

PSYCHIATRISTS'
**SUPPORT
SERVICE**

Information guide
for psychiatrists

On coping
with
complaints

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Introduction

This information guide is intended for a psychiatrist against whom a complaint has been made. The information can be used as a guide only and is not a substitute for professional advice. If you need further advice and support, please contact the Psychiatrists' Support Service or one of the organisations listed at the end of the information guide.

Complaints about psychiatrists are inherently likely because part of psychiatrists' professional responsibilities may be to articulate opinions with which the patient and/or their family may disagree.

This leaflet aims to outline the various mechanisms of complaint, how to respond, and in particular what to do in the case of repeated complaints from the same source.

Informal complaints

Very often, if a patient or their family complains, sitting down together to clarify the issue and apologise if appropriate is sufficient. This must be recorded in the notes and ideally witnessed by another team member or a secretary.

Formal complaints to the NHS trust

- Trusts have formal complaints mechanisms in place, and you will be asked for your response in order to facilitate local resolution.
- You will need to review the case notes and respond fully to every point outlined in the complaint, acknowledging with regret any shortcomings, and giving explanations.
- Ensure that you read the response letter before it goes out.
- A meeting with the complainant and the complaints manager may resolve the issue.
- Appeals are not unusual, and may be sent for local independent review and then to the Health Service Ombudsman, depending on the jurisdiction. Appeal processes may not confine themselves to the complaint and may also evaluate clinical practice.
- Disciplinary procedures may arise from complaints.
- It is advisable to contact your defence organisation at an early stage.

Complaints to the General Medical Council (GMC)

Many complainants are advised by the GMC to use the National Health Service (NHS) complaints procedure and complain to the trust concerned. If the GMC decides to

investigate further (about 50% of cases), it will first write to the doctor to confirm their employer and then contact the latter to disclose the complaint and enquire whether there are any concerns.

- Try not to feel intimidated by the complaint and do not ignore it.
- Contact your defence organisation for advice and assistance in writing letters of response.
- The Psychiatrists' Support Service may be helpful in providing support and advice.
- You may have to discuss the complaint further with a GMC case examiner.
- Respond factually and relevantly.
- Provide a response to each separate point/allegation within the complaint, outlining the reasons for your actions where possible.
- Take emotion out of the response to the complaint. For example, if a complainant states that you were rude, but you do not think you were, then state something along the lines of 'I regret if Mr X feels that I came across in a rude manner...'
- The GMC asks for responses usually to be provided within a 28-day period. Let them know if it is going to be difficult for you to meet this timescale.
- If you are aware that the letter has come from a 'serial complainant' then tell the GMC. State instances where previous complaints have been made and the stage that these reached.

Persistent and organised complaints

Some trusts recognise within their complaints policy the phenomenon of the persistent or vexatious complainant. For instance the complaints are repeated, differing only in minor detail, and unsubstantiated. A decision not to investigate such complaints further may be made at a senior level by the chief executive.

While psychiatrists are vulnerable to the possibility of repeated complaints from a single patient or family member, some specialties are the target of organised pressure groups, especially those working with children, or in liaison or forensic psychiatry.

The GMC is alert to this possibility and looks out for instances of repeated language, letters from particular organisations or individuals, the style of writing, complaints about the same aspects of care, or the same groups of doctors and so on. Nevertheless, there is no policy for dealing with organised groups, and as the GMC is more likely to investigate if there are several complainants, clearly orchestration is a possibility.

Frequently asked questions

Q: How can I reduce the likelihood of complaints?

- Remain courteous and calm and try to ensure the patient and family feel understood and cared about as this may defuse a difficult situation. Show flexibility in negotiating solutions.
- Be aware that patients and relatives may have access to your written notes or letters, so imagine them reading them as you write them.
- Make sure your notes are dated and legible and the grounds for your decisions are clear.
- If the decision is likely to be contentious (for instance referral to child protection), it is often advisable to consult a colleague and make a note of this.

Q: What are the characteristics of a persistent complainant?

- Lester *et al* (2004) found that persistent complainants were distinguished by their pursuit of vindication and retribution, consumed much time and resources and resorted to both direct and veiled threats. Nearly three-quarters were men. Their communications showed more idiosyncrasies of language, for instance misusing legal and medical terminology and often using rhetorical questions. They could be both intimidating and ingratiating, and often attached many copied documents thus building up large case files.

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

- First, be aware of the views of the interest groups in your area of practice, as there are often opposing ones.
- The patient is quite likely to tell you of their links and/or may bring downloaded information. Knowing whether or not their beliefs are fixed will be helpful in guiding your treatment considerations.
- Many support groups, while perhaps espousing one solution over another, are very valuable for patients. A minority, however, do campaign by attacking professionals both as groups and individuals. Looking at their websites will give a guide to their approach, methods and language.

Q: How do I cope when unreasonable complaints seem to be given so much attention?

- Unfortunately, this 'goes with the territory', as in psychiatry complaints may arise from illness, shortfalls in resources and/or the necessity to use compulsion, or report to other authorities. It is therefore important for the patient/complainant's view to be heard.
- It does happen that with the urge to blame, the psychiatrist is an easy target, even scapegoat, with an issue sometimes

being a proxy for other management or intra- or inter-professional difficulties.

- You may be sure you are in the right, or filled with self-doubt. In any case, the situation may well be stressful and possibly the uncertainty about the outcome may be prolonged, so make sure of all support possible, from friends, family, colleagues and professional associations.

Sources of further help and support

British Medical Association

BMA House, Tavistock Square

London WC1H 9JP

Tel: 020 7387 4499, Fax: 020 7387 4499

www.bma.org.uk

Hospital Consultants and Specialists Association

1 Kingsclere Road, Overton, Basingstoke

Hants RG25 3JA

Tel: 01256 771777, Fax: 01256 770999

Email: conspec@hcsa.com

www.hcsa.com

Medical Defence Union

MDU Services Limited, 230 Blackfriars Road

London SE1 89J

Tel: 020 7202 1500

Email: mdu@the-mdu.com

www.the-mdu.com

Medical Defence and Dental Union of Scotland

Mackintosh House, 120 Blythswood Street

Glasgow G2 4EA

Tel: 0141 221 5858

Email: info@mddus.com

www.mddus.com

Medical Protection Society

33 Cavendish Square, London W1G 0PS

Tel: 020 7399 1300, Fax: 020 7399 1301

Email: info@mps.org.uk

www.medicalprotection.org.uk

Psychiatrists' Support Service

Royal College of Psychiatrists

17 Belgrave Square, London SW1X 8PG

Tel: 020 7245 0412

Email: psychiatristssupportservice@rcpsych.ac.uk

References

LESTER, G., WILSON, B., GRIFFIN, L., *et al* (2004) Unusually persistent complainants. *British Journal of Psychiatry*, **184**, 352–356.

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