# RCGP Revalidation Toolkit: Complaints

Royal College of General Practitioners

## Definition, revalidation requirements

In its guidance for supporting information for revalidation the GMC describes a complaint as follows: 'A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility.'[1] This definition would include: any patient complaint received by a doctor where the practice or other formal complaints procedure is involved; any formal expression of concern about a doctor's performance by a third party such as a primary care organisation (PCO) or the NHS National Clinical Assessment Service (NCAS); or any expressions of concern expressed formally within an organisation, for example where a significant concern is expressed and action required from a minuted practice meeting. The definition would also, of course, include complaints that have reached a defence union or involved the GMC.

This definition also suggests that complaints where a doctor is involved organisationally, such as a partner who manages complaints for a practice, should be declared. Doctors who are involved in complaints handling in large organisations, such as out-of-hours (OOH) providers, may be able to meet this requirement by providing a digest and overview of their actions in relation to complaints, rather than by enumerating every complaint in which they have been involved.

Complaints may take several years to be fully investigated and all outstanding complaints should be declared at appraisal, although where a complaint has been previously discussed at appraisal it would be appropriate for a doctor to refer to their previous appraisal summary with an update on how the complaint has progressed within the current appraisal period.

## What is acceptable evidence?

Evidence of complaints submitted at appraisal for the purposes of revalidation should include a description of the incident, how the doctor became aware of the concern, how the concern was investigated and the doctor's actions in relation to the concern. If possible, documentation relating to the concern should be made available to the appraiser, although regard for patient and third-party confidentiality may necessitate redaction of some of this evidence or even prevent evidence being submitted altogether. Where this is the case the doctor must clearly state why evidence has been withheld.

Evidence should ideally demonstrate that the doctor is engaging with the complaint as a form of feedback. Good practice in complaints handling should be highlighted, for example discussing the complaint with colleagues and where appropriate a professional defence body. The doctor's discussion of the concern and commentary on the supporting documentation should clearly demonstrate that the doctor has reflected upon the incident, and that this reflection is likely to inform and improve future practice.

Where a complaint has informed another quality improvement process, for example it has been the basis for a significant event discussion or initiated an audit, these processes should be described separately but linked clearly to the complaint.

## What is not acceptable evidence?

The doctor must be mindful that the information provided at appraisal does not identify a patient or third party directly. Appraisal is not a forum in which doctors should vent their feeling about what they may consider vexatious or unjustified complaints; should such complaints occur they could still be the appropriate forum within which to demonstrate good complaints handling and reflection.

Appraisal is not the forum within which doctors should try to advance grievances against patients or colleagues who they feel have treated them unfairly. Doctors may legitimately wish to discuss the effects of a complaint on their wider professional or personal lives, or discuss aspects of a complaint when commenting on their health at appraisal, but should be mindful that appraisal is not a substitute for seeking professional medical advice from a GP or occupational health physician.

## List of criteria for acceptability

Submissions should be:

- open and honest, declaring all complaints that fall within GMC guidance
- reflective, demonstrating a wish to learn from the complaint
- show that the doctor understands and engages with the relevant complaints process or method of investigating the complaint.

## Tips for the process, desirable outcomes sought

Complaints can be very stressful for the doctor concerned and the clinical team that they work with. One role of the appraiser may be to ensure that a doctor with a significant ongoing complaint has access to appropriate support. Appraisers and Responsible Officers themselves are likely to have had personal or organisational experience of complaints. Revalidation necessitates that doctors should be open to criticism and capable of using the information gained from the process to inform their practice. A doctor who has had a serious complaint upheld against them can be revalidated; a doctor who has a complaint dismissed, but in the process demonstrates a lack of insight into their practice, may be a serious cause for concern to Responsible Officers. Patterns of recurrent complaints may also need more detailed attention.

## Hints and tips for GPs in different working contexts

Complaints may be particularly difficult for locum GPs and those without a fixed practice base to declare at appraisal. Issues may arise, as locums may not be fully informed when complaints occur or may not be party to all documents that relate to a complaint. For example, a complaint may be made against a practice that they are no longer working at, which may not even inform them that a complaint has been made. However, a GP should declare a complaint at appraisal, even if they have not been provided with the 'full picture' – e.g. information about the follow-up of the complaint. At appraisal it is important for the GP to detail any constraints that have occurred when they have attempted to deal with a complaint, and to show that they have reflected upon and learnt from the incident. It is crucial that the GP collects and records any activity they undertake that relates to complaints, even if their role in a complaint is tangential.

**References and sources of further help**


1 General Medical Council. *Ready for Revalidation. Supporting information for appraisal and revalidation*. London: GMC, 2012, www.gmc-uk.org/Supporting_information100212.pdf_47783371.pdf.

2 Parliamentary and Health Service Ombudsman. *Principles of Good Complaint Handling*. London: PHSO, 2009, www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-of-good-complaint-handling-full. This guide originates from the English Ombudsman but describes good practice throughout the UK.

3 Medical Protection Society. *Complaints: Frequently asked questions*. London: MPS, 2009, http://www.medicalprotection.org/adx/aspx/adxGetMedia.aspx?DocID=af4d280f-ce85-4c51-a982-dd30a9ed2d9d.

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