



MODERNISING MEDICAL CAREERS

Dealing with complaints 2: a guide for the foundation year doctor **M66**

Rachel Hooke, Deepali Trivedi

Ultrasound of the thyroid **M68**

*Jonathan L Hart, Claire Lloyd,
Chris J Harvey*

The art of prescribing **M72**

Rameen Shakur, David Scott

A guide to the adult intensive care unit **M74**

Paul Frost, Matt P Wise

Tips on giving a good handover **M78**

Mohammad Heetun, Ritchie Chalmers

IN NEXT MONTH'S MMC SUPPLEMENT

Management of common problems in patients with chronic liver disease

Risk management and incident reporting: a guide for the foundation year doctor

Anticoagulation therapy

The blood film as a diagnostic tool

Dealing with complaints 2: a guide for the foundation year doctor

Introduction

In the first part of this article (Trivedi and Hooke, 2008), we looked at the reasons people complain and how to prevent complaints. In this part, we look at how to deal with a complaint involving you when it actually occurs.

The Citizen's Charter Complaint Task Force has defined a complaint as 'an expression of dissatisfaction requiring a response' (Department of Health, 2007).

Complaints procedures

All NHS trusts have their own complaints procedures. If the patient or relative wishes to complain, they could be made aware of the Patient Advice and Liaison Service (PALS) or Independent Complaints Advocacy Service (ICAS). They may also be advised to contact the complaints manager (or equivalent) or chief executive.

All trusts have a local resolution service that provides an opportunity for the complainant and the local organization to attempt rapid and fair resolution. If this fails to settle the issue, then the complainant could seek an independent review of his/her case. As a last resort, he/she may obtain help from the Health Service Ombudsman.

Answering a complaint

Receiving a complaint can be upsetting, particularly if you took extra trouble with that patient. You can feel shocked and betrayed. Even if you half-expected a complaint to ensue, it can still take the wind out of your sails when it does arise.

When first receiving a complaint, do not panic, and try not to take it personally.

Dr Rachel Hooke is *Working Time Directive (WTD) 2009 Implementation Manager, Airedale NHS Trust, Steeton, Keighley, West Yorkshire BD20 6TD* and **Miss Deepali Trivedi** is *Ophthalmologist, Birmingham and Midland Eye Centre, Sandwell and West Birmingham Hospitals NHS Trust, Birmingham*

Correspondence to: Dr R Hooke

This is more easily said than done. When answering it, your complaints manager can help you, and the reply should be sent to him/her. There is normally a deadline, which should be stated on the covering letter or memorandum to you. Trust management have got a target number of working days within which to coordinate statements and respond to the complainant, so you are helping them by cooperating. If you are going on leave, or have come back from leave and think you will have problems meeting the deadline, mention this to the complaints manager. You should be given access to the casenotes, even if you have left that employer. The organization may have a complaints policy and a standard template for statements.

Do not be afraid to seek advice from your consultant, who should normally be sympathetic. Even if you are technically in the wrong, it can be seen as a point of learning rather than criticism. The complaints process should be separate from any disciplinary procedure.

You may also want to speak to your defence union. Do not be fobbed off by being told that this is breaching patient confidentiality. By entering into the complaints process, the complainant has implicitly agreed and given consent for such third parties to be consulted.

Only answer what applies to you – either something directly concerning you, or something to do with the sequence of events in which you were involved. Cold food is nothing to do with you, unless your dealings prevented the patient eating the meal in good time while it was still hot. Address all individual concerns that are relevant to you, no matter how trivial. While you may feel defensive, try to see it from the complainant's side. Stick to facts, although saying how you feel is also a fact which no-one can dispute, as they are not in your shoes. It is perfectly acceptable to say unemotionally that at the time, the complainant made you feel, for example, intimidated. If you simply say that the complainant was intimidating, he/she can easily deny it.

It is possible that you may be blamed for systems problems or for perfectly normal practice. If a patient says about you 'Dr X did not come and see me before my operation', it may not have been necessary or appropriate for you to do so anyway. Also, is the complaint specifically about this, or is it simply part of their narrative, leading up to something else? If you discharged the patient with instructions to contact the GP and the GP turned out to be unavailable, this may not be your problem, unless it was established practice not to tell patients to ring GPs under those circumstances. If you were following directions from a more senior member of staff, say so and who. If you were guided by a particular protocol, state which one and which version, if appropriate.

If you do not remember something you are claimed to have said or done, then state that you have no recollection of it. If the complainant's version of events is different from yours, then describe what happened from your point of view. There may be genuine misunderstandings and words misheard.

Be aware that what you write could be visible to the complainant, particularly if it goes to court. Therefore, refrain from making facetious remarks, however tempting. If you are typing and use the tracked changes facility, make sure any changes are accepted and the originals do not show up, particularly if you have entered something you would not want to be seen.

Further information

NHS complaints procedure
www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Complaintspolicy/NHScomplaintsprocedure/index.htm

Ask the complaints manager if you can see the response that is to be sent to the complainant. The last thing you want is for a misrepresentation on your behalf. If you have done nothing wrong, you will not want an apology to be made for your actions. However, an apology for the way the patient was made to feel may be appropriate.

Whistleblowing

A complaint could be considered a way of improving one's practice. One day, you might find your fellow colleague is persistently committing errors, either knowingly or unknowingly, which could be detrimental to patients' wellbeing. You might wonder whether you should complain about it or keep quiet. In the authors' view, it is good medical practice to inform the appropriate person, as outlined by the General Medical Council (2006). You might not take the relatively drastic step of informing the General Medical Council in the first instance, but you may try to find out why it happens and what could be done to improve it. Many doctors are reluctant to speak out as they fear either putting their jobs at risk or getting bad references for their next job. However, there should be a robust

policy to protect staff members trying to blow the whistle to let certain issues come to the surface.

Conclusions

Do not be put off by complaints – they happen to everyone. Elicit support from colleagues, including your consultant, the complaints manager and perhaps your defence union. Reply to the complaints manager or other corresponding member of staff factually within the deadline. Chalk it up to experience and make sure you learn from the complaint, even if just to realize how malicious some people can be. If you are worried about a colleague's conduct, it is important to flag this to the appropriate personnel. **BJHM**

Conflict of interest: Dr Hooke has worked in both management and medicine.

Department of Health (2007) *Defining a complaint*. DH, London (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5133265 accessed 24 August 2007)
 General Medical Council (2006) *Good Medical Practice*. GMC, London (www.gmc-uk.org/guidance/good_medical_practice/index.asp accessed 24 August 2007)
 Trivedi D, Hooke R (2008) Dealing with complaints 1: a guide for the foundation year doctor. *Br J Hosp Med* 69(4): M50–M51

KEY POINTS

- Everyone receives a complaint at some point in their working life.
- Do not take it personally, even if you feel the complaint is justified.
- Speak to your consultant and the complaints manager.
- Give your version of events factually and unemotionally, answering all concerns that relate to your part in the proceedings.
- Use it as a learning point, even if unjustified.
- Do not be afraid to 'blow the whistle' if appropriate.

Correspondence

If you would like to comment on any of the articles in *British Journal of Hospital Medicine*, or any issues which are relevant to our readers, please write in no more than 250 words to:

Dr Jack Tinker
 Editor-in-Chief, BJHM
 c/o Rebecca Linssen, MA Healthcare
 St Jude's Church
 Dulwich Road
 London SE24 0PB
 email: bjhm@markallengroup.com fax: 020 7978 8316