

GCC Registrant Guidance

Duty of Candour

1 September 2023

Introduction

1. This guidance must be read in conjunction with the General Chiropractic Council's (GCC) Code, which sets out the standards of conduct, performance, and ethics for chiropractors to ensure the competent and safe practice of chiropractic.
2. 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 to help protect patients and the public.

What principle and standards does the GCC set in relation to Candour?

3. The following parts of the GCC Code are relevant to the consideration of candour:

Principle B:

You must act with honesty and integrity at all times and uphold high standards of professional conduct and personal behaviour to ensure public confidence in the profession. You must be guided in your behaviour and practise at all times by the principle that the health and well-being of a patient comes first. You must follow procedures set down by the regulator.

Standards

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, a suitable remedy or support along with an explanation as to what has happened.

4. Other standards in The Code that reinforce and link to the principle above:

A3:

Take appropriate action if you have concerns about the safety of a patient.

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.

What is the professional duty of candour?

5. All healthcare professionals have a professional duty of candour. This is a professional responsibility to be open and honest with patients when things go wrong with their care which causes, or has the potential to cause, harm or distress. This professional duty of candour was agreed in October 2014 in a joint statement from eight regulators of healthcare professionals in the UK¹
6. This guidance sets out what we expect chiropractors to do when something goes wrong with a patient's treatment.
7. The relationship between a chiropractor and a patient is built on trust, confidence, and honesty. Being open and transparent 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.
8. When incidents do occur, they can have a real and deep impact on people's lives, regardless of the level of harm incurred.
9. A crucial part of the duty of candour is the apology. When something goes wrong with a patient's care, apologising to the patient is always the right thing to do and is **not** an admission of liability. This is clearly set out in legislation.²
10. This is the case regardless of whether you are in the public or private sectors.

Discuss risks before beginning care.

11. 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 in language they can understand.
12. When explaining risks, you must provide the patient with clear, accurate and up to date evidence-based information about the risks of the proposed treatment and the risks of any reasonable alternative options. Risks may include adverse events that occur often, those that are serious and those that a patient is likely to think are important.³
13. Adverse events do not only apply to injuries arising from hands-on care but can also include, for example, therapeutic advice or information provided (or not provided) and care involving exercise prescription.

1 **Statement** from General Chiropractic Council, General Dental Council, General Medical Council, General Pharmaceutical Council, General Osteopathic Council, Health and Care Professions Council, Nursing and Midwifery Council, Pharmaceutical Society of Northern Ireland.
The statement can be found at [Guidance and Toolkits | GCC \(gcc-uk.org\)](#)

2 **Compensation Act** (2006) (England and Wales) [Compensation Act 2006 \(legislation.gov.uk\)](#), Apologies (Scotland) Act 2016 [Apologies \(Scotland\) Act 2016 \(legislation.gov.uk\)](#)

3 **[GCC Consent guidance](#)** (July 2022)

When something goes wrong with a patient's care

14. This guidance is not intended for circumstances where a patient's condition gets worse due to the progression or exacerbation of an existing condition. 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 suffer harm or distress in the future as a result of something going wrong with their care.
15. Being open and honest means you must inform the patient, about what has gone wrong with their care. This will involve speaking to the patient as soon as possible after you realise something has gone wrong with their care. If possible, speak to them face to face but if this is not possible, ascertain what their preferred approach would be.

You must follow these steps when something goes wrong:

- tell the patient at the earliest opportunity (or their carer, where appropriate) that something has gone wrong
- apologise to the patient (or their carer, where appropriate)
- offer an appropriate remedy or support to put matters right (if possible)
- explain fully the short and long term effects of what has happened

16. 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.
17. You must take responsibility for referring the patient, if necessary, to someone else for additional care, e.g. their GP.

What if people don't want to know the details?

18. If the patient does not want to know all of the information about what has gone wrong, you should respect their decision, having explained the potential consequences. You should let them know that they can have further information later if they change their mind.
19. You should document your discussion with the patient, including their decision not to have further information if applicable, in their notes.

Saying sorry

20. When a patient in your care suffers harm or distress because something goes wrong with their care, you should apologise as soon as possible.
21. **Patients expect to be told three things as part of an apology:**

- what happened?
- what can be done to deal with any harm caused? And
- what will be done to prevent someone else being harmed?

22. If you agree something has gone wrong with the patient's care, saying sorry is not the same as admitting liability or wrongdoing for what has happened, but it is important to patients and acknowledges that something could have gone better. It can also show you recognise the impact of the situation on the patient and that you empathise with them.
23. Apologising and being candid can also be regarded as evidence of insight.
24. The lack of a timely apology makes it more likely people will make a formal complaint.
25. When apologising to patients and explaining what has happened, we do not expect you to take personal responsibility for something going wrong that was not your fault (such as system errors or a colleague's mistake). But, the patient has the right to receive an apology from the most appropriate team member, regardless of who or what may be responsible for what has happened.

When apologising to a patient you must consider the following:

- you must give the patient information they want or need to know in a way they can understand
- you must speak to the patient in a place and at a time when they are best able to understand and retain information
- you must give information that the patient may find distressing in a considerate way, respecting their right to privacy and dignity
- 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 clinic's/organisation's behalf
- you must make sure the patient knows who to contact in order to ask any further questions or raise concerns
- you must give the patient information about counselling or other support services that can give them practical advice and emotional support; and
- you must document your apology in the patient's notes

Being open and honest with patients about near misses

26. A 'near miss' is an adverse incident that had the potential to cause harm or distress but did not do so. You should use your professional judgement when considering whether to tell patients about these events.
27. Sometimes, failing to be open with a patient could damage their trust in you. However, in some circumstances, patients may not need to know about an adverse incident that has not caused (and will not cause) them harm and telling them may distress or confuse them unnecessarily.
28. Reflecting on why the event happened and what action should be taken in future to prevent recurrences can support learning and improve patient safety.

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.

29. In your workplace, it is your duty to encourage a culture of candour with colleagues and other health care professionals with whom you work. You must promote and encourage a culture that allows all to raise concerns openly and without fear of retaliation.
30. By raising concerns, your actions will protect patients and ensure continued public safety.

You must:

- be open and honest within your workplace
- 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
- take necessary action to deal with any concerns, where appropriate
- support staff to report adverse incidents and concerns
- support staff to be open and honest with patients if something goes wrong with their care; and
- not try to prevent colleagues or former colleagues from raising concerns about patient safety

31. Additionally, you are encouraged to report any adverse incidents that actually happened, nearly happened, or have the potential to happen, anonymously to the Royal College of Chiropractors Chiropractic Patient Incident and Learning System (CPIRLS). Sharing information in this way helps to ensure the whole profession learns from the collective experience in the interests of patients. You can gain access to [CPIRLS](#) via your professional association or by contacting the Royal College of Chiropractors.

Fitness to Practise Investigations

32. The GCC will investigate concerns and complaints about chiropractors that are made by patients, their families, members of the public and other healthcare professionals.
33. Our Fitness to Practise process is designed to protect patient safety and maintain public confidence in the profession. It is important that you are also open and honest with colleagues, employers, relevant organisations and the regulator and take part in investigations when required.
34. Fitness to practise committees will take very seriously evidence a chiropractor took deliberate steps to avoid being candid with a patient or to prevent someone else from being candid.

Useful Links

- 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/i-am-a-chiropractor/guidance/toolkits-and-guidance
- GCC Consent Guidance 2016, <http://www.gcc-uk.org/i-am-a-chiropractor/guidance/toolkits-and-guidance>
- GMC – The professional duty of candour, [The professional duty of candour - ethical guidance](#)
- NHS Resolution – Duty of candour animation, [Duty of candour animation offers guidance on the importance of being open and honest - NHS Resolution](#)
- General Pharmaceutical Council – Keeping patients safe-being open and honest, [Keeping patients safe: being open and honest when things go wrong](#)
- General Optical Council – The professional duty of candour, [What is the professional duty of candour?](#)
- General Dental Council – The professional duty of candour, [The professional duty of candour](#)
- Care Quality Commission – The duty of candour: Guidance for providers, [The duty of candour: guidance for providers](#)

Previous editions

GCC Guidance on Duty of Candour 2016

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