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Founded 1902

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The Institute of Trichologists'

The Professional Duty of Candour
Openness and honesty when things go wrong

Table of Contents

Introduction 3

About this guidance 3

Discuss risks before beginning treatment or providing care 4

In what circumstances do I need to apologise to the patient? 4

When should I speak to the patient or those close to them, and what do I need to say? 4

What if people don't want to know the details? 5

Saying sorry 5

Encouraging learning and safer practices by recording/reporting errors 6

Introduction

Every health and care professional must be open and honest with patients and people in their care when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

This means that health and care professionals must:

- tell the person (or, where appropriate, their advocate, carer or family) when something has gone wrong.
- apologise to the person (or, where appropriate, their advocate, carer or family).
- offer an appropriate remedy or support to put matters right (if possible).
- explain fully to the person (or, where appropriate, their advocate, carer or family) the short and long term effects of what has happened.

Health and care professionals must also be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations when requested. They must also be open and honest with their regulators, raising concerns where appropriate. They must support and encourage each other to be open and honest, and not stop someone from raising concerns.

About this guidance

1. ‘Patients’ also means people who are in your care.

2. This guidance gives more information about how to follow the principles in the Code Of Professional Practice And Ethics - General Rules for Registered Members: 13.

3. This guidance consists of two parts:

    a. Your duty to be open and honest with patients in your care, or those close to them, if something goes wrong. This includes advice on apologising (paragraphs 11-14).

b. Your duty to be open and honest with your organisation, and to encourage learning by reporting adverse incidents (paragraph 15).

Discuss risks before beginning treatment or providing care

4. Patients must be fully informed about their care. When discussing care options with patients, you must discuss the risks as well as the benefits of the options.

5. You must give the patient clear, accurate information about the risks of the proposed treatment or care, and the risks of any reasonable alternative options, and check that the patient understands. You should discuss risks that occur often, those that are serious even if very unlikely, and those that the patient is likely to think are important.

In what circumstances do I need to apologise to the patient?

6. This guidance is not intended for circumstances where a patient's condition gets worse due to natural progression. 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.

7. When you realise that something has gone wrong, and after doing what you can to put matters right, you must speak to the patient.

When should I speak to the patient or those close to them, and what do I need to say?

8. You should speak to the patient as soon as possible after you realise something has gone wrong. When you speak to them, you should consider if there should be someone available to support them (friend/relative). You do not have to wait until the outcome of an investigation to speak to the patient, but you should be clear about what has and has not yet been established.

9. You should share all you know and believe to be true about what went wrong and why, and what the consequences are likely to be. You should explain if anything is still uncertain and you must respond honestly to any questions. You should apologise to the patient (see paragraphs 14–20).

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

10. Patients will normally want to know more about what has gone wrong. But you should give them the option not to be given every detail. If the patient does not want more information, you should try to find out why. If after discussion, they don't change their mind, you should respect their wishes as far as possible, having explained the potential consequences. You must record the fact that the patient does not want this information and make it clear to them that they can change their mind and have more information at any time.

Saying sorry

11. Patients expect to be told three things as part of an apology:
    - what happened
    - what can be done to deal with any issue caused
    - what will be done to prevent someone else experiencing the same issue.

12. Apologising to a patient does not mean that you are admitting legal liability.

13. When apologising to patients and explaining what has happened, you are not expected you to take personal responsibility for something going wrong that was not your fault (such as an unexpected reaction to treatment following correct precautions). But the patient has the right to receive an apology, regardless of who or what may be responsible for what has happened.

14 A 'formulaic approach' to apologising is not advised. An apology has value only if it is genuine. However, when apologising to a patient, you should consider each of the following:

a) You must give patients the information they want or need to know in a way that they can understand.
b) You should speak to patients in a place and at a time when they are best able to understand and retain information.
c) You should give information that the patient may find distressing in a considerate way, respecting their right to privacy and dignity.
d) 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. This doesn't necessarily mean that you are expected to take personal responsibility for issues that are not your direct responsibility.
e) You should also consider referring patients to other healthcare professionals (if appropriate) or supplying information about independent advocacy, counselling or other support services.
f) You should record the details of your apology in the patient's clinical record. A verbal apology may need to be followed up by a written apology (depending on the patient's wishes).

Encouraging learning and safer practices by recording/reporting errors

14. When something goes wrong with patient care, it is crucial that it is recorded at an early stage so that lessons can be learnt quickly and patients can be protected from harm in the future. Reporting such incidents will benefit the Institute of Trichologists by alerting us (and therefore other trichologists) of potential patient care risks, and may prove 'evidence of insight' if a fitness to practise panel were to become involved.