

General  
Medical  
Council

# GMC guidance on raising concerns and candour

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Working with doctors Working for patients

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## Openness and honesty when things go wrong: the professional duty of candour

### The professional duty of candour<sup>1</sup>

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. This means that healthcare professionals must:

- tell the patient (or, where appropriate, the patient's advocate, carer or family) when something has gone wrong
- apologise to the patient (or, where appropriate, the patient's advocate, carer or family)

### About this guidance

- 1 All healthcare professionals have a duty of candour – a professional responsibility to be honest with patients<sup>2</sup> when things go wrong. This is described in *The professional duty of candour*, which introduces this guidance and forms part of a joint statement from eight regulators of healthcare professionals in the UK.
- 2 As a doctor, nurse or midwife, you must be open and honest with patients, colleagues and your employers.

# Candour

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**any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.**



# Why apologise?

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After a US state passed a law encouraging doctors to apologize (by making such apologies inadmissible in court), that state's malpractice cases settled 19-20% faster, and there was a 16-18% reduction in the number of claims filed in the first place. The most severe cases were the ones most likely to settle quickly.

# Why not apologise?

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## To win a negligence claim you must prove

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- the doctor owed you a duty of care (it is unlikely that this will be in dispute)
- that they breached that duty by providing you with unacceptable care and
- that the breach caused damage to you.

The burden of proving the case is on you. The importance of this feature can not be understated. It is fairly unusual that a case is so blatant that no arguments at all can be made on the issues.

# In what circumstances does the duty of candour apply?

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**8** This guidance is not intended for circumstances where a patient's condition gets worse due to the natural progression of their 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.



# Something has gone wrong

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What things should you consider and cover when speaking to a patient/those close to them?





22 Aug 2014 13:33

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I may be an awkward bugger here. But when I made a complaint about my mental health team, I got an apology, and nothing changed. I'd've been happier with the other way around - stuff the empty words and fake feelings, and actually put things in place so the problems didn't happen again. I don't want mouth-noises; I want action.



# Closing the loop – feedback

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## CQC inspections – Regulation 20

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Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result?

Does the culture encourage candour, openness and honesty, with regular meetings and a culture of challenge and debate?



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### The organisational duty of candour

32 All healthcare organisations have a duty to support their staff to report adverse incidents, and to support staff to be open and honest with patients if something goes wrong with their care. Each of the four UK governments has considered ways to implement the organisational duty of candour, with some writing it into law (see [appendix 2](#)).

33 If systems are not in place in your organisation to support staff to report adverse incidents, you should speak to your manager or a senior colleague. If necessary, you should escalate your concern in line with our guidance on raising concerns.[32](#), [33](#)

← [Additional duties for doctors, nurses and midwives with management responsibilities and for senior or high-profile clinicians \(paragraphs 29-31\).](#)

[Appendix 1: Extracts from GMC and NMC guidance that are referenced in this guidance.](#) →

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## Takeaway points and feedback

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Be aware of  
GMC and CQC  
thresholds



Document  
everything!

Encourage trainees to note reflection and learning from errors

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