

# Confidential reporting: from aviation to clinical medicine

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**Abstract – The spectacular nature of accidents involving aircraft has obliged the aviation industry to introduce a process of confidential reporting to identify situations that may lead to poor work or even an accident. The information so gathered can then be used to reduce the likelihood of such problems occurring. Confidential reporting allows an individual to bring information relevant to safety to the attention of a body that is completely independent of management. They can be assured that their identity will remain confidential to that body. It is, as far as the individual is concerned, a confidential but not an anonymous procedure, which will be subjected to careful scrutiny. Confidentiality and independence from management are the essential features. The introduction of such a programme into the NHS would materially enhance its safety profile.**

**KEY WORDS:** clinical safety, confidential reporting, CPD, medical accidents, NHS

There is increasing concern in the world of medicine and in the lay community with mishaps, whether they are minor or major. A recent report on learning from such events has identified the lethal combination of human error and a weak organisational structure<sup>1</sup>, while another has emphasised the value of analysis of the circumstances that may lead to a mishap rather than allocation of blame<sup>2</sup>. A recent editorial has explored the way forward, and has concluded that only full and open reporting will turn the tide – though it was appreciated that there are those who find admonition and retribution more appropriate<sup>3</sup>. Fortunately, there is an increasing body of opinion that understands that it is processes of prevention rather than correction that are needed.

Any complex organisation needs to identify situations that may lead to poor work or even an accident. In activities such as aviation, it is mandatory to report certain events to the regulatory authority, but arrangements also exist for employees to inform their company of potential difficulties. However, these initiatives have had limited success in gaining information on inadequacies of management and staff, and on lapses in human behaviour. It was for

this reason that confidential reporting was introduced in the air transport industry in 1982.

## Confidential reporting

Confidential reporting implies that an individual brings to the attention of a body, *completely independent of management*, information relevant to safety, but remains assured that their identity will be confidential to that body alone. The disclosures may concern the inadequacies of themselves, of their colleagues, of an organisation or of a regulatory authority, but are subject to confirmation. Confidentiality, *not anonymity*, and independence from management are the essentials. The programme facilitates the gathering of information without exposing individuals to judgement or blame. This is the strength of the programme.

The initiative that led to the UK Confidential Air Human Factors Incident Reporting Programme (CHIRP) was due to the persistent efforts of an enlightened few. However, the acceptance of confidential reporting by management, in both the airlines and the regulatory authorities, has not been achieved easily. It is understandable that management is sensitive to the existence of an independent organisation to which individuals, including their own staff, may report alleged deficiencies in their procedures. The purpose of this article is to offer an account of the experience gained over twenty years for the consideration of confidential reporting in the practice of clinical medicine.

## Organisation

The success of any confidential programme will depend on elders in the profession who are committed to safety and whose wisdom is widely acknowledged. In this context it has been the experience of CHIRP that a board of trustees, set apart from the day-to-day business of the organisation, is a useful strategy. The trustees are likely to become involved with the most sensitive issues, and are likely to meet with challenges to their own credibility or that of the confidential reporting process itself. There are those, sometimes well placed, who wish to keep safety issues within their own domain and not be

subject to the opinions of their peers. Therefore, once the board is set up it is imperative that the chairman and the trustees are free of external influence.

A confidential reporting programme demands much effort and is likely to require a full-time director and professional staff. In the case of a programme concerned with clinical safety, the director would need to be a senior physician. Confidential reports may well lead to discussions with the most senior staff of the organisations concerned, and can be fraught with difficulties if the safety culture within the errant organisation leaves something to be desired. The director would usually conduct such discussions but if the organisation proves to be intractable then the trustees may become involved.

Discussion of clinical issues, carefully anonymised, should be the province of an advisory board. Members should be nominated by a wide spectrum of professional bodies and include representatives from a number of independent authorities. It is inevitable that discussions on some topics will involve differences in interpretation, but it is important that such events do not impair the authority and workings of the whole programme. One way to avoid acrimony between advisors, who may, perhaps unconsciously, be defending their own organisation or their colleagues, is to make it abundantly clear they are appointed to serve on the advisory board to provide expert advice and not to represent the interests of their organisation.

### Management pressures

In aviation, management is influenced by economic pressures which may, in some circumstances, pose a threat to safe operations. One example was the decision of an airline to reduce the fuel carried by long-haul aircraft to the absolute minimum. In the event of a holding delay at the destination airport, the pilot was faced with either landing with less than the recommended minimum fuel state or declaring an emergency which could have prejudiced the safety of other aircraft. Flight crews may come under considerable managerial pressures to operate in the most economical manner. In such circumstances, it is often difficult for an individual pilot to contest with management an issue that s/he perceives to have safety implications. In this case, the confidential reporting process ensured that the airline's policy to restrict the fuel carried was assessed independently. In clinical practice, it is not inconceivable that 'cuts' and 'targets' could encourage unacceptable practices, and these may come to light only if a confidential reporting system exists.

### Interpersonal relations

Individuals in authority who lack the necessary interpersonal skills can have an adverse effect on safety. For example, an assertive senior engineering manager of a maintenance organisation promoted a 'can do' culture in response to demands from the executive. The practices introduced by the manager impaired the confidence of the specialist engineers and threatened the safety of aircraft being returned to service. Nevertheless, he was perceived as being effective by the

## Key Points

**A challenge to any organisation is to identify situations that may lead to poor work or even an accident. In this context confidential reporting can provide useful information on potentially unsafe practices**

**In confidential reporting potentially unsafe practices are brought to the attention of a third party which is completely independent of management**

**Confidential reporting is a confidential, not an anonymous procedure. Reports are subject to scrutiny by the third party, though they remain confidential to that body**

**Confidential reporting provides a means by which unsafe practices can be uncovered without exposing individuals to judgement or blame**

**It is suggested that confidential reporting would be useful in the practice of clinical medicine**

management. The confidential reports were studied carefully and identified a number of potentially unsafe practices. These were subsequently confirmed by the organisation and rectified. Clearly, there could well be parallels in clinical medicine.

### Self reporting

These are accounts of errors involving an individual, and would not otherwise be reported. An example was the report from a pilot of loss of situational awareness due to heavy workload in difficult weather conditions during the approach to an airfield at night. Loss of awareness has been identified as a causal factor in a number of accidents. Such accidents, referred to as Controlled Flight into Terrain (CFIT), are rare, but nevertheless constitute the most prevalent category of commercial air transport accidents worldwide. They are of primary concern to air safety. The pilot wished to impart the details of his experience to his colleagues. The report was published in an anonymised form to raise the awareness of other pilots to circumstances that they might encounter themselves, one day.

### Industrial issues

In general terms, industrial issues are to be avoided. However, terms and conditions of service and considerations of safety can interact. A case in point is disturbed sleep. This is a problem common to the airline pilot and the junior doctor. The complaint is likely to be that certain somewhat arduous patterns of work agreed in industrial negotiations are prejudicial to safety. It may well be that the demands of the schedule are unreasonable, in an industrial context, but the question is whether a particular pattern of work and rest is unacceptable on safety grounds alone. Much experience is required to unravel this conundrum. The decision may have financial implications for the individual and economic consequences for the organisation.

## Dissemination of information

An important role of a confidential programme is to raise awareness and thus prevent incidents elsewhere. It is often the case that the report of a single incident will prompt further reports, and so provide a clearer indication of the scale of the problem. Consideration should be given to the publication of reports, as this information can be a particularly valuable contribution to safety, though one that requires careful dis-identification of the circumstances to ensure the continued confidentiality of those involved and of their workplace. A publication also provides clear evidence that sensitive matters are being considered at an appropriate level.

## Summary

It is always difficult to provide clear-cut evidence of the effectiveness of organisations committed to safety, though serious incidents and accidents may provide unequivocal evidence of organisations that lack an acceptable safety culture. Unfortunately, the evidence of success is less obvious than the evidence of failure. What is clear today is that aviation is committed to and acknowledges the contribution of confidential reporting to air safety. It is reasonable to suggest that confidential reporting in clinical medicine would have prevented some recent events, and that such a programme would be equally useful and acceptable to the practice of clinical medicine.

## References

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- 2 Kohn L, Corrigan J, Donaldson M. *To err is human: building a safer health system*. Washington DC: Institute of Medicine, 1999.
- 3 Turnberg L. To err is human: learning from mistakes. *Clin Med JRCPL* 2001;1:264-5.