



Resolving Complaints

Although complaints can be upsetting, they provide an opportunity for doctors and students to resolve patients' concerns about their treatment at an early stage. **Anahita Kirkpatrick** offers some advice on how handling your complaint well can prevent it from turning more serious.

Department of Health figures show complaints about general practitioners' services have increased by 20% a year on average since the NHS complaints system was introduced in April 1996, although the most recent figures show a slight decrease in numbers.¹ Patients are no longer passive consumers of the care provided by their doctors. Improved education, increased expectations, the internet, and blanket media coverage of rare extreme cases may be some of the reasons for the increasing number of complaints.

Complaints about students

In the Medical Defence Union's experience, complaints about medical students are unusual, but if a complaint were to arise from your involvement, the complaint would be handled in line with NHS complaints procedure. Most complaints are considered at local level through correspondence between the trust and the complainant and possibly a meeting to try to resolve the concerns raised. You are unlikely to be asked to respond directly to the complainant, but you might well be asked to provide information to your supervisor or consultant to enable the trust to respond.

Common complaints

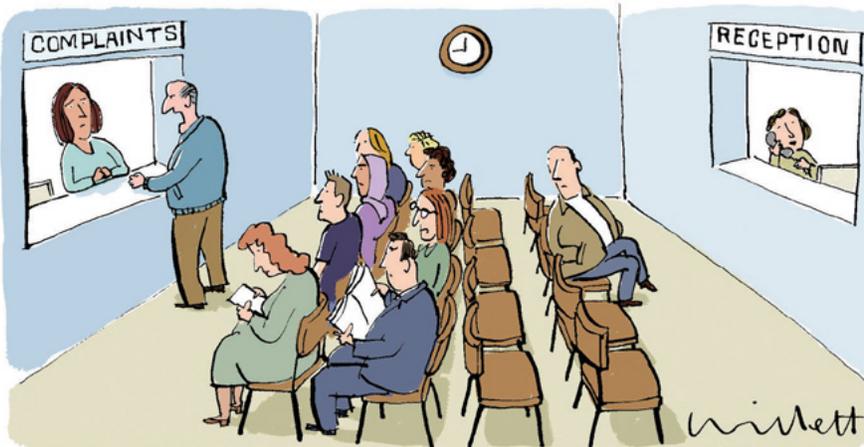
During your professional lifetime as a doctor, you may encounter at least one complaint, if not several. However, you can take steps to reduce the likelihood of receiving a complaint. Many complaints stem from simple confusion and misunderstandings—communication is an important factor in most of the complaints the union sees. Patients' anxiety can mean that they may not take in everything that is said during a consultation, so it is vital to set out what you intend to do in clear and simple language, explaining any complicated technical issues or medical jargon in lay terms. Making sure the patient understands what is going on, gives informed consent, and that this is noted in the medical records is not only part of good patient care but will help avoid the kind of misunderstandings that can lead to complaints and negligence claims later.

Get the basics right

If you receive a complaint, either as a student or later in your professional life, getting the basic approach right is essential. Tell your supervisor or consultant straight away, so together you can work out how to respond to the complaint—and who would be best placed to respond to the issues raised. It might sound difficult but try to step back from the situation. Try not to take criticism personally as this can lead to an unsympathetic or inappropriate response, which could magnify the problem. Careful, systematic, and speedy handling, focusing on what, if anything, could be done to improve the service and

WHAT THE DOCTOR SAYS





prevent a recurrence, will maximise the possibility of resolving the complaint successfully and minimise the chances of the complaint going further—to an Independent Review or to the ombudsman.

The good news is that about 90% of complaints about general practitioners notified to us are resolved at local level, within the practice. Recent figures from the NHS show that more than 60% of written complaints about hospital and community services are resolved at local level.¹ Speed, sympathy, and a willingness to listen along with an explanation; an apology, where appropriate; and an assurance that steps have been taken to prevent a recurrence of any untoward incident are often all that is needed to resolve the patient's concerns. The two cases below illustrate how a doctor's response can be crucial to resolving a complaint successfully.

Case studies

A 42 year old woman attended a general practitioner's well woman clinic for a smear test. She did not receive the results but forgot all about it, as all the results of her previous smear tests had been

normal. However, the woman's results were ambiguous and the test needed to be repeated. The general practitioner's letter explaining the situation was left unsorted under a pile of medical journals for nearly a month. When he realised the delay he instructed the receptionist to telephone the patient at home, asking her in for a repeat test straight away. The follow up smear test proved normal. The general practitioner apologised for the error, but the patient made a complaint as she was distressed that a month had gone by and there might have been an urgent problem that needed attention. The doctor responded by explaining that the practice had since introduced a new system which ensured patients are recalled for repeat tests within a reasonable time. They also told her that they had introduced a tracker system which logs tests done, results received, and any follow up needed so that the problem could not be repeated. The patient did not pursue the complaint.

In a different case, an experienced medical registrar caused a pneumothorax while trying to insert a central venous line. She made a

prompt diagnosis and instigated appropriate urgent treatment which minimised the damage and the patient's discomfort, and the patient quickly became stable. The patient's wife witnessed the drama and said she was going to make a complaint. The medical registrar and her consultant both apologised for the distress and discomfort caused by what was a genuine mishap during an emergency but explained that the quick action had prevented any further problems. When the situation was explained to the patient's wife, and later the patient, they decided not to lodge a formal complaint.

Quick response

The following advice will keep you in good stead when responding to complaints after you qualify.

Complaints should be answered by the doctor who provided the care or a senior member of their team or by a designated complaints officer in a hospital trust or primary care organisation.

There are suggested time limits in place for replying to complaints—for example, in England and Scotland three working days to acknowledge a complaint in primary or secondary care, 10 working days to reply in primary care, or 20 working days to reply in secondary care. Your medical defence organisation or the trust's complaints officer can advise you and help you to comply with these suggested timings.

If you receive a verbal complaint, offer a meeting. Encourage the complainant to speak openly and freely about his or her concerns and reassure them that whatever is said will be treated with appropriate confidence and sensitivity. Regard the situation as an opportunity to



explain your care of the patient and to clear up any misunderstandings. Often giving complainants the opportunity to discuss their concerns and to hear your response will be enough to clear the air and resolve the complaint. Written complaints need to be responded to in writing, but you should also consider offering to meet the complainant to discuss any outstanding concerns.

Saying sorry

Give a full, factual, and clinical account of your management, based on the records and your memory of the events. Remember that apologising for what happened is not an admission of guilt or liability. Although the General Medical Council does not have direct jurisdiction over medical students, it expects the same standards of behaviour from medical students as it does from doctors. The council can, however, initiate an investigation once a student has qualified, which may have an implication on their future registration. The GMC's guidance states, "Patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive, and honest response. This will include an explanation of what has happened and, where appropriate, an apology."² The GMC goes on to advise that a complaint must not prejudice the future care you provide to a patient and that, "If a patient under your care has suffered harm, through misadventure or for any other reason, you... must explain fully and promptly to the patient what has happened and the likely long and short term effects."²

If the complaint is made by a

relative remember your duty of confidentiality. If the patient is able to consent, this should be obtained before any information is given to a third party. A parent with parental responsibility can expect a response, but you should have the consent of the child to release confidential information if he or she is "Gillick competent"—in this context, that is, that he or she has the maturity and competence to understand the request and the consequences of any disclosure.

From next year, the Department of Health is proposing that NHS organisations will be expected to deal with complaints submitted by email as a way of promoting a more flexible and open service.³ Patients with complaints about primary care will also be able to complain directly to their primary care organisation, if they do not want to complain directly to their doctor. Either way, using local resolution techniques and encouraging openness on all sides could mean that doctors resolve complaints quickly and can spend more time treating patients.

If you are unsure of how to proceed when a complaint arises, get in touch with your supervisor and medical defence organisation. As a student this is vital, as the GMC's education committee has certain powers and responsibilities concerning medical education and has stated that students whose conduct may lead them to become a risk to patients should not be allowed to graduate with a degree that would allow them to register with the GMC and practise as a doctor.²

Your medical defence organisation will have helped many other people in similar situations before and have

vast experience of advising members in these circumstances. They can advise you of all of the stages of the complaints procedure, including the local resolution process, and can help with your response whether it is written, by telephone, or in person.

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The cases are fictitious but are based on cases from the Medical Defence Union's files.

1. Department of Health. *Written complaints about hospital and community services by service area, England 2002-03*. London: DoH, 2003. www.doh.gov.uk/hospitalactivity/data_requests/download/nhs_complaints/complaint_03_summary.xls (accessed 29 Jan 2004).
2. General Medical Council. *Good medical practice*. London: GMC, 2001. www.gmc-uk.org/standards/GMP.pdf (accessed 29 Jan 2004).
3. Department of Health. *NHS complaints reform: making things right*. London: DoH, 2003.

