serious. Clear established whistleblowing system for reporting incidents by staff, including agency staff. Clearly publicised rights of citizens access to transparent information, notes etc, on treatment of their loved ones. Training of health care staff in ethics and a return to the First do no Harm principles.'
- Set out clear and comprehensive definitions of what constitutes a reportable incident, for example, by defining different types of "harm" and "incident" to minimise subjective interpretation.
- 'I believe that the establishment of a truly independent regulator of HSCNI is critical to ensuring that thresholds are not used as an excuse not to report some incidents. I believe such a body should be resourced to support individual cases as part of its work.'

- Duty of Candour legislation should be reserved for dealing with the most serious instances of public officials or authorities misleading the public. This risks the system being overloaded.
- Ensure there is a standardised procedure to follow for any incidents and a focus on clear communication, robust training, and a culture of open reporting.
- 'De-linking Reporting from Discipline: Clearly separate the act of reporting an incident or near-miss from any disciplinary process. The default organisational response must be system-analysis and learning, not individual blame.'
- The administrative burden of implementing and overseeing the duty of candour could strain already stretched healthcare resources.
- Try to minimise the administrative burden where possible so that our already stretched Health Service doesn't have to direct vast amounts of resources towards it.
- Ensure that the Bill contains adequate protections for staff. Staff should not feel threatened by the legislation, and it should contain clear protections against self-incrimination.

Reflecting on the Feedback – Proposal Refinement

The consultation process has been invaluable in the development of this Bill, whilst the process has shown overwhelming support for the current proposals, it is evident that there has been alternative proposals and suggestions made to help enhance and develop current proposals. Several of the suggestions are being considered: -

- Ensuring adequate safeguards are in the legislation to ensure protection of the complaint and to protect against self-incrimination.
- Ensuring this legislation is produced with both patients and employees at heart, this legislation is designed to protect employees and to ensure transparency in the workplace. This Bill will not seek to criminalise hard-working, honest staff across our HSC system.
- The Bill will be produced in conjunction with adequate awareness, enforcement and guidance, particularly for staff. This will ensure staff have the correct understanding of the Bill and are aware of how it works.
- Ensuring that any enhancement of current whistleblowing legislation is measured and effective. It is also important that thresholds for incident reporting are clearly defined.

- Assessing how best the Bill can be used in practice. It should not present an unworkable burden to HSC staff. Processes should be sleek and streamlined as well as being user-friendly for both patient and employee.
- Exploring options as to how best this Bill can be managed at HSC level, staff should be free to speak out without fear of repercussions. An independent body or individual may be best placed to implement this legislation at ground level.
- This Bill should aim to work alongside pre-existing support, like the 'Being open Framework.

Ensuring that the proposal is refined is a core objective of the consultation. Feedback has been incredibly useful to this end. After evaluating feedback, I will ensure that the Bill is as refined as possible, with the appropriate safeguards in place as well as ensuring whistleblowing legislation is clearly defined and that reporting mechanisms are user-friendly.

5. Convention Rights and other Competence Issues

Legislative Competence

Throughout the consultation process and any prior work to date legal advice has been adhered to. No substantive issues were raised in relation to legislative competence throughout the consultation process. Legal advice and the advice of the Northern Ireland Assembly officials will be followed throughout the development of this Bill.

Engagement with Human Rights and Equality Bodies

Upon the launch of the consultation the Equality Commission and the Northern Ireland Human Rights commission were both notified of the Bill proposals. To date, no feedback has been received around the proposed Bill from these organisations. Feedback was also received from the Commissioner Designate for Victims of Crime, again no concerns were raised at this stage in relation to human rights or equality implications. I am also confident the Bill will not pose any implications with respect to the European Court of Human Rights.

The e-consultation did highlight a very small number of concerns around human rights and equality implications. Concern was noted that this proposal impacts Article 6 of the ECHR around the right to a fair trial as well as interfering with the presumption of

innocence. Concern was also raised in relation to the right against self-incrimination. Concern was raised that this legislation should not adversely impact upon certain groups/ departments/ individuals.

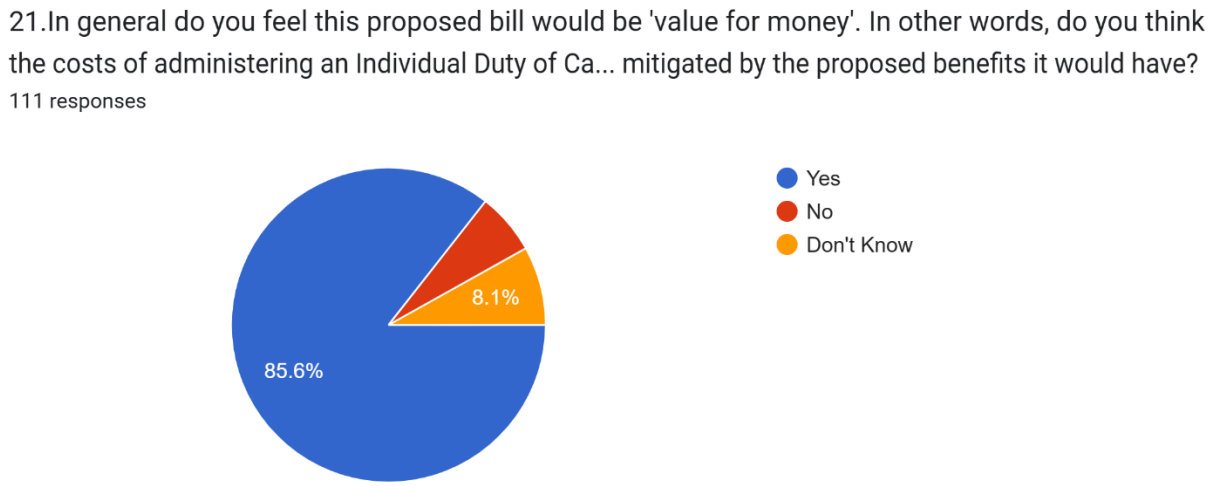
I believe this proposed Bill can be drafted to be compliant with Section 6(2) (ca) of the Northern Ireland Act 1998 and article 2(1) of the Windsor Framework.

Addressing Concerns

All of these concerns and considerations will be addressed during the legislative process to ensure the Bill does not pose any threats to equality or opportunity legislation. Further correspondence with relevant bodies and departments will continue at every stage of the legislative process.

This Bill is designed promote truthfulness, transparency and honesty in our health Service. It will be produced with victims, patients and staff at heart. Every step required will be taken to ensure this Bill is fit for purpose and does not pose any negative consequences for people.

6. Financial implications



From the online consultation a vast majority (86%) of respondents felt that the proposal would be ‘value for money’.

The consultation process did highlight a small number of concerns around the cost of the Bill and service delivery. A summary of these concerns is detailed below: -

- Some were worried that the administrative burden of dealing with complaints would take resources away from front line care in an already stretched Health Service.
- Some raised concerns round the cost of dealing with and investigating these complaints as well as following up on them and taking the required actions.
- Some raised concerns that reporting all suspected cases of wrongdoing/ malpractice would overrun the system which would become overwhelmed.
- Some raised concern that there would be a short-term rise in legal challenges as patients become more aware of their rights, thereby straining both legal and healthcare resources.
- 'Even if implemented, the sheer size of the sector could make legislation unworkable. In practice, staff can and do ignore legislation, statutory procedures, NIPSO recommendations etc, without accountability, simply because there is no genuine accountability. The legislation cannot work in this vacuum.'
- Some raised concerns around the fact that their experience in HSC settings showed higher management as well as the DoH and Health unions would not want to see this Bill introduced and that this would be a barrier to its implementation.

7. Conclusion

The consultation on the proposal for an Individual Duty of Candour ran for 14 weeks, it saw 111 online responses and a number of detailed written responses in addition to the online consultation. Outside of the consultation I have met with and spoken to privately with countless individuals who support this legislation. I have heard many stories from victims of malpractice and wrongdoing in the Health Service who feel the current practices and reporting mechanisms simply are not good enough. Many of these people have never been given the answers they so desperately deserve.

I have also met with former and current HSC staff, as well as medical professionals and experts in the health care field. What has struck me is the support I have also received from this group, staff want to work in an environment that promotes an honest and open culture.

This consultation process showed overwhelming support for the Bill and its proposals. 87% of the respondents who worked in the health Service supported the Bill. This was despite a response from two significant HSC bodies, the Royal College of General Practitioners and the BMA who spouted their written opposition to the Bill.

The consultation process has been greatly useful in helping to refine the Bill proposal. Feedback has helped to inform the next stage of legislative development. I will work to

ensure the Bill is tightly refined and that the legislation protects against system overrun and needless complaining. It is vital that this Bill does not become an administrative burden, the consultation process has highlighted areas in which I can ensure the Bill is user-friendly to everyone.

The next steps in this process will involve enhanced engagement with the Assembly Bill Office to draft the Bill. Continued engagement with official bodies and departments will continue to ensure the Bill is legally compliant and appropriately measured at every step. I will also consult with further research to help inform the drafting process. Explanatory notes and guidance material will also ned to be developed alongside the Bill.

The overwhelming positivity and support received from consultation process has re-affirmed my desire to proceed with the introduction of an Individual Duty of Candour.

To keep up to date with the progress of this proposed Bill, you can visit the NI Assembly website and also receive updates and information on my social media.

Facebook – Paul Frew DUP Twitter/ X - @paulfrewDUP

We will process the data solely for the purpose of informing the development of the proposals in this Member's Bill. The data will be processed internally, for the stated purpose only and will not be shared with any third party. The lawful bases for processing the data will be Article 6(1)(e) of the UK GDPR "Public Task" and Data Protection Act 2018 Schedule 1 substantial public interest condition no23."Elected representatives responding to requests".

We will retain consultation responses until either a) work on the associated Member's Bill proposal is complete OR b) until the final Plenary sitting of the 2022-27 Northern Ireland Assembly; whichever occurs first. All data will then be deleted.

Annex A - Consultation Questions

1.Have you suffered harm or distress as a result of the actions or omissions of the Health Service?

2. Did you believe what happened was

A. A genuine mistake
B. A result of wrongdoing/ malpractice
C. Not sure/ Don't know

3.Please describe how this was dealt with.
Was it resolved to your satisfaction? Were you provided with a resolution in a timely manner? If there was a complaints process, was it user friendly?

4.Do you work in the health service? If your answer is 'No', please skip to question 9

5. Are/ were you a member of any representative bodies or unions within the Health Service?

6. If you have witnessed any wrongdoing or mistakes occurring within the Health Service did you feel comfortable enough to report it?

7.If you did report it, were you supported by the people/person you reported it to?

8.If you did report it, did you feel your actions lead to positive outcomes and meaningful change?

9. Do you believe an Individual Duty Of candour should be made law? A duty of candour being a legal requirement to be open and tell the truth when things go wrong.

10. If you are not in favour of an Individual Duty of Candour could you please detail why in the box below.

11.When should an individual Duty of Candour be applied? Choose one of the following statements :-

A. Sometimes - There should be established thresholds when it comes to reporting wrongdoing i.e. levels of seriousness.
B. All the time - All suspected cases/ practices of wrongdoing and or genuine mistakes should be reported.
C. Never - I am not in favour of any individual Duty of Candour

12. What would you do to ensure thresholds were not used as an excuse not to report some incidents?

13.Could you briefly describe what you understand as being the current practices and guidance regarding whistleblowing in the Health Service?

14.Do you think whistleblowing legislation, as detailed above, protects and supports the complainant adequately, or do you feel additional steps are needed to ensure the protection and support of someone reporting an issue?

15. If you feel additional steps are needed, could you briefly detail what these would be below.

16. Do you think that oversights and wrongdoing should be directly reported to an independent body for example the Public Service Ombudsman?

17. Please select which of the following bodies you would have confidence in reporting to.

A. Department of Health
B. Health Trust
C. RQIA
D. None of the above
E. Other:

18. Should there be a more serious sanction or offence when individuals deliberately alter or amend medical records/diaries/reports after an incident, or deliberately withhold information from the complainant or patient?

19.In your opinion what short of sanction/ tariff should someone receive if they committed actions like those described in question 18.

20.In general do you feel this proposed bill would be 'value for money'. In other words, do you think the costs of administering an Individual Duty of Candour are mitigated by the proposed benefits it would have?

21. Do you believe an Individual Duty of Candour would pose any Human Rights implications?

22. Do you believe this Bill would pose any equality of opportunity implications?

23. Can you foresee any unintended consequences of the Bill?

24. Can you foresee any barriers to the implementation of this Bill?

25. Do you have any alternative ideas you believe would be better suited than this Bill to deal with the issue of transparency and honesty in the Health Service?

26. Can you confirm you have read and agree with the Privacy Notice?
To read our privacy statement click on the link below :-