

The GMC and local complaints procedures: guidance for employers and contracting organisations

1 This fact sheet explains what action we will take when we receive complaints that we consider can best be resolved locally and the role of employers and other local organisations in this process.

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 and can often best be dealt with under local procedures for considering complaints. 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 so that it can consider what action to take in response to the complaint. 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.

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 When we refer a complaint back to local procedures, 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 they need 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.

Complaints about general practice

10 Where a complaint is about a general practitioner, the practice, rather than the Primary Care Trust (or equivalent) may be responsible for complaint handling. In these cases, we would ask the PCT to refer the matter to the practice and satisfy itself that the complaint has been considered appropriately.

Why do we refer complaints to local procedures?

- 11** 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.
- 12** We hope that by referring the complaint quickly to local procedures it will mean that there can be an appropriate and proportionate response to the complaint. We also hope that it means that the complainant's expectations will be managed effectively.

What will happen if the employer identifies any concerns?

- 13** 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 contact with the complainant

- 14** When we refer a complaint to local procedures we will not normally contact the complainant again, unless we later decide to carry out our own investigation, because of additional information. You will need to consider what communication with the complainant is required.

What if the complaint has already been considered by local procedures?

- 15** The fact that a complaint has already been considered locally does not mean that the GMC will investigate.
- 16** If a complainant is unhappy with a decision that has been taken locally or with the way in which the complaint has been handled, they should normally take their complaint to the next stage of the complaints procedures. Where a complaint has been considered locally, we will normally only carry out our own investigation where potentially serious concerns about a doctor have been identified.

- 17** Where a complaint has been considered locally we will still contact the local organisation for confirmation that they are satisfied that there are no concerns that we need to investigate ourselves.

Further information

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