



# Guidance on Candour

This guidance must be read in conjunction with The Code (2016) prepared by the General Chiropractic Council (GCC), which sets out standards for conduct, performance and ethics for chiropractors to ensure the competent and safe practice of chiropractic.

This guidance is not intended to cover every situation that you may face. However, it does set out broad principles to enable you to think through and act professionally, ensuring patient interest and public protection at all times.

To note: The GCC will review this guidance as necessary and update it as appropriate, and reapply the principles of the Code to any critical changes or new situations that may emerge.

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Standards within the Code with reference to candour:

**B7:**

Fulfil the duty of candour by being open and honest with every patient. You must inform the patient if something goes wrong with their care which causes, or has the potential to cause, harm or distress. You must offer an apology, suitable remedy or support along with an explanation as to what has happened.

Other Standards in The Code that reinforce and link to the above:

- B** Act with honesty and integrity and maintain the highest standards of professional and personal conduct.
- F1** Explore care options, likely outcomes, risks and benefits with patients, encouraging them to ask questions. You must answer fully and honestly, bearing in mind patients are unlikely to possess clinical knowledge.
- A3** Take appropriate action if you have concerns about the safety of a patient.

The duty of candour refers to the professional responsibility of openness and honesty required of chiropractors with patients when something goes wrong with their care which causes, or has the potential to cause, harm or distress.

The relationship between a chiropractor and a patient is built on trust, confidence and honesty. Communicating effectively with patients is important as it contributes to establishing and maintaining a professional relationship and it encourages patients to take an informed role in their care.

You must be open and honest with your colleagues, staff and employers in, raising concerns about patients, where appropriate. Support and encourage your colleagues to be open and honest, and do not stop someone from raising any concerns about patients that they may have.

You must take part in reviews and investigations when requested and be open and honest with regulators.

### **Discussing risks before beginning care**

Patients must be fully informed about their care. When discussing with patients the expected outcomes of their care, chiropractors must discuss the risks as well as the benefits and ensure both are fully explained.

You must provide the patient with clear, accurate information about significant risks of the proposed treatment, and the risks of any reasonable alternative options, and ensure that the patient fully understands (see separate Consent guidance). You must discuss significant risks even if very unlikely. You must encourage patients to ask questions and you must answer honestly.

### **Actions after something has gone wrong with a patient's care**

This guidance is not intended for circumstances where a patient's condition gets worse due to the progression of a natural illness. It applies when something goes wrong with a patient's care and they suffer harm or distress as a result. This guidance also applies in situations where a patient may yet suffer harm or distress as a result of something going wrong with their care. After you realise something has gone wrong with a patient's care, or when the patient raises a concern, you must speak to the patient as soon as possible.

You must follow these steps:

- (i) tell the patient (or, where appropriate, the patient's carer) immediately when something has gone wrong;
- (ii) apologise to the patient (or, where appropriate, the patient's carer);
- (iii) offer an appropriate remedy or support to put matters right (if possible); and

- (iv) explain fully to the patient (or, where appropriate, the patient's carer) the short and long term effects of what has happened, what is known and what is expected.

You must share all you know and believe to be true about what went wrong and why and what the consequences are likely to be. You must explain if anything is still uncertain and you must respond honestly to any questions asked. If the patient was caused harm and requires further medical attention, you must take responsibility for referring the patient to someone else for additional care, e.g. their GP or A&E.

### **Apologising to the patient**

Patients expect to be told three things as part of an apology:

- (i) what happened;
- (ii) what can be done to deal with any harm caused; and
- (iii) what will be done to prevent someone else being harmed.

When apologising to a patient, you must consider each of the following points:

- (i) You must give the patient information they want or need to know in a way that they can understand;
- (ii) You must speak to the patient in a place and at a time when they are best able to understand and retain information;
- (iii) You must give information that the patient may find distressing in a considerate way, respecting their right to privacy and dignity;
- (iv) Patients are likely to find it more meaningful if you offer a personalised apology – for example, 'I am sorry' rather than a general expression of regret about the incident on the practice's behalf;
- (v) You must make sure the patient knows who to contact in order to ask any further questions or raise concerns; and
- (vi) You must give the patient information about counselling or other support services that can give them practical advice and emotional support.

### **Encouraging a learning culture of candour within the workplace**

*Although this is more difficult to put into effect if you work on your own it is good practice to follow these principles.*

In your workplace, it is your duty to encourage a learning culture of candour with colleagues and other health care professionals with whom you may work. You must promote and encourage a culture that allows all to raise concerns openly and without fear of retaliation.

When something goes wrong with patient care, it is crucial that this is reported at an early stage so that lessons can be learnt quickly and patients can be protected from harm in the future. By raising concerns you are protecting patients and ensuring continued public safety.

You must:

- (i) be open and honest within your workplace;
- (ii) work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk;
- (iii) take necessary action to deal with any concerns, where appropriate;
- (iv) support staff to report adverse incidents and concerns;
- (v) support staff to be open and honest with patients if something goes wrong with their care; and
- (vi) not try to prevent colleagues or former colleagues from raising concerns about patient safety.

Additionally if you have membership with the Royal College of Chiropractors or a relevant Chiropractic Association, you could also report any adverse incidents that lead to harm anonymously to the Chiropractic Patient Incident & Learning System (Cpirls).

#### **Websites:**

- *The professional duty of candour: joint statement*, GCC, GDC, GMC, GOC, GPC, NMC, and the Pharmaceutical Society of Northern Ireland, 2014, [www.gcc-uk.org/good-practice/duty-of-candour/](http://www.gcc-uk.org/good-practice/duty-of-candour/)
- *Hyperlinks to relevant legislation and important information*, GCC April 2015, [www.gcc-uk.org/UserFiles/Docs/Legislation%20Relevant-Reference-Links-April15.pdf](http://www.gcc-uk.org/UserFiles/Docs/Legislation%20Relevant-Reference-Links-April15.pdf)
- *Regulation 20: Duty of candour*, Care Quality Commission, March 2015, [www.cqc.org.uk/content/regulation-20-duty-candour](http://www.cqc.org.uk/content/regulation-20-duty-candour)
- *Standards of conduct, performance and ethics*, HCPC 2008. <http://www.hpc-uk.org/assets/documents/10002367finalcopyofscpejuly2008.pdf>