

The GMC and local complaints procedures: guidance for doctors

1 This fact sheet is aimed at doctors who are the subject of a complaint. It explains how we handle those complaints that we consider are not for the GMC to investigate, but warrant referral to a doctor's employer to ensure that there are no wider concerns about a doctor's fitness to practise. We also have more general guidance for doctors who are referred to the GMC: *A Guide for Doctors referred to the GMC*.

The role of the GMC

2 Our powers and our sanctions are linked to our responsibilities for maintaining the register of doctors able to practise medicine in the UK. Our fitness to practise powers focus on the most serious concerns that may call into a question a doctor's fitness to practise and suitability to retain unrestricted registration as a doctor.

How we handle complaints

3 We receive around 5000 complaints each year. Many of these complaints do not appear to raise issues that would require us to take action to remove or restrict a doctor's right to practise. We normally only investigate complaints that could result in formal action. However, we try to ensure that those complaints that we do not investigate are referred quickly to the most appropriate organisation, normally the doctor's employer or contracting body.

4 We review all new complaints to identify those that we need to investigate ourselves, because the issues are potentially serious. We refer to these as Stream 1 complaints.

5 Many of the complaints we receive fall outside this category. This is because the concerns raised, on their own, are unlikely to require us to take formal action against the doctor. We refer to these as Stream 2 complaints.

6 Where the doctor works within the NHS (or in some circumstances, for a private organisation with a recognised complaints procedure), we will refer any Stream 2 complaints to the relevant local organisation to seek reassurance that there are no fitness to practise issues about the doctor that the GMC need to be aware of. It is the responsibility of the local organisation (rather than the GMC) to decide whether to investigate the complaint or to take any other action. We will normally communicate with the Medical Director or Chief Executive in the first instance.

Doctors working in a private capacity

7 In those cases in which a doctor is employed as a locum or entirely in a private capacity (excluding doctors employed by some private employers), we will contact each of the doctor's employers for details of any previous complaints, before we decide whether we need to carry out any further investigation of our own.

What action is expected of the employer?

8 It is a matter for the employer to decide in each case what action, if any, is required. In particular, the employer will need to decide whether it needs to investigate the complaint.

9 We ask that the employer confirm to us that they are not aware of any serious concerns about the doctor that might require us to take action to protect patients.

Why do we refer complaints to a doctor's employer?

10 All NHS bodies and many independent healthcare organisations are required to have their own complaints handling procedures. Local procedures

are often better placed to provide the explanation, reassurance or apology that a patient may require. They are also in a better position to assess whether there are any wider problems that may need to be addressed.

Communication with the doctor

- 11 If we consider that a complaint is one that should be referred to a doctor's employer, we will write to the doctor to obtain details of the relevant employers, so that we can forward the complaint to them. We will also confirm that we have referred the complaint to the employer. We would normally only contact the doctor again, if the employer identified concerns that we needed to consider ourselves (see below).

What will happen if the employer identifies any concerns

- 12 If the doctor's employer identifies any serious concerns about the doctor, either relating to the particular complaint or more generally, we will undertake our own investigation into the doctor's fitness to practise. At the end of our preliminary investigation two case examiners will decide whether to refer the doctor to a Fitness to Practise Panel hearing, to consider the doctor's fitness to practise.

Further information

- 13 More information about the GMC's fitness to practise procedures is available on the GMC website www.gmc-uk.org