General Medical Council

PHSO Consultation

Thank you for inviting us to contribute to the consultation on the draft **Complaints Standards Framework.**

We have provided a brief response to the consultation below. However, it may be useful to first outline the role of the GMC. We are an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

Turning to the consultation, we believe that where possible, complaints should be addressed locally. This is likely to be most relevant where concerns relate to clinical matters or patient harm, where systems and processes have been a key contributory factor. We welcome the aim that this is to be a national framework to strengthen and drive consistency in local complaints handling processes and are supportive of the ideal that all healthcare providers adopt the framework.

We agree that complaints about healthcare and services provided are an incredibly valuable source of insight and feedback for the system. As part of our next corporate strategy (from 2021) we will be aiming to understand how we can better use our own insights (supported with more effective diversity monitoring) to contribute to wider discussion on reducing health inequalities.

The main focus must be on protecting patients and enabling safe care by learning from complaints. Every complaint should consider the whole system as well as any individual's role and be handled consistently, fairly, at the right time, right place and at the appropriate level. Employers should also establish a protocol to record early termination of

bank/locum contracts by healthcare providers and share any key information or learning with locum agencies and Responsible Officers, as set out in our "Fair to refer report",2019.

Organisations must take responsibility for ensuring that those who are involved in the investigation of local complaints make fair and unbiased decisions, are representative of the local system and that patterns of decision making are monitored and scrutinised. And before the formal complaint process is initiated, someone who is impartial to the issues involved, has an understanding of diversity and can demonstrate cultural competency, should review whether a formal response is necessary.

Perhaps most importantly, the system needs to inspire confidence in those who both work within and use it. They need assurance that: their voices are heard and acted upon, to ensure lessons are learned from complaints, patient harms are identified, shared and resolved and improvements to the service are made and shared as a result.

Our independent report on gross negligence manslaughter and culpable homicide, published in 2019, found that improvements in patient safety are most likely to come through local investigations into patient safety incidents which are focused on learning, not blame. We strongly endorse developments in the frameworks for investigations that emphasise the need for the investigation team to have the time and the appropriate experience, skills and competence (including understanding of human factors) to undertake investigations, and the necessary degree of externality to command confidence in the process.

It is also important that investigations take into account the context in which individual doctors work – with particular consideration given to the systemic factors that shape this – including local cultures and the extent to which they promote fair treatment, effective induction, feedback and ongoing support for all doctors, particularly those at greater risk of isolation (as set out in our Fair to Refer report). Complaints handlers should also take into account cultural issues when assessing insight and remediation.

Complaints processes can be extremely stressful for both the staff and families involved. This can be compounded by factors such as being excluded from the process, not receiving information about the process that is being followed and not having advice about their rights. We stress the need to involve and support families and staff in complaints processes as much as possible and in line with the principles set out within the duty of candour.

We support the principles, aims and proposals outlined in the framework which are sensible and pragmatic. We recognise the challenges faced at local level in terms of capability and capacity of healthcare providers to carry out good quality investigations. Critical to the framework's success and assurance of fair decision making will be ensuring adequate provision of training and support to the organisations and complaints handlers tasked with investigating and responding to complaints at a time when both are under considerable pressure. This should include training on equality, diversity and inclusion, unconscious bias, auditing and monitoring and the provision of meaningful, timely and fair

feedback for all staff, to enable their ongoing learning and development and to mitigate concerns at an early stage. Training on these areas could be provided through local induction and appraisal processes.

Based on our experience and expertise we have published our Good Investigation Principles, which can be found here. These are the key principles that we believe should underpin investigations into concerns about fitness to practise. The majority of complaints will not raise fitness to practise issues, but these principles have wider applicability and may be useful for organisations using the complaints standards framework.

Effective oversight and monitoring of how the framework is utilised, and how lessons learned from complaints are implemented, is also vital. We would support the PHSO taking on a central role to oversee this framework and report on its progress.

We note the proposal to signpost individuals to other appropriate bodies and professional regulators where this is necessary in order to deal with a complaint. This may be appropriate in some circumstances, but we would expect that, if a local complaint raised a serious concern about a doctor that posed an immediate risk to patient safety, the complaints handler would raise their concerns with us directly. We have been working with partners from the NMC and GDC to provide input to the supporting guidance for the framework on this specific point and when it would be appropriate to refer a complaint about an individual registrant to their regulator.