# Statutory Duty of Candour (SDC) - Initial meeting ‘note’ template

This template may be used and completed in accordance with ‘Checklist for SDC process’. Ensure language and terminology used is understood by participants. Avoid speculation and blame and give the patient, next of kin (NOK), carer a chance to relate their experience and ask questions. If using this template, ensure the patient, NOK, carer receive a copy of this meeting note **immediately post the meeting**. File a copy of this meeting note in the appropriate location.

### Meeting details

|  |  |  |
| --- | --- | --- |
| Date | Time | Mode of communication (e.g. face to face including location, telephone, video) |
| Click or tap to enter a date. |  |  |

### Attendees

|  |  |  |
| --- | --- | --- |
| Staff | Role | Invited participants (patient and support) |
| **Lead:** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Checklist | Complete |
| Ensure the patient feels supported, and the meeting is held in a comfortable environment |  |
| Lead of SDC meeting to introduce all participants |  |
| Provide an overview of meeting |  |
| Provide an honest, factual explanation of what occurred |  |
| Offer an apology for the harm suffered by the patient |  |
| Give the patient/NOK/carer an opportunity to relate their experience and ask questions |  |
| Explain the steps being taken to investigate the serious adverse patient safety event (Timeline as per *Victorian Duty of Candour Guidelines*) |  |
| Outline any immediate improvements already made |  |
| Discuss potential implications as a result of the SAPSE (if known) |  |
| Review what was discussed in the SDC meeting to confirm agreement between all parties |  |
| Ensure the patient/NOK/carer has a point of contact for questions/follow up |  |
| Provide further emotional support to patient/NOK/carer if required |  |
| Provide opportunities for further meetings/confirm agreed next steps |  |
| Provide a copy of this ‘note’ to the patient/NOK/carer immediately post meeting |  |
| Ensure the patient/NOK/carer is aware the full SDC meeting report will be provided within 10 business days of the SDC meeting |  |

|  |
| --- |
| Point of contact |
| |  |  | | --- | --- | | **Name and position:** |  | | **Contact number:** |  | | **Email:** |  | |

|  |
| --- |
| Questions and other comments for noting Inform participants that SDC meeting report will be provided **within 10 business days** of meeting. |
| (Insert text)  **Participant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Patient/other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**