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Nic: [00:00:03] Welcome to Be Risk Ready, the PDL podcast your space to explore how risk intersect with pharmacy practice, leadership and professional growth. At the best of times, saying sorry can be incredibly difficult. But what about in a professional capacity where patient safety and your registration could be on the line? Amy Minion, PDL Professional Development Pharmacist and host of Be Risk Ready, is talking to two people with deep knowledge in this space. The first is Chandrika Darroch. She is a health and insurance lawyer at Meridian Lawyers, with extensive experience in regulatory and disciplinary matters. And joining them both is Georgina Woods, a registered pharmacist for nearly 30 years with a background working in community pharmacy and with several regulatory bodies.

Amy: [00:01:00] Chandrika, welcome to Be Risk Ready. Thank you for joining me on the podcast today.

Chandrika: [00:01:04] Hi, Amy. Thanks for having me.

Amy: [00:01:06] And Georgina, same to you. Thank you for being here.

Georgina: [00:01:09] Lovely to be here. Amy. Thank you.

Amy: [00:01:11] I'd like to kick off by rewinding back a couple of years to when the saying sorry guidelines were released. There was a collaboration between PDL and Meridian Lawyers, developed to help pharmacists understand the various state and territory laws around issuing apologies. But since then, the number of incident reports to PDL continues to grow, even as much as 10% from 2024 to 2025. And while incident types do vary, the one thing they have in common is that almost every incident demands an apology. Yes, saying sorry seems like such a simple, inherent notion, but it can also be a minefield. Leadership demands more of pharmacists than ever, and it's no longer just a dispense and deliver profession. Pharmacists also need to manage emotions, stay calm under pressure and be able to legally and professionally de-escalate any issues or conflicts that arise. So in this episode, we'll be exploring the art of saying sorry. First, we'll look at why it's so important to apologise. Second, we'll cover

open disclosure and how it applies. And third, we'll talk about how best to extend an apology, what to do and what not to do. With guidance from our legal eagle, Chandrika Darroch. Let's get stuck into it. Why is it so important to apologise? Chandrika, did you want to kick us off?

Chandrika: [00:02:36] Sure. Well, look. It's important to normalise adverse events. And mistakes occur in clinical practice across all lines of healthcare. And I think it's well recognised that there are psychological benefits for those impacted by an error or mistake. And certainly in my experience, apologies Anthropologists early on tend to assist in early resolution of a complaint between a practitioner and the patient, and I'm often involved in cases where an apology wasn't issued. And one of the things that the patient might say at a mediation, for example, is that no one apologised to them for what had happened. And so I think that we can't really underestimate the power that saying sorry has on a patient. It's also considered best practice, and it is the expectation of the public and the regulators that practitioners will engage with their patients after an incident has occurred. And I think one of the things that we will highlight here are the legal protections in place as well, so that an apology isn't an admission of liability.

Amy: [00:03:39] And, Georgina, I imagine you've come across many scenarios during your career with regulatory agencies and here at PDL. Can you share an experience where a situation has escalated due to a patient perhaps not feeling as though their concerns were being heard or acknowledged.

Georgina: [00:03:54] Yeah, that is certainly the case. And as Chandrika touched on. Sometimes people feel like they have not had an apology at all and that makes them feel very distressed. So we did have a particular incident at PDL whereby a patient was prescribed some compounded minoxidil. It was a two milligrams strength, but unfortunately it was supplied and dispensed as the ten milligrams strength of minoxidil. Now this error was repeated several times and eventually picked up by the patient specialist. So when the patient came into the pharmacy to talk to the pharmacist about this particular error, the pharmacist was they did apologise. They were very quick to point out that it was not them that actually dispensed the first dispensing. There were three pharmacists involved. And immediately at that point, when they said that they lost the patient because the patient felt like they were abrogating Adding responsibility and they weren't being heard. So this matter escalated quite quickly, and all three

pharmacists had to respond to a regulator because that first initial point of contact was not managed well. So it's important that patients are feeling heard and that pharmacists can understand that that initial apology is very important.

Amy: [00:05:12] Conversely, is there an example you can share where an apology has assisted in resolving a patient's concern or complaint?

Georgina: [00:05:19] Yeah, sure. Interestingly, sometimes you can have a significant incident that does seem to be very distressing for a patient. However, if it's managed well, you can certainly revolve a conversation around the incident to ensure that the patient feels very much heard and then reduces the chance of escalation. And an example of this. Again, another compounded situation whereby a clonidine suspension was compounded for a child. It was compounded ten times the prescribed strength and that child ended up in hospital. Now, in this situation, you can imagine very distressed parents. They came into the pharmacy and explained that their child had been hospitalised, but immediately the pharmacist took them aside, sat them down and asked open ended questions and ensured that they were managed with very empathic communication. They asked about the child. They focused the conversation around the child. They ensured that they were happy to check in on the child and the parents were comfortable with that. They managed the situation promptly. They provided an explanation and then they came to PDL, and we gave further advice about giving them a written apology, which provided an investigation and explanation as to what had happened. It focused around the child, and this matter ended up not being escalated to a regulator because it was dealt with so beautifully by the pharmacist and also the proprietor. So they were very involved. They were prompt in their actions. They gave very clear and concise information with empathy. And they also explained to the parents what they were doing to ensure that kind of error did not happen again. So it was a very good result. The child recovered and those patients ended up continuing seeing that pharmacy because it was managed so well.

Amy: [00:07:09] We're starting to get a sense here of the impact that an effective apology can have. Let's talk now about what happens in the event that a pharmacist has had a notification against them. How are apologies viewed by the regulators?
Chandrika, what do you think?

Chandrika: [00:07:24] Look, I think that the example that Georgina just gave actually really highlights the importance of apologies generally. But also it is an example that I think emphasises the way in which a regulator would expect a registered health practitioner to respond to an incident. Apologies are a very important component of incident and complaint management, and the regulators generally have quite a poor view of practitioners who are neither apologetic or reflective. So, where appropriate, a regulatory response should include an apology and the steps that have been taken by that pharmacist or the pharmacy to improve the practices. The regulator's primary objective is always the ongoing risk to the general public, and ensuring that the health and safety of the public is protected. And so the questions that the regulator is looking at are things like is this practitioner safe? If you're able to communicate effectively with your patients and manage incidents when they occur and make an apology, that's part of being a safe practitioner. There is for pharmacists a shared code of conduct, and that outlines responsibilities that pharmacists need to be familiar with and apply it to their practice. And there are key sections in that document that talk about open disclosure, apologies and incident management and things like that. So it is really important to be aware of what regulators are expecting. But it's also important, I think, to understand that this is what the general public expects of practitioners as well.

Amy: [00:09:08] And you've led us nicely into the second theme of today, open disclosure. Perhaps you'd like to carry on your conversation and explain a bit more about what that might mean.

Chandrika: [00:09:17] Sure. It's referred to in the Code of Conduct at section 4.5, which talks about adverse events and open disclosure. And really, in a very simple sense, open disclosure is a responsibility of practitioners to be open and honest in their communication with their patients, to review what happened and to report that appropriately. So it's a practitioner's his responsibility to engage in open disclosure, and it requires that there be adequate information and appropriate care provided to the patient. And that there are learnings from these incidents that will ensure that these things are occurring in future and minimised or avoided.

Amy: [00:10:00] So in a practical sense, when something goes wrong, what should pharmacists do? I might kick it to Georgina to hear your perspective on this one.

Georgina: [00:10:08] Yeah of course. And I think it's important to keep in mind that no one is infallible. And Chandrika made that excellent point that we need to normalise this. So it's important that pharmacists understand that at some point in time in their career, they will probably make an error, and they will certainly be having conversations with patients about apologies and explanations and reassurance. So it's really important that pharmacists are prepared for this. When you're discussing an incident with a patient. Be mindful that you will need to document Contemporaneous documentation is an expectation of regulators, but it's also just excellent practice. So you and your team can understand exactly what has happened during an incident. So that is important. It's also important to recognise exactly what happened and provide a very clear and concise explanation to the patient. So they have a good understanding of what has occurred and how changes might be implemented to ensure it does not happen again. Pharmacists also need to be mindful that they will need to probably communicate with several parties, so that might be a parent or a carer of a patient, particularly if it is a child, it might be someone at an aged care facility. It probably will be a prescriber. And it's just important to be mindful that you need to document those interactions and be very empathic and clear in those interactions when you're communicating with those parties. Don't ever rush your apology. I think a lot of pharmacists make the error of trying to explain things, and words start spilling out of their mouth, and that can potentially upset patients. So be mindful that it's good to take your time.

Georgina: [00:11:49] And interestingly, I spoke to a member yesterday and one of the patients that they had an incident with wanted a written explanation. And that is absolutely fine and reasonable for a patient to ask for that. But take your time with that. I advise that member to email the patient and explain that they will be doing an investigation. They did apologise, but they said they would get back to them early next week about that explanation, so they could provide a robust document to really explain to the patient that tells the patient that you're investigating and you're focusing your care around them, but it also buys some time so you can investigate and put together something that's very clear that won't upset the patient further and also provide them with reassurance. Of course, there are policies that your pharmacy may have. And if you don't have policies here, it's important to have some guidance documents to help you through this process. So I'd suggest developing those. And of course, in any kind of incident, you may wish to seek some advice from your peers, from mentors, from your support network. We're very, very lucky to have the pharmacist support service for

pharmacists in Australia. They are open every day from 8 a.m. to 11 p.m., and they can be reached on one 302 4910. They have fantastic resources on their website. Very good for your well-being if you're distressed. And of course you have PDL professional offices, they are here to support you through any kind of incidents and risk management. So if you do have an incident, please make sure you reach out to PDL and report it.

Amy: [00:13:25] To give a bit more context, can we have a chat about scenarios that either of you might be able to think of, where open disclosure was used, or even not used. And the outcomes that resulted as a consequence.

Chandrika: [00:13:39] I have plenty of examples of sure you do. Occasions when open disclosure was not used because in the work that I do, I'm quite often involved in cases where things have gone wrong. And one example that always sort of springs to mind is where I was assisting a pharmacist who had injected multiple pregnant women with a flu vaccine that was intended for patients over the age of 65, and the pharmacist realised their error, and they attempted to cover it up because they panicked by amending the entries on the Australian immunisation record on air. And so the pharmacist then contacted the women to inquire as to how the women were feeling without disclosing what it actually occurred. And that was a bit of a weird thing for them to receive this call. So it led to some suspicion and anxiety in one patient in particular. And the issue was only discovered by that patient when she went to request a copy of her immunisation history statement, and she saw that there were different vaccinations listed and that caused her confusion. So she then made enquiries with the pharmacy, and the pharmacist confirmed that the incorrect vaccine had been provided, and it was only then that steps were taken to disclose the error. Contact the manufacturer for some advice on the safety of that vaccine during pregnancy, and the pharmacist then alerted their professional indemnity insurer and received assistance in providing a letter informing those patients of the incident. But when they had to respond to the complaint, it wasn't just with respect to the actual error itself, but it was also their attempt to cover up the mistake. One of the things it does really highlight is that these mistakes do happen, and it's so important not to panic. Often the way in which pharmacists and other health practitioners respond to complaints is poor, because there is a moment of panic that sets in. And that's why, as Georgina said, just normalise this. Apologies have a really important role.

Amy: [00:15:49] Thanks, Chandrika. That was a really good example. All right, well, let's switch gears a little bit and move into the juiciest part of our conversation today. And that's apology laws and how to actually say sorry. So throwing it back to our guest today, is there anything wrong with using the word sorry from a legal perspective.

Chandrika: [00:16:09] No. Look, there's nothing wrong with using the word sorry. And I think that it's actually really important if you're going to say sorry or apologise, that you do it with care and you express care, focus on that human response. The thing that is important as well, though, is that you should avoid making any admission of liability or fault. Because that can have an impact on your insurance policies, because quite often insurance policies have not admission of liability clauses within those policies. But generally speaking, apology laws across Australia aim to dissociate the act of making an apology from an admission of liability, and they're designed to enable that human response of apologising without the practitioner fearing, you know, that there's going to be some sort of repercussion. And each state and territory in Australia has varying definitions of what constitutes an apology. So in New South Wales, where I practice, for example, the Civil Liability Act 2002 has a definition of apology and that is an expression of sympathy or regret or of a general sense of benevolence or compassion in connection with any matter whether or not the apology admits or implies an admission of fault in connection with the matter.

Chandrika: [00:17:26] There's another provision in the Civil Liability Act that confirms that evidence of an apology made by or on behalf of a person in connection with the alleged matter is not an admission in any civil proceedings as evidence of the fault or liability of the person in connection with that matter. And so what that means is that if you do issue a letter of apology to a patient that simply has the apology in it, you're not able to use that against the practitioner later on in a civil proceeding or a claim for compensation. So it is important that when you are providing these apologies, do it with care, but have sort of a real sense of that human response with the patient. There's nothing wrong with saying sorry. The word sorry is a really powerful word, and it has a really powerful impact on people who are affected by mistakes. But from a legal perspective, there are protections in place, and that's important to recognise. Always take advice from your professional indemnity insurer, particularly before you are going to issue a written apology would be my advice.

Amy: [00:18:38] And while we're on that topic, I did want to ask you, when are the most likely times when patients or their families are likely to escalate matters in your experience?

Chandrika: [00:18:48] In my experience, I think matters escalate when there's been a failure to acknowledge that something's gone wrong, a failure to offer support and facilitate ongoing care and medical treatment. And when there's been no attempt to investigate or address the issue. And if you think that through, if a patient has been harmed in some way because an error has occurred and they haven't been offered support, appropriate medical care hasn't been provided. Then there is the ability for that particular condition to worsen, and it can result in some further harm and damage and possible permanent injury. And so that's why it is important to make sure that the patients are okay, and do your very best to make sure they're receiving appropriate care and treatment, because it's often when those things don't happen that the patient will go and seek advice about their own legal remedies. Patients also have a right to raise concerns. And the shared code of conduct that we've already spoken about today requires practitioners to ensure that patients have access to information about the processes in place for making a complaint or notification. So, for example, that would be to the Healthcare Complaints Commission in New South Wales and to, you know, the National Board or Ahpra website.

Amy: [00:20:04] Okay, so taking it back to the front line in a practical sense, what are some ways that we can effectively say, sorry, following an adverse situation? And in the same breath, what are some things we should perhaps avoid when saying sorry?

Chandrika: [00:20:18] There's nothing wrong with using the words I'm sorry. You can and you should express sympathy, regret or concern. And I think an example of how to say I'm sorry is simply I'm sorry that this happened. We take your matter seriously and your health is our priority. To apologise to a patient. It's also really important to listen to the patient, to acknowledge their concerns and reassure them that the matter will be investigated promptly. One of the things that probably isn't appropriate to do would be to say something like, well, it wasn't my fault. It was the fault of someone else. I'm sorry, but it wasn't my fault. That's not helpful. But likewise, just be very careful not to admit that there was fault attaching. So I think that if you can just avoid the words fault,

liability, that sort of thing, and focus on that human response, that human sympathy. I'm sorry that this happened. That's the way to focus on this.

Amy: [00:21:19] And for our listeners who might want some further assistance with incident management or dealing with regulatory matters. I wonder if there are any resources out there that can be of benefit to them. Georgina. Any pearls of wisdom?

Georgina: [00:21:31] There's plenty of resources out there, and certainly it's important for pharmacists to be familiar with those. Chandrika has touched on the shared code of conduct, and that is the overarching document that certainly regulators rely on. But it's the overarching document that our patients rely on as well. So we really need to understand that we are required to act and practice in a certain way. And that document really clearly states those steps, particularly in section four. As Chandrika mentioned, the PSA has a code of ethics outlining principles, and those principles regard care, integrity and competency. So they're also a really useful resource. And of course PDL has a number of resources. On their website we have the Guide to Good Dispensing and supplement. We have a guide to incident management, and we actually have a guide for saying sorry for each different state because, as Chandrika stated before, we're quite fragmented. And so it's important to understand that saying sorry. Whilst the word can be used, it is slightly different in each state. PDL has an incident reporting guide and also an aftermath of a medication incident, but there's also lots of other resources. I was rifling around on the Meridian website the other day, and there's certainly lots of the resources in there as practice insights, so that's really interesting. But again, it's just about talking to people. Chandrika mentioned that human element. And when we're researching this idea, we need to speak with mentors and colleagues and certainly debrief with each other after an incident, because there are a lot of learnings there. When you can talk to someone about what has happened and how to improve an apology, should you have just made one.

Amy: [00:23:16] I knew you'd have some suggestions up your sleeve. These resources will be posted in the show notes, so you can have a closer read of them whenever you'd like. Just wanted to reinforce what we've spoken about. What are some basic things that can have a huge impact on patients when a situation is becoming inflamed? Georgina, what do you reckon?

Georgina: [00:23:35] Chandrika touched on it beautifully. It's about empathic communication, listening, using, open to ended questions and really understanding what's happened. I always recommend if you can have these interactions in a private space, so you can give your patients space to really ask questions, and sometimes they do need to vent. And I have a few little key phrases up my sleeve for these kind of situations to really help with empathy. If you have a patient presenting to you who's very upset. Sometimes you can just say, come and sit with me in the consult room. Tell me how I can help you today, or tell me what happened right from the start so I can understand. And certainly you always want to let them know that they can ask you questions about the situation. That is part of open disclosure, and a lovely way to show empathy is put yourself in the patient's shoes so you can say something like, I can see why you're upset. If this was my child, I would also be upset. Or if this was my dad hospitalised, I would also feel distressed. So you can use that kind of language, and that really can defuse a patient quickly because they know that someone is actively listening. Chandrika touched on that human component. Be very authentic in your communications. Don't panic. Don't try and cover anything up, and certainly you may need to seek some further advice from your indemnity insurance provider and also your proprietor and colleagues and other people involved. So just make sure you're seeking the right information, documenting everything, and having really kind and authentic conversations with your patients.

Amy: [00:25:10] Brilliant. We have covered a lot today, so we might leave it there for now. Before we sign off, I wanted to do a quick run through of the three key themes to take away from our podcast. The first apologies can and should be issued, and the laws in Australia actually encourage that. Number two, take care when making an apology and ensure that it fits within the legal definition so that the protections afforded by legislation can be upheld. And finally, express genuine sympathy, regret and concern for patients and their wellbeing. Avoid making admissions of liability or fault, and especially don't make mention of any potential outcomes like compensation, for example. Have I missed anything? Georgina and Chandrika?

Chandrika: [00:25:55] Oh look, I think that there's lots of support and advice that's available to you. And don't panic. You'll be okay.

Amy: [00:26:03] Love it, love it. All right. Well, that was such a great conversation. Chandrika. Derek, thank you so much for your insight on this topic and for being on the podcast.

Chandrika: [00:26:12] Thanks, Amy. Thanks so much for having me.

Amy: [00:26:14] And Georgina Woods, thank you as well for taking the time. It's been great to hear your perspectives.

Georgina: [00:26:19] Thanks so much, Amy. It's been a pleasure to be here.

Amy: [00:26:22] As I mentioned earlier, links to guides and references we've spoken about can be found in the show notes of this episode. And if you have similar experiences, questions or comments, please email them through to us at [info at](mailto:info@pdl.org.au). We'd love to hear from you!

Nic: [00:26:41] You've been listening to Be Risk Ready, the PDL podcast produced by Sound Cartel. Listen at pdl.org.au/podcast and follow free wherever you listen to podcasts.