

Coping with complaints

Complaints against doctors have unfortunately become more common in the UK in recent years. This is likely due to the increasing complexity of medicine and an emerging complaints culture amongst the general public, rather than any decrease in doctors' performance.

This leaflet outlines the various mechanisms of complaint, how to respond and what to do if you receive repeated complaints from the same source.

Approach complaints with openness, candour and, if you think it's appropriate, apologise. Apologies are not an admission of liability and are sometimes the right thing to do. Professional bodies including the **General Medical Council (GMC)** support and encourage openness and honesty towards patients.

Informal complaints

If a patient or their family complains, clarifying the issue as a group and apologising is often enough. Record this in your notes and ideally get another team member or secretary to witness it.

Formal complaints to the NHS trust

- Trusts have formal **complaints procedures** in place—you will be asked for your response for a 'local' resolution.
- A meeting with the complainant and the complaints manager may resolve the issue.
- You will need to review the case notes and respond to every point in the complaint, giving explanations and acknowledging shortcomings with regret.
- Appeals are not unusual and might be sent for local independent review. They could also be sent to the **Parliamentary and Health Service Ombudsman**.
- Appeal processes might look beyond the complaint and also evaluate clinical practice.
- Disciplinary procedures may arise from complaints.
- You should contact your defence organisation at an early stage.

Complaints to the GMC

The GMC receives complaints from a wide range of sources but the majority are from the public. The GMC advises

people to use the National Health Service (NHS) complaints procedure and complain to the trust or employer concerned. About 20% of cases are investigated further by the GMC. The GMC asks the employer for information about the doctor's practice and any concerns they may have.

Advice to the doctor

If a complaint has been made against you:

- Don't be intimidated—but don't ignore it.
- Always be familiar with and follow your trust or health board's complaint procedures.
- When requested, respond factually to each separate allegation in the complaint, providing reasons for your actions where possible. Contact your defence organisation for advice and assistance in writing response letters. The PSS may be helpful in providing support (see our [resource pages](#)).
- Take emotion out of the response and keep it relevant, even if you disagree with what has been asserted. Your defence organisation or the PSS can guide you on overall tone/phrasing.
- The GMC usually asks for responses within 28 days. If it is difficult for you to do this, let the GMC know. If you are aware the letter has come from a '**serial complainant**', tell the GMC. Give examples of previous complaints and the stage they reached. You may have to discuss the complaint further with a GMC case examiner.
- If you are a trainee, always discuss the complaint with your clinical supervisor.
- Whether you are a trainee or a senior doctor, use the complaint as a developmental opportunity to evaluate and improve your practice.

Persistent and organised complaints

Some trusts recognise in their complaints policy '**persistent**' or '**vexatious complainants**' whose complaints are unsubstantiated and repeated. A chief executive or other senior official may decide not to investigate such complaints.

While all psychiatrists are vulnerable to repeated complaints from a single person, those working in child and adolescent, liaison or forensic psychiatry can be targeted by organised pressure groups. The GMC is aware of this and looks out for letters from particular organisations or individuals, instances of

Coping with complaints

repeated language/style of writing, complaints about the same aspects of care or the same groups of doctors.

There is no policy for dealing with organised groups. Orchestration is a possibility as the GMC is more likely to investigate if there are several complainants.

Coping with unfounded complaints

Unfortunately, in psychiatry, complaints can arise from situations beyond your control. Psychiatrists can be an easy target, sometimes as a proxy for other difficulties. However, it is important for the patient/complainant's view to be heard.

You might be sure you are in the right or you might be filled with self-doubt. Either way, having a complaint made against you is likely to be stressful and the outcome may be prolonged, so **seek support** from friends, family, colleagues and professional associations.

FAQs

Why do patients complain?

Patients can make a complaint about any aspect of the medical care they receive. Some common reasons for patient complaints include:

- Incorrect, missed or delayed diagnosis
- Delayed treatment
- Treatment side effects or complications
- Poor explanation of their options
- Inappropriate conduct or behaviour of the doctor
- Lack of informed consent (or capacity to consent)
- Breach of patient confidentiality

How can I reduce the likelihood of complaints?

Being polite, calm and ensuring the patient and family feel understood and cared about may defuse difficult situations. Be flexible in negotiating solutions. Consider improving your communication skills.

Being open, honest, candid and offering an apology may

help to deal with a patient's or family's concern.

When writing your notes, be aware that patients and relatives could access them in the future.

Make sure your notes are dated, easy to read and the reasons for your decisions are clear.

If the decision is likely to be contentious (such as referral to safeguarding children's services) consult a colleague and make a note of this.

Learn from others: most trusts and health boards hold educational events where complaints and serious incident investigation reports are shared and discussed and used as a learning tool for all.

What are the characteristics of a persistent complainant?

They typically want vindication and retribution.

Their complaint might misuse legal and medical terminology and rhetorical questions. The tone of their complaint might seek to intimidate you. They often include attached documents, creating large case files.

How do I know and what do I do if a patient already belongs to a pressure group?

Know the views of the interest groups in your area of practice.

The patient is likely to tell you of their links to interest groups—knowing whether or not their beliefs are fixed will be helpful in guiding treatment considerations.

Many support groups are very valuable for patients.

A minority attack professionals as groups and individuals. Looking at their websites will give a guide to their approach, methods and language.

For further help and support, see the [PSS resource pages](#).

Reference

Lester, G., Wilson, F. B., Griffin, L. and Mullen, P. E. (2004) "Unusually persistent complainants," *British Journal of Psychiatry*. Cambridge University Press, 184(4), pp. 352–356. doi: 10.1192/bjp.184.4.352.