# Clinical advice

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## Why we use clinical advice

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Clinical advisers are experienced nurses and midwives with a wide range of clinical knowledge who provide broad, general advice to assist decision makers in understanding the clinical context in which something happened and any clinical risks posed, whether by the professional themselves, or wider systemic issues. Clinical advisers provide guidance on clinical issues raised by a particular concern within the boundaries of their professional expertise. Clinical advisors may also suggest further enquiries such as determining what policies, guidance or training were in place at the time. Their input is one of several sources considered by decision makers when evaluating whether regulatory action is necessary to protect the public.

Clinical advice is based on the information provided in the referral, professional knowledge, experience and relevant contemporaneous guidance and policies related to the referral. Where required clinical advisers can also support the appropriate teams to identify the correctly qualified expert witness in a case (see our guidance on expert witnesses). This is typically when we need very specific clinical expertise.

## When clinical advice shouldn't be used

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- Clinical advice shouldn't replace independent expert advice.
- Clinical advice isn't admissible evidence. It doesn't express any view regarding the strength of any evidence or make a decision that a decision maker should make.
- Clinical advice shouldn't assist in resolving disputes; it is solely to help in assessing the clinical issues raised in a referral.
- Clinical advisers can't be asked to make a decision on next steps in a case; that is for the relevant decision-maker to make.