Medical Council Statement for Doctors in relation to the cyber attack

The Medical Council is aware of and concerned about the impact the HSE IT cyberattack is having on the safe delivery of health services in the Republic of Ireland and on those who receive and provide those services. We know that your biggest concern is the delivery of safe and quality patient care. Doctors will need support and resourcing to deal with immediate and long-term implications of this situation.

It also acknowledges that this comes on the background of the impact of the Covid-19 pandemic. These are exceptional circumstances, and the Medical Council wishes to express its support for doctors who continue, to provide medical care in these challenging times.

It asks you to persevere, to the best of your ability, in prioritising patient care- in safely delivering services for patients and in engaging with the risk mitigation approaches being taken in workplaces and organisations affected by this attack.

The Medical Council has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in the Republic of Ireland. In this role, the Medical Council acts to support doctors, and it recognises that the current situation will require temporary changes to normal work practices in affected services. Any complaints about medical practitioners are considered on the specific facts of the case, and the context in which the doctor is working. This will include consideration of or reference to any relevant guidance in place in the healthcare environment at the time.

The Medical Council notes that the associated risks affect a broad range of services, the breadth and depth of clinical practice and that some facilities and specialties are affected to a greater extent than others. It notes that affected aspects include, but are not limited to the areas of record-keeping, diagnostics and communication methods. This may involve working in areas and in unfamiliar circumstances without the usual supports provided by IT infrastructure.

This will be difficult, and the Medical Council recognises that practice in these situations may be very stressful. It urges doctors to respect and support each other, to remain engaged and to seek and refer to guidance from the HSE and from your professional organisations as appropriate.

The Medical Council advises doctors to apply sound clinical judgment, and assess risks to ensure that, to the best of their ability, patients receive safe care. Emergencies and unusual situations will arise. It advises doctors to follow relevant guidance, as well as the Guide to Professional Conduct and Ethics, as far as is possible in the current climate.

It encourages doctors to keep good notes and if they are retrospective to label them as such. If, due to the impact of the cyberattack, professional standards of record keeping cannot be maintained, doctors should communicate this through the appropriate channels. Where feasible, doctors should document reasons so that any subsequent reference to care episodes can provide context.

The Medical Council encourages doctors in management roles to support their colleagues in their efforts to maintain and deliver safe care to patients and advocate on behalf of both where necessary.

We expect doctors to act responsibly, and reasonably and to be able to explain their actions and decisions if required. However, the Medical Council also acknowledges that this is an unprecedented time, and that challenges will arise. We would reiterate the importance of keeping up to date with relevant guidance from the HSE and your direct employer.

Most importantly stay safe and please seek support whenever necessary.

Resources:

- HSE staff updates re cyberattack: https://healthservice.hse.ie/staff/news/
- Health service disruptions information: www2.hse.ie/health-service-disruptions/
- A comprehensive list of health and wellbeing supports are available on the Medical Council COVID-19 webpage: www.medicalcouncil.ie/covid-19/
- Guide to Professional Conduct and Ethics for Medical Practitioners: www.medicalcouncil.ie/news-and-publications/reports/guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-amended-.pdf

Related paragraphs from Guide to Professional Conduct and Ethics for Medical Practitioners

Depending on the circumstances the following paragraphs of the Guide to Professional Conduct and Ethics may be relevant. These should be considered in the context of the Guide as a whole.

Paragraph 4: Partnership

Partnership – Good care depends on doctors working together with patients and colleagues toward shared aims and with mutual respect. Partnership relies on:

4.1. Trust: This means trust between doctors and their patients, between doctors and their colleagues and between the profession and society. Trust is fundamental to good professional practice. It is founded on the integrity and honesty of doctors in all aspects of their medical practice. This includes treating patients fairly, acting in good faith, and making decisions about providing or withholding treatment without discrimination. It also relies on truthfulness both in communication with patients and colleagues, and in professional work such as record-keeping, running a practice, managing adverse events, and in research. You should do your best to maintain the public's trust in the profession.

4.2. Patient-centred care: Patient-centred care means doctors treating patients as individuals, take into account their personal preferences, goals and lifestyles, acting with compassion and

respecting patients' dignity. They should support patients to make informed decisions about their own health and care. Doctors responsible for managing health services should do everything they can to make sure that systems are designed to serve patients' interests, particularly patients with multiple conditions, those who are particularly vulnerable or patients moving between different care services.

4.3. Working together: This involves listening to patients and colleagues and taking account of their views, knowledge, skills and experiences. Where disagreements arise, you should try to resolve them through further discussion, showing respect for colleagues' or patients' opinions.

4.4. Good communication: This is central to the doctor-patient relationship and essential to the effective functioning of healthcare teams. Good communication involves listening to patients and colleagues, as well as giving information, explanations or advice. When communicating with patients, you should be honest and give all relevant information. You should welcome questions from patients and respond to them in an open, honest and comprehensive way.

4.5. Advocacy: You should act as an advocate for your patients in two ways. You should speak on behalf of individual patients, to help make sure they receive appropriate healthcare. In addition, you should support all patients by promoting the fair distribution of limited resources and fair access to care.

Paragraph 5.3: Promoting patient safety

Promoting patient safety: Complying with safety procedures, such as infection control measures and adverse incident reporting, that directly affect your practice. This requires you to raise concerns if you believe patients are either at risk of, or suffering harm as a result of, systems or incidents outside their direct control. It also means acting to protect children and vulnerable people who you believe are at risk or have suffered harm.

Paragraph 5.6: Practice management

Practice management: Your management responsibilities will vary depending on your practice. However, you should be satisfied that the systems that underpin your practice, for example record-keeping, and organisation of rotas and cover arrangements, support good care of patients. You should improve systems, or raise concerns with an appropriate person, if you believe that administration or other systems are impeding good patient care.

Paragraph 22: Delegation and referral

22.1 'Delegation' involves you asking another health care professional to provide care on your behalf.

22.2 'Referral' involves you sending a patient to another doctor or healthcare professional to get an opinion or treatment. Referral usually involves the transfer (in part) of responsibility for the patient's care, usually for a set time and a particular purpose, such as care that is outside your area of expertise.

22.3 When you delegate or refer you must give sufficient information about the patient and their treatment to the clinicians continuing the care of the patient. You should take reasonable steps to make sure that the person to whom you delegate or refer has the qualifications, experience,

knowledge and skills to give the care needed (see also paragraph 49 – Conscientious objection).

Paragraph 23: Handover

23.1 Handover is the transfer of professional responsibility and accountability for some or all aspects of the care of a patient, or group of patients, to another person or professional group on a temporary or permanent basis. You will hand over care when you change shift, refer a patient to secondary care or other health professionals, or when your patient returns to the care of their GP. Handovers may take place between teams and/or between individuals.

23.2 When you hand over care for a patient to another healthcare professional, team and/or institution, you should check that they understand and accept responsibility for the patient's care. You should pass on all relevant information about the patient and the patient's care. When discharging patients back to primary care, you should give all relevant information promptly.

Paragraph 26: Protection & welfare of children

26.1 You must be aware of and comply with the national guidelines and legislation for the protection of children, which state that the welfare of the child is of paramount importance.

26.2 If you believe or have reasonable grounds for suspecting that a child is being harmed, has been harmed, or is at risk of harm through sexual, physical, emotional abuse or neglect, you must report this to the appropriate authorities and / or the relevant agency without delay. You should inform the child's parents or guardians of your intention to report your concerns taking into account that this may endanger you or the patient. Giving relevant information to appropriate authorities or statutory body for the protection of a child is a justifiable breach of confidentiality, provided that you follow the guidance in paragraph 31.3.

Paragraph 27: Protection & welfare of vulnerable persons

27.1 A vulnerable person is someone who has a physical, intellectual or mental disability and is incapable of independent living.

27.2 You should be alert to the possibility of abuse of vulnerable persons and notify the appropriate authorities if you have concerns. Giving relevant information to the appropriate authorities for the protection of others from serious harm is a justifiable breach of confidentiality, provided you follow the guidance in paragraph 31.3. You should make every effort to involve vulnerable persons in decisions about their care. You should not assume they do not have the ability to consent (see also paragraph 10).

Paragraph 33: Medical records

33.1 Medical records consist of relevant information learned from or about patients. They include visual and audio recordings and information provided by third parties, such as relatives.

33.2 You must keep accurate and up-to-date patient records either on paper or in electronic form. Records must be legible and clear and include the author, date and, where appropriate, the time of the entry, using the 24-hour clock.

33.3 If you are working in out-of-hours services, or telemedicine, you should make every effort to ensure that any notes you make about a patient are placed in the patient's medical record with their general practitioner as soon as possible (see paragraph 43).

33.4 You must comply with data protection and other legislation relating to storage, disposal and access to records. You should understand the eight rules of data protection (see Appendix B).

33.5 Patients have a right to get copies of their medical records except where this is likely to cause serious harm to their physical or mental health. Before giving copies of the records to the patient, you must remove information relating to other people, unless those people have given consent to the disclosure.

33.6 You should keep medical records for as long as they are likely to be relevant to the patient's care, or for the time the law or practice standards require. You may also wish to take advice from your medical defence organisation or legal adviser about retaining records for medicolegal purposes.

Paragraph 36: Continuity of care

36.1 Patients benefit when all those treating them are fully informed about their condition and medical history. Many patients value having their own GP or being treated by the same doctor or team during the course of an illness, as this helps them to develop relationships with their clinicians.

36.2 If you are unable to continue to care for a patient or group of patients either as an individual practitioner or as part of a team or group, you should tell the patient(s) and make arrangements for another doctor or service to take over their care. Until care has been taken over by another doctor or service, you are responsible for your patients. This means that you must provide emergency services and any care or treatment that your patients may need. When alternative medical care is in place, you should facilitate the transfer of the patients' medical records without delay.

36.3 The health of vulnerable patients may be harmed when their care is interrupted, or when other clinicians take over their care without adequate knowledge of their history and needs. You should do your best to make sure that the care of vulnerable patients is not disrupted (see also paragraph 8 – Equality and Diversity).

36.4 You should make arrangements to transfer patient care so that your patients continue to receive care if you are unexpectedly unable to continue providing care yourself as a result of illness or for other reasons.

36.5 If you feel unable to continue to provide effective care for a patient because the therapeutic relationship has broken down, you should get the patient's consent to send all of his or her medical records to another doctor of your or the patient's choice. You should document this in their medical records.

Paragraph 42: Prescribing

42.1 The prescriptions you issue must be legible, dated, signed and must state your Medical Council registration number.

42.2 You must make sure that prescription pads and prescription-generating software are kept securely and are only accessible to those authorised to prescribe.

42.3 When prescribing medications, you must comply with the Misuse of Drugs legislation and other relevant regulations and/or guidelines.

42.4 If a telephone prescription is necessary, it must be given in accordance with the 'Exemptions for Emergency Supply' provisions set out in national regulations23. You must make a note of the call in the patient's records and send a written prescription to the pharmacist within 72 hours.

42.5 As far as possible, you should make sure that any treatment, medication or therapy prescribed for a patient is safe, evidence-based and in the patient's best interests. A doctor's opinion that a treatment, medication or therapy is not in the patient's best interests must not be based on the doctor's own conscientious objection (see paragraph 49 – Conscientious objection). Where possible, when prescribing drugs, avoid the use of brand names – unless there is a good reason for using them. You should be particularly careful when prescribing multiple medications in case the combination might cause adverse reactions, and you should liaise with the pharmacy to clarify any issues or concerns you may have. You should take special care when prescribing for patients who may have an impaired ability to metabolise the medication prescribed. You should weigh up the potential benefits with the risks of adverse effects and interactions when deciding what to prescribe. You should review patients' treatment regimes periodically.

42.6 You should keep up-to-date with developments in medication safety. You should seek independent, evidence-based sources of information on the benefits and risks associated with medicines before prescribing.

42.7 You must be aware of the dangers of drug dependency when prescribing benzodiazepines, opiates and other drugs with addictive potential. You should refer patients with drug dependencies to the appropriate drug treatment services and supports unless you have appropriate training, facilities and support yourself. You should not undertake treatment of opiate dependency unless you have been approved under the Methadone Treatment Protocol. You should safeguard patients with drug dependencies by taking reasonable steps to make sure that they are not inappropriately obtaining drugs from multiple sources. You can do this, for example, by liaising with drug treatment services, other doctors and pharmacists.

Paragraph 53: Emergencies

53.1 In emergencies, either in clinical settings or in the community, you should provide assistance or care unless you are satisfied that appropriate care will be provided by others. When considering the care you can offer, you should take into account your own competence and safety.

Paragraph 63: Doctors in management roles

Your primary objective is the health, safety and care of patients, even if your role does not involve providing clinical care for individual patients. You may still be accountable to the Medical Council for your conduct.

63.1 Patient safety and advocacy

63.1.1 As a doctor in a management role, you have a responsibility to advocate for appropriate healthcare resources and facilities if insufficient resources are affecting or may affect patient safety and quality of care.

63.1.2 As a manager, you share the responsibility for patient safety within your organisation. You should satisfy yourself that clinical audit, handover (see paragraph 23) and confidentiality systems are in place. You should also satisfy yourself that systems are in place to give early warning of any failure or potential failure in the clinical performance of individuals or teams. You should make sure that any failures are dealt with quickly and effectively. You should also make sure that staff understand the importance of these systems and how to use them.

63.1.3 If you are responsible for managing a team or department, you should make sure that:

- systems are in place for staff to raise concerns about patient safety;
- staff know about these systems and how to use them;
- staff are encouraged to raise sincerely-held concerns;
- the concerns of staff are investigated promptly.

You should not start disciplinary measures against a staff member for raising concerns that they believe to be true35.

63.2 Planning and using resources

63.2.1 The effective and efficient use of resources reduces waste and increases the availability of health care for all patients. As far as possible, you should make sure that systems are in place to promote the efficient and fair use of available resources. As a manager, you may have to decide how to share limited resources. Tensions may arise between the need to promote and protect patient safety and the need to meet the needs of the community within limited resources. Your primary duty remains the care and safety of patients, but as a manager, you must consider the overall needs of the community of patients your organisation serves, even where this may conflict with the needs of individual patients. (See also paragraph 24.)

Paragraph 64: Culture of patient safety

64.1 Providing medical treatment necessarily involves some degree of risk. However, you should make sure as far as possible that the services and treatments you provide are safe and comply with the standards of the profession. You should promote a culture of patient safety within the context of the wider healthcare system (see also the guidance in paragraph 63.1).

64.2 Despite the best efforts of staff, adverse events may still arise. Adverse events are events that result in unintended outcomes for patients as a result of clinical interventions or omissions, or the systems or processes used in managing patient care.

64.3 If an adverse event occurs, you should make sure its effects on the patient are minimised as far as possible. If the patient needs further care because of the adverse event, you should make sure they are helped and supported through this process.

64.4 If you are involved in an adverse event, you should report it, learn from it and take part in any review of the incident.

Paragraph 65: Raising concerns

65.1 If you are aware of systems or service structures that lead to unsafe practices which may put patients, you or other colleagues at risk, you must inform an appropriate person or authority. You should follow the guidance in paragraph 63.1 about raising concerns about safety in the environment in which you work.

65.2 If your concerns are not resolved despite reporting them to an appropriate person or authority, you may consider raising the issue outside the organisation. Before doing this, you should ask for advice from an experienced colleague or from your medical indemnity organisation. You must not disclose confidential information about patients.

65.3 If you are a member of a board and are concerned that a decision of the board or other governing body is putting patient safety at risk, you should formally raise your concerns with the board and ask that they are formally recorded.