# Statutory Duty of Candour (SDC) - Meeting report template

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| Requirement 4: The health service entity must ensure that it provides the following in the SDC meeting: * an honest, factual explanation of what occurred in language that is understandable to the patient;
* an apology for the harm suffered by the patient;
* an opportunity for the patient to relate their experience and ask questions;
* an explanation of the steps that will be taken to review the serious adverse patient safety event (SAPSE) and outline any immediate improvements already made; and
* any implications as a result of the SAPSE (if known) and any follow up for the patient.

**Requirement 5:** The health service entity must document the SDC meeting and provide a copy of the meeting report to the patient within **10 business days** of the SDC meeting. |

The SDC meeting report is **mandatory** under Requirement 5 of the *Victorian Duty of Candour Guidelines*. This template can be adapted to suit the health service entity.

The health service entity may consider offering the meeting report in a language understandable to the patient. If the report requires translation, inform the patient that this may require more time and document any delay in the appropriate location. A copy of the SDC report must be stored in an appropriate location.

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

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### 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:** |  |  |
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| Meeting notes  |
| **A description of the SAPSE including date of the event, potential short/long term consequences or implications, and written apology for the harm suffered:** |
| **Patient/next of kin experience, including questions and health service entity responses:** |
| **Steps being taken to review the SAPSE. Include relevant timelines, and any immediate improvements made:** |
| **Summary of support and follow up for the patient, including the response to these offers:** |
| **Date for next update by health service entity (if arranged):** Click or tap to enter a date. |

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

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

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

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