Council meeting, 29 September 2016

Agenda item: M6

Report title: Update on external review of corporate complaints and independent report on options

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Action: To consider

Executive summary
At its meeting in December 2015 Council agreed that an external organisation would be engaged to audit a sample of complaints to help provide assurance that the GMC’s complaint handling process was fair and fit for purpose. They were also to consider the benefits of having an external reviewer for some escalated complaints.

Verita, an independent and highly regarded complaints handling consultancy, has now completed a review of our complaints handling. The review is complimentary of the GMC’s approach, processes and those who work for the GMC handling customer complaints. As expected, Verita has specified some areas for improvement but on the whole believe the GMC complaints handling system is healthy with best-in-class elements.

As requested, Verita has also provided an opinion on the potential for an independent complaint review service which Council asked to be considered.

Recommendations
Council is asked to consider:


b The high-level advice given about an independent review service for some escalated complaints.
Key points from the independent review of complaints report

1. Verita is an independent consultancy that specialises in managing reviews for regulated organisations. It has significant experience both in managing complaints and also as a supplier of an independent complaints review service. Its clients include The Law Society, British Council, Department of Health, NHS England, various NHS Trusts, the Lottery Forum and Police authorities.

2. We gave Verita a log of 2,275 complaints records dated July 2015 to July 2016. Under its methodology Verita extracted a random sample of 343 complaints - giving a confidence level of 95% that the sample is representative of the whole data set.

3. The review included desk top audits and face to face interviews with complaints handlers from across the business. Verita assessed our performance against its own metrics as well as the Parliamentary and Health Service Ombudsman (PHSO) ‘Principles of Good Complaint Handling’.

4. Verita’s overall findings, at Annex A, are positive and agree with the observations previously made by staff. Verita describe the GMC’s complaints function as strong, generally providing a high level of service and producing balanced well written and well supported responses to complaints. Processes are well governed and closely adhered to by staff who see themselves as valued, take a real pride in their job and recognise the importance of their role as the public face of the GMC.

5. Whilst they make recommendations for minor adjustments in some areas Verita were particularly impressed with the GMC’s:

   a. ISO 10002 certification evidencing a genuine aspiration to offer the best service possible, learn lessons from complaints and initiate business improvements as a result.

   b. Public facing communications explaining the complaints process as well as internal documents for staff on how to deal with complaints.

   c. Complaints Reporting which is described as a significant area of strength.

   d. Use of the Continuous Improvement Database which they consider to be excellent practice.

   e. Positive working environment and an obviously engaged and committed workforce who are well trained and supported by their peers and seniors.

   f. Responses to customers, which were strong in demonstrating that the nature of the complaint was understood. The team are commended for this particularly as some of the complaints were detailed and complex with the complaints handlers’ grasp of the regulatory and legislative framework said to be excellent.
Recommendations

6 Verita made only minor recommendations in the midst of a positive report:

a Escalated complaints: Verita recommend some minor adjustments to the wording on our website to clarify what this means. It also said we should consider having a trigger for escalation based on elapsed time taken to process the complaint.

b Siebel and Reporting: Whilst both are noted as being very good, Verita noted a number of fields in the Siebel complaints system that are not consistently used or have some duplication and suggest we should consider an audit and remove any that are considered redundant. Verita also advise we should emphasise to staff the importance of completing data fields, where necessary, and attaching all relevant correspondence to a complaint record.

c Staff and communication: Verita spoke to three members of staff in Manchester and comment on some minor concerns around the dynamics of interworking between the teams. Verita make various suggestions to improve communication and build understanding. The senior management team are aware of the challenges for the teams and some of these suggestions are already in hand. The relocation of the Corporate Review Team to Manchester will help foster a more cohesive unit and better communication across the piece and we are beginning to use peer review to help teams understand the very different realities of complaints on a section by section basis.

d Responses and explanations: 94% of the cases audited displayed a strong performance in referencing the detail of the complaint and addressed the substance of the case. This is a very high level but Verita noted there is room for improvement especially when explaining rules, and specifically Rule 12 reviews of Fitness to Practise decisions. This is noted as being a difficult area to explain with a need for legalistic language and one the corporate review team are progressing under their own continuous improvement project.

Conclusion

7 Verita’s detailed findings give reassurance that our complaints handling process is fair and fit for purpose. We recognise and agree with the minor improvement recommendations made and these changes will be progressed through the internal cross-directorate customer complaints group.

Independent Review Service

8 Verita were also asked to give us an opinion on whether we should add an independent reviewer of complaints as a final stage of escalation in our process. Verita understand the costs of operating this service as they provide it for other organisations. In doing so, it sets out the two stage test devised to decide whether it would be appropriate for Verita to take on a complaint for review which considers
both the public interest in the complaint being investigated and whether the complaint is of considerable interest to the complainant*.

9 Verita particularly noted that some of the complaints can be long running, generate a lot of correspondence and may take a disproportionate amount of time.

10 There are some high-level costings given in the report by way of information but a straightforward complaint taken on by the external reviewer would likely cost between £5,000 to £10,000. A slightly more complex case between £10,000 to £20,000. In the breakdown of complaints Verita audited for us, it has suggested that three cases from their sample of 343 may pass the two stage test to be worth external review.

11 These would be initially assessed at an approximate cost of £600 per case. Verita would only take cases on and incur further costs if they felt they could add to what the GMC had already done/explained. When we look at our caseload as a whole of nearly 2500 complaints a year this could be a considerable expense even to have an initial assessment.

12 The costs of these would need to be weighed against the potential benefits. There would undoubtedly be a positive public perception that the GMC is prepared to pay for an external review. The external reviewer would take on long running complaints and the costs of that would be offset against the internal resource that would otherwise be taken up. However, our internal view is that an external reviewer would not be a resolution at this stage.

13 The ISO accreditation and the findings of Verita’s report are very reassuring about how we deal with customer complaints. If we were to introduce an external reviewer, initial assessment costs would be incurred in all cases whether they were taken on by an external reviewer or not. The costs involved even in a small number of complaints may be significant and hard to forecast while not adding the value expected. We met some other, established, external reviewers as part of the procurement of this review and it is an acknowledged challenge that they are not seen as truly independent by complainants.

14 From our experience on cases we have used external resource to help with, tenacious complainants are likely to continue to correspond with us despite an external body’s involvement and are just as unlikely to accept their conclusions or that they are truly independent of the GMC.

* By which they mean is the complainant hugely invested in the outcome and was there a large impact on their life stemming from the original complaint
 Nonetheless, Council may consider that the extra costs and investment involved are worth it to extend the transparency and openness of our processes. If that is the conclusion we will return to Council with a clearer view of detailed costs at a later date.
M6 – Update on external review of corporate complaints and independent report on options

M6 – Annex A

Independent review of the General Medical Council
customer complaints handling: Annual report

A report for
The General Medical Council

August 2016
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1. Introduction

1.1 The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK. It works closely with doctors, their employers and patients. Its functions and the way it carries them are set out in law. The GMC:

- Decide which doctors are qualified to work here and it oversees UK medical education and training. There are over 270,000 doctors registered to practise in the UK, and over 30,000 registration transactions are processed each year.
- Sets the standards that doctors must meet, and makes sure that they continue to meet them throughout their careers. It monitors the standards of over 30 medical schools, and processed more than 70,000 revalidation transactions in 2015 to ensure the ongoing competence of doctors.
- Takes action to prevent a doctor from putting the safety of patients, or the public’s confidence in doctors, at risk. In 2014 the GMC received almost 10,000 complaints or enquiries about doctors resulting in almost 2,750 full investigations.

1.2 The GMC acknowledges that, on occasion it makes incorrect decisions or that it is unable to help its ‘customers’ in the way that it would like. It has a customer complaints process which enables customers to provide feedback on the service they received from the GMC. On average, the GMC receives approximately 2,500 customer complaints per year.

1.3 The GMC commissioned an independent review of its complaints handling in 2014. One of the recommendations of this was for the GMC to consider a regular independent review of corporate complaints. In addition, the GMC Council asked that the GMC explore the feasibility of appointing a suitably qualified organisation or individual to independently review its new complaints handling processes and to assess the merits of having a final and independent examiner of individual complaints.

1.4 As a demonstration of its commitment to excellence in complaint handling, the GMC Performance and Resources Board committed the organisation to achieving British Standards Institute (BSI) ISO 10002 complaints handling certification. This accreditation was achieved in January 2016.
1.5 In May 2016, Verita was commissioned via competitive tender to undertake the independent audit service. Verita is a consultancy specialising in the management and conduct of investigations, reviews and inquiries in public sector organisations. Verita has significant experience in managing complaints both at the ‘front line’ and as a supplier of an independent complaints review service.

1.6 Team biographies are shown in appendix A.
2. Terms of reference

The provider will deliver an independent report covering three key areas:

- Review of a representative sample of corporate complaints to help the GMC understand the effectiveness of its new customer complaints policy, and its operational use;
- Write an annual report of its complaints handling suggesting good practice, areas for improvement and how the GMC is performing against its policy and standards in general; and
- Assess the benefits that could be realised from having an additional stage in the complaints process where individual complaints about the service provided by the GMC could be referred for an external, independent review.
3. Executive summary

Overarching findings of the study

3.1 At the highest level, we found that the complaints function within the GMC is strong, generally providing a high level of service to complainants and producing balanced, well written and well supported responses to complainants.

3.2 The fact that the GMC takes its complaints handling seriously and genuinely aspires to offer the best service possible to its customers is demonstrated by its decision to gain ISO 10002 complaints handling certification.

3.3 Integral to attaining ISO 10002 is the commitment to learn lessons from complaints and to initiate business improvement as a result.

3.4 In the course of this investigation, we have seen good evidence that the GMC’s processes are strong, well governed and closely adhered to by staff. This manifests in good (though not perfect) record keeping on Siebel, with effective means of tracking individual complaints and complainants over the course of their interactions with the GMC.

3.5 Staff are aware of the need to identify business improvement opportunities through the complaints process. The use of the continuous improvement database is excellent practice and further use should be encouraged.

3.6 Another significant area of strength is in reporting. We found that the depth of the reports produced is strong, and offers not only ‘basic’ metrics through which to monitor performance, but also real intelligence that the organisation can use for learning and improvement. We particularly like the fact that detailed reports are designed and produced with the needs of the end-users as the goal. The Registration & Revalidation (R&R) tableau reports are comprehensive and detailed. However, while in many organisations we see this done for ‘its own sake’, it is done here because it is a stated business stated requirement.

3.7 Our interactions with complaints staff have been uniformly positive, with an obviously engaged and committed workforce, open and willing to help.
3.8 We found that the relationship between the complaints teams and the wider organisation is a positive one. In many organisations, there is an essentially adversarial relationship between complaints and their parent functions, as the receipt of complaints is seen as a direct criticism of either individuals or their teams, so interactions are often defensive and tense.

3.9 The staff we spoke to in the GMC were, on the whole, comfortable in their roles and see themselves as a valuable (and valued) part of wider teams. The fact that the complaints functions are physically situated with the directorates they serve works well, breaking down barriers and providing easy routes for communication and two-way feedback.

3.10 The fact that complaints staff turnover is very low is a strong indicator of a positive working environment. In other organisations we have seen the complaints function often has real issues retaining staff who feel under-valued and marginalised. This is clearly not the case in the GMC.

3.11 Unsurprisingly, this positive situation appears to be more obviously true for the longer-established teams. Of the two largest, (R&R) appear to be very settled and solid and well-embedded in their directorate. The Fitness to Practice Directorate (FPD) team appear to be less so, but this does not give us real cause for concern.

3.12 While the intra-team dynamics appear to be good, an area that can be improved is that between the complaints function in different directorates. While there is an obvious positive (described above) in co-locating complaint handlers within their directorate team, there is a disadvantage in that the wider complaints function appears to be lacking a ‘single identity’.

3.13 We saw evidence of some lack of understanding between teams in, for example, what would constitute ‘ideal’ process and how, in particular, this should be reflected in Siebel. We recommend below some positive actions to address this.

3.14 There is currently a period of change within the complaints team which can provide a good opportunity to tweak practices and address the minor concerns that we have found.
3.15 As we will describe in more detail below, the GMC performs well against Verita’s performance metrics. While we have some questions over data quality and some elements of individual responses, these are minor in relation to the wider picture of thorough, mostly empathetically written and timely responses.

3.16 Our analysis of level 2 and 3 complaints suggests that the determination as to whether the organisation would benefit from a final stage independent, external reviewer is essentially one of judgement for the GMC Council.

3.17 Our analysis indicates that a relatively small number of complaints account for a large amount of effort from the complaints team - the top decile representing 32% of ‘system time’ (explained below), and the worst 3% some 15% of system time - often driven by complainants remaining dissatisfied with the outcomes of their complaints and losing confidence in GMC systems, processes and individuals.

3.18 In our experience, reference to an external body can diffuse such heated situations, freeing up organisational time and providing complainants with the assurance of external scrutiny. We explore the potential benefits and limitations of independent complaints review in section 9 below.
4. Approach

4.1 Our evaluation of the GMC is designed to objectively assess the performance of the complaint handling function against both its internal policies and targets, and also to compare the function against best practice we have observed in different departments across sectors and individual organisations.

4.2 The review has involved desk top audits of policies and procedures (what ‘should’ be done) against the answering of actual complaints randomly selected from the Siebel system (what is done). These exercises were followed up by face to face interviews with complaints handlers in order to get an ‘on the ground’ perspective of the functioning and dynamics of the complaint handling team.

4.3 As would be expected from an organisation with ISO 10002 certification, the complaints team produce a wide range of genuinely strong, comprehensive reporting against key performance metrics (10 day closure in line with SLA’s, team performance, source of complaints by process, category etc). On this basis, we see little value in replicating these, but rather in this report concentrate on those areas less well served currently.

4.4 We have reviewed the GMC’s policies and procedures relating to complaint management to both assess their inherent strength, but also to determine how well complaints are managed against these internal standards. We have also reviewed a sample of complaints reports.

Complaint audit methodology

4.5 The GMC receives around 2,500 complaints each year. We extracted a random sample (the audit sample) of 343 complaints across the period 1 July 2015 to 31 July 2016 (13 months’ data) for detailed analysis. This provides a Confidence Level of 95% (Margin of Error 5%) that the sample is representative of the whole data set.

4.6 We then designed a framework against which to assess all the selected complaints. This included judging whether the responses met a number of criteria:
- **Complaint correctly classified and escalated** - This is important as we have seen on numerous occasions in other organisations complaints being referred to the wrong team / department, inevitably leading to delay and frustration on the part of the complainant. Initial triage of the complaint is key.

- **Referencing and applying appropriate regulations and legislation** - Particularly in regulated environments, it is key that complaints are judged against the correct standard, be that internal or external (mandatory).

- **Whether there was an appropriate investigation of the concerns and an evidence-based analysis** - For this criterion, we assess whether there is evidence that the complaint has been properly considered, investigated thoroughly and appropriate evidence gathered.

- **Whether the responses addressed the concerns raised and were written in plain English** - Do the responses provided by the GMC directly address the issue raised, and are these responses in plain, comprehensible, appropriate language?

4.7 In order to ensure that we properly randomised our audit sample, we received the data from Siebel in an unfiltered form, i.e. we had every record over the period. While the majority of our analysis was performed on the audit sample, in some instances we felt that there would be benefit in looking at the complete data set. In section 7 below, we identify whether the analysis was on the audit sample or complete data set.

**Staff interviews**

4.8 Interviews were held with three members of GMC staff in their offices in Manchester. These were front line complaints handlers drawn from different directorates. The nature of the interviews was to establish if preliminary conclusions drawn from observations of the complaints audit are reflected in the experience of staff on the ground, and to assess the standing and performance of the complaints function from those directly engaged in it.

4.9 The findings from the work described above are given sections 5-8 of this report. They describe the ‘as-is’ situation for the GMC. In section 9, we have analysed the complaints in our audit sample that have reached stages 2 and 3 and assessed whether these would be suitable, in our experience, for an independent complaints resolution service.
5. **The GMC’s complaints processes, policies and reporting**

5.1 We reviewed the GMC’s policies relating to complaints. These included:

- public-facing information contained on the GMC website and in policy documents which are available on the website;
- Siebel Complaints System 7.8 User Manual and its annexes; and
- internal guidance “Complaints - aims, role and staff engagement”.

**Public-facing documents**

5.2 The GMC’s website contains a large amount of information relating to complaints. It describes the values lying behind the GMC’s approach to complaints and outlines a number of ways in which complaints can be made. These include the use of a standard “complaint, compliment or comment” form, an email address and phone numbers.

5.3 The website sets out what areas are covered by customer complaints and distinguishes these from complaints about doctors, which are dealt with separately. It also makes clear the information that is needed from a complainant in order for the GMC to deal with it.

5.4 The phases of the complaints process are described. Following acknowledgement of the complaint (within five working days), an initial assessment is carried out to decide who the response should be allocated to. Once this has been done, there is a three stage process which is described in a simple, clear graphic.

- Stage 1 - resolution from team member or manager.
- Stage 2 - escalated response.
- Stage 3 - full response from our corporate review team.

5.5 For stages 1 and 2 the aim is to give responses within 10 working days. The website says that the GMC aims to resolve complaints at stage 1 wherever possible, “*but if you aren’t happy with our response we may escalate it through our three stage complaints process*”. In stage 3, the corporate review team takes an independent view of
the complaint while liaising with the relevant area of the organisation. If the corporate review team decides that no further action is necessary, the complaint will be considered closed unless further information is produced.

5.6 In addition to the website, the GMC has a policy which is entitled “GMC and MPTS Customer Complaints Policy”. This sets out the principles relating to complaints handling and makes reference to ISO 10002 standards. It does not describe the complaints process, referring readers back to the website for this information.

Comment

The information we have seen is of high quality. In general, the processes are explained clearly and in a user-friendly manner. However, while the information on the website is generally comprehensive and generally well explained, we believe that some minor adjustments to wording would be beneficial.

Recommendation

R1 We believe that the description of the complaints process on the website could be a little clearer. Stage 2 is described as “escalated response”, but no information is given as to how a response would be escalated (by whom or on what grounds). We also find the use of the word “escalated” as slightly jargonistic. We think that many people would assume that an “escalated” response is from a more senior member of staff (although internal guidance says this is not necessarily the case), but while internal guidance provides explanation as to who complaints should be escalated to, this does not appear to be included on the website.

Complaints about doctors

5.7 There is a separate section of the website relating to complaints about doctors. After taking the complainant through a number of screening questions, they are led to an on-line form in order to input information. A number of documents on the website give guidance in this area. These include “How to complain about a doctor” and “Getting help
with making a complaint”. The process for handling complaints against doctors is set out in a leaflet entitled “How we investigate concerns about doctors”.

Internal documents

5.8 The GMC has a number of documents for staff on how to deal with complaints. These begin with the Siebel manual which explains the technical use of the system, but is backed up by a series of annexes which cover areas including:

- dealing with repeat complaints and escalation (the policy says that a convincing justification has to be made for not escalating a complaint);
- collecting equality and diversity data;
- how to investigate complaints; and
- tone of voice and house style.

5.9 A more general document “Complaints - aims, roles and staff engagement” explains the role of members of staff with complaints, emphasising that they are the responsibility of all staff.

Comment

We were impressed by the quality of internal documentation which is written in an approachable style and avoid the unnecessary formality which often makes such documents difficult to read (and frequently unread). They are comprehensive and have an appropriate emphasis on issues such as empathising with complainants, making responses easy to read and learning from complaints.

Reports

5.10 We reviewed examples of the monthly complaints update and the quarterly complaints report. In addition, we also reviewed the monthly tableau reports produced by the R&R team.
5.11 The monthly report is relatively brief. It reports on the proportion of complaints answered within the KPI timescales and gives a breakdown by directorate and complaint type. Information is also given about the outcomes of complaints in categories such as “Explanation”, “No action”, “Apology” and “Further Action”. The source of complaints is reported and the number and category of complaints by doctors is also separately identified.

5.12 The quarterly report is significantly more comprehensive. As well as the information provided in the monthly report, the quarterly version provides more breakdowns by directorate and also identifies key trends. Importantly, the quarterly report also provides details of business improvements identified as a result of complaints. There appear to be a significant number of improvements identified – one example we looked at contained 12 identified improvements and ten that had been implemented. The report also includes case summaries of a number of complaints.

5.13 We were told that the reports are widely circulated within the organisation. We have seen evidence of KPIs relating to complaints being reported to the Council through the chief operating officer’s report, although this appears to focus more on KPIs rather than learning.

5.14 We were very impressed with R&R’s tableau reporting. The content is well laid out and comprehensive, but the element that we found particularly significant is that it is designed and produced in response to the stated needs of the business.

5.15 We were told in interview that operational users had specifically requested the data as it is presented, and in the (considerable) depth that it goes into. We often see reports produced simply because the system has the capability to do so, but these are often largely unread. Consultation with the end-user to tailor output is good practice and should always be encouraged.

Comment

Again we were impressed by the level of analysis that is carried out and the comprehensiveness of the information provided. We noted that the quarterly report in particular focuses on trends and business improvement opportunities which
represents best practice in this field. Providing details of individual complaints is also good practice and gives a flavour of the issues that are arising which cannot be conveyed through statistics alone.
6. **Good practice in managing complaints - an overview**

6.1 In evaluating performance in complaints management it is important to consider the objectives of the work - why the complaints process is important to an organisation.

6.2 The motivation for complaints management is often seen in a negative light - avoidance of bad publicity or legal challenges, or simply as a “necessary evil” - but there are also many positive ways in which to look at complaints management.

6.3 The Parliamentary and Health Service Ombudsman’s ‘Principles of Good Complaint Handling’ suggests a number of benefits from managing complaints well. These include:

- **Providing a good service to customers or service users**
- **The feedback they give to the organisation about problems or where things are not working well**
- **That they give an early warning sign of problems or failures of the organisation to update procedures or services to meet changing needs.**

6.4 In short, complaints provide both a warning of things that are not going well and the information to enable improvement to services. They can help senior managers to ‘sleep better at night’ in the knowledge that they are aware of (and on top of) any issues with the operation of the organisation and are able to plan how to respond. This frame of mind can make real the cliché of “being a learning organisation”.

6.5 The Ombudsman’s guidance also emphasises the importance of having good procedures which, it says, “can save ... time and money by preventing a complaint from escalating unnecessarily”.

6.6 It is easy for an organisation to respond to complaints in a defensive way. Dealing with complaints properly can be time consuming and feel unrewarding. It is natural for those responding to want to stand up for their colleagues and to present the best face of the organisation. An overly defensive response can, however, lead to an adversarial relationship with the complainant, a loss of confidence in ‘the system’ and is, therefore, likely to be counter-productive.
6.7 Key features of a good complaints system include:

- strong leadership from the top of the organisation;
- a focus on outcomes to be delivered both for the complainant and the organisation;
- fairness and proportionate responses;
- sensitivity to complainants needs;
- a clear and straightforward process, which is therefore accessible to users; and
- efficiency - with decisions taken quickly, things put right and lessons learnt.

6.8 In the end, a good complaints process comes down to providing clear, balanced responses to the issues raised, while building a positive culture so that the organisation as a whole, and those responding to complaints, regard them as useful intelligence and a resource to aid learning and improvement.

6.9 How, then, do we find that the GMC performs against these metrics?
7. Performance analysis

7.1 In this section, we review the complaints team performance against the following criteria:

- Is the Siebel database correctly completed?
- Is background/context/previous correspondence/complaints included and easily accessible?
- Is the complaint correctly classified?
- Was the complaint correctly escalated?
- Is the nature of complaint clearly set out by author of GMC response - shows understanding of the issue?
- Is the approach/methodology used clearly set out?
- Are appropriate regulations, legislation, benchmarks referenced?
- Are appropriate regulations, legislation, benchmarks applied?
- Is there evidence of a comprehensive investigation of concerns?
- Is there evidence based analysis?
- Does the response adequately address the specific concerns of the complainant?
- Is the response written in plain English, with good spelling and grammar?
- Are timeframes for responses made clear to the complainant?
- Are next steps (if any) outlined?

General comments on context and approach

7.2 Gripes from users over ‘difficult to use’, ‘slow’ or in whatever other way deficient ERP systems are inevitable and, to a significant extent, outside of the scope of this review. Unless we saw a system that was plainly not fit for purpose, we will not comment on the ‘usability’ per se. Rather, when we say ‘easily accessible’, we mean are documents present and accessible to a moderately competent user. For the avoidance of doubt, Siebel does not give us any concerns - it is a perfectly good system.

7.3 In making our assessments, we have looked only at the correspondence that has resulted from the complaint - not any background documentation of, for example, an FDP panel review. It is not for this review to ‘second guess’ the core decision making
processes of the GMC, but rather to comment on the responses when an individual is dissatisfied with some aspect of GMC operations.

7.4 As a final point prior to turning to the more substantive elements of our appraisal, as discussed above, we think that the reports currently produced by the complaints team are strong and cover all aspects of ‘core operational metrics’ - performance against KPIs, throughputs, performance by directorates etc. We have, therefore, concentrated in this report on areas that are not already known and, therefore, will be more informative for the organisation.

Is the Siebel database correctly completed?

Complete data set Analysis

7.5 Given that we had access to the full dataset, we took the opportunity of running some basic tests against our full log of 2,275 records. We believe that the data is essentially ‘clean’ and credible, but we make some observations below.

![Days From Receipt To Close](image)

7.6 In order for us to identify ‘problem’ complaints - i.e. those that are unresolved for extended periods of time - we calculated the total number of days for every record from receipt within the complaints department to its final ‘closed’ date. We will discuss the findings from this in more detail below, but we note that 18 records (0.8%) were, in system terms, closed before they were opened (the left hand side of the chart above), i.e.
there is an obvious data cleanliness issue. It would be sensible for staff to consider these records and identify ‘what went wrong’ in their coding, and to consider building a check into future Siebel releases precluding the possibility of simple date errors such as this.

7.7 The second area that we would note is the sometimes patchy / inconsistent completion of some data fields. Above is given the example of the field ‘Acknowledgement reqd’. The chart above gives the percentage that the field is filled in at all (either Yes or No). Clearly, this is a field that has been introduced in 2016 (or else ‘made compulsory’) and is now routinely completed. When we look, however, at instances where there is a ‘Yes’ answer, it is clear either that acknowledgements are not routinely sent, or else that these are not faithfully recorded. We looked at June 2016 and July 2016, and in both cases it was not recorded on the ‘Acknowledgement sent’ field that acknowledgement had indeed been sent in over 5% of instances. While, again, a near 95% accuracy is not weak, it does give headroom for improvement.

Recommendation

R2 Staff should be made aware of the importance of completing every data field.

7.8 While the fields above are obviously used, the field ‘Complaint Group’ is completed in less than 1% of instances. It should be decided if this has any utility, in which case it should be routinely completed, or else dropped from the database entirely. While ‘Complaint Group’ was the only obviously unused field in our data, we only saw 21
of the over 30 available Siebel fields, so any other uncompleted fields should be either enforced or removed from the database, thereby simplifying its use for new or infrequent users.

**Recommendation**

**R3** The complaints team should conduct an audit of Siebel fields and consider removing any that are redundant.

**Audit sample analysis**

![Siebel Completed Correctly?](image)

7.9 As can be seen above, within our audit sample we found that the vast majority of records were complete when judged against our criteria, but notwithstanding this there were still six records missing correspondence either inwards or outwards. While this is a strong performance, a 1.8% error rate does represent an opportunity for improvement as the risk of missing information is clear should an individual follow-up their complaint at a later date.
Recommendation

**R4**  The importance of attaching all relevant correspondence to complaint records must be reinforced across the entire complaints team.

**Is background / context / previous correspondence / complaints included and easily accessible?**

*Audit sample analysis*

**7.10**  In our complaints work, a very common issue among complainants is that they have not been properly understood and that their real issues have not been adequately addressed. In our experience, this is often because background information is difficult to find, poorly recorded or inaccessible to the individual complaint handler.

**7.11**  As the chart below shows, we found that the GMC is strong in this area:

![Bar chart showing background / context accessibility](image)

**7.12**  In our sample, we found that there was a good ‘audit trail’ of the complaint and all correspondence both inward and outward. The use of telephone logs is good, as often we find that it is the detail of individual telephone calls that are lost. Those that we have classified as ‘simple’ was a straightforward issue with limited background or correspondence and an uncomplicated resolution.
7.13 The 1.7% of cases that we found to be deficient were the six referenced above, where the records are incomplete.

Is the complaint correctly classified?

*Complete data set Analysis*

7.14 We believe that the classification system is good, with all of the classification fields essentially completed:

<table>
<thead>
<tr>
<th>Field</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Profile</td>
<td>100%</td>
</tr>
<tr>
<td>Repeat Complaint</td>
<td>99.96%</td>
</tr>
<tr>
<td>E&amp;I/Equality Act</td>
<td>100%</td>
</tr>
<tr>
<td>Team Handling</td>
<td>100%</td>
</tr>
<tr>
<td>Stage</td>
<td>99.6%</td>
</tr>
<tr>
<td>Status</td>
<td>100%</td>
</tr>
<tr>
<td>Category</td>
<td>100%</td>
</tr>
<tr>
<td>Sub-Category</td>
<td>100%</td>
</tr>
</tbody>
</table>

7.15 In eight cases (of the total 2,275 records) there was no ‘Stage’ completed. None of these fell into our study sample. We found one example (in our audit sample rather than the complete dataset) where it was a repeat complaint but this had not been noted.

7.16 We do have a minor concern over the fields ‘Category’ and ‘Sub-Category’, in that both have a large number of possible responses. It is good that both are filled through the use of drop-down boxes, but in ‘Category’ there are 85 possible responses and in ‘Sub-Category’ 210. We note that, over the full 13 month period, for ‘Category’ 21 of these responses are used two or fewer times, and for ‘Sub-Category’ 64. This suggests that there are, perhaps, too many options that are, essentially, redundant. We further note that, when accessing the drop down box, many of the options are duplicated.
Recommendation

**R5** We would suggest that, while obviously an operational decision, rationalisation should be considered to determine whether every option is valid and useful.

*Audit sample analysis*

**7.17** In our audit sample, we found only two records that we would question in terms of their classification. In both instances, these were simply questions asked by a ‘complainant’ for which good answers had been supplied. We are unsure as to why these had been classed as complaints.

*Was the complaint correctly escalated?*

*Complete data set Analysis - Possible escalation enhancement*

**7.18** It is a truism that delay in ‘getting answers’ is the single largest source of dissatisfaction among complainants. Below, we have taken the full dataset (2,275 records) and broken this into deciles of ‘time in the system’ - the elapsed time from ‘Received by Complaints’ to ‘Closed’.

![Average Days To Close](chart.png)
7.19 We can see that the fastest 10% of complaints are closed in an average of 1.9 elapsed days, with the slowest 10% taking some 47 days. This is a very typical picture, with a relatively small number of complaints taking a disproportionate amount of time. We will discuss this further later in this report, but we note here that of the 230 records that make up the top decile, 153 of these are at stage 0.

7.20 We would suggest that, at a certain point - possibly 47 days - complaints are considered for escalation. There will be good reasons behind many (if not most) of the delays, but equally there will undoubtedly be instances where some more senior intervention could ‘get things moving’. Of the 153 top-decile complaints at stage 0, 50 of these are noted as having breached the SLA for “Workload” or “Administrative Error” reasons. For the provision of good service and the improvement of customer satisfaction, we would suggest that these cases are identified, given priority and cleared as rapidly as possible.

Recommendation

R6 Consider ‘elapsed time’ as a possible trigger for escalation if a set number of days is breached.

Audit sample analysis
7.21 In our audit sample, we found 43 instances where complaints had been escalated. In 42 of these cases, the reasons were clear and in line with the guidance given to staff in GMC policies. One of the escalated complaints was in the six records with incomplete documentation. On this basis, we found that when the decision is taken to escalate, this is well-understood and well executed.

Is the nature of complaint clearly set out by author of GMC response - shows understanding of the issue?

Audit sample analysis

![Complaint Clearly Understood](chart)

7.22 We found that the responses produced were generally strong in demonstrating that the nature of the complainants’ concerns were well understood. This is impressive, as some of the complaints were detailed and complex. We commend the team on constructing responses that should give the reader confidence that, even if they do not agree with the outcome, this is not because the issue has not been understood.

7.23 We saw good consistency of response between teams - there was an obvious ‘GMC style’ that demonstrates that policies and guidance are well understood by complaints handlers. We believe that the fact that complaints handlers are embedded within directorates is positive, as expert opinion is close at hand and demonstrably used in formulating appropriate responses.
7.24 In those instances where we found that the GMC does not effectively demonstrate understanding of the issue, this is largely due to ‘rules’ that have been followed with little or no explanation - for example that the 5 year rule has been involved or simply stating that a rule 12 decision is final. In two instances, the complainant has been unclear in exactly what they are taking issue with, so the handler has asked for clarification. In the final instance, the response was good, but the complainant asked for all correspondence to be by post as email ‘was a problem’. The response was sent over email, with no record of a letter having been sent. We do not find any of these isolated examples to be of concern.

Is the approach/methodology used clearly set out?

Audit sample analysis

7.25 Our experience shows that complainants not only want to know any decision / action in their case, but also some indication of the process by which this decision was reached.

![Methodology Explained](chart)

7.26 Achieving this in 95% of the cases in our sample is, again, very laudable. In those cases where we found that reasonable attempts to explain the methodology used to reach a decision was not sufficiently explained, the two predominant reasons were around explaining Rule 12 decisions and complaints around the operation of PLAB tests. Rule 12 underpins many of the issues that we identified in complaint responses, as they are
obviously written in a style designed to close down the issue. In itself, this is not necessarily a problem as complaints can obviously not be open-ended, but we would recommend that the tone and content of these responses be reviewed and a consensus reached on whether they are as the organisation would want.

Recommendation

R7 The team should review a sample of Rule 12 responses in order to determine if they strike an appropriate tone in keeping with internal guidance.

7.27 Interestingly, the audit sample included three examples of the same complaint - issues with a mannequin in a PLAB test taken on the same day. We found the (stock) response to this somewhat deficient - essentially that ‘all normal processes were followed’. We do not question whether this was true, but we felt that the response would benefit from more detail as to what actual checks were made, given the volume of the complaints on a single issue.

7.28 In three other instances, we saw that the GMC had, effectively, admitted fault and made redress or apology, but again offered little explanation as to why the initial error was made. In the spirit of candour, we believe that a fuller explanation would have been helpful.

Recommendation

R8 When the GMC accepts fault, it should offer complainants a fuller explanation as to why the error was made and offer reassurance that their poor experience will be used to prevent similar failures in future.
Are appropriate regulations, legislation and benchmarks referenced? Are these effectively applied?

Audit sample analysis

7.29 Given the complexity of many of the issues addressed by complaints handlers in the GMC, we found that their grasp of the regulatory and legislative environment under which the GMC operates is excellent. This will undoubtedly be the result of many positive aspects of operations - the low staff turnover, the easy availability of subject matter experts as a result of co-location within directorate teams, the ‘specialisation’ of individuals within teams in specific areas, good training and leadership. We commend the teams on their ability to convey a mastery of ‘the rules’ and how these relate to the specific issues of most complainants. We did see instances where responses were long and “technical”, but found that these were in response to similarly detailed complaints, so we believe that they were appropriate to satisfy the needs of the complainant.

7.30 In those instances where we have judged that this criteria had not been satisfied, we feel that GMC decisions have been reasonably questioned, but the specific ‘rules’ underpinning the decision have not been sufficiently explained. In one instance, it appears that the complaint handler has disproportionately focused on one element of a complaint and not adequately addressed others. In one specific instance, an institution where an overseas applicant studied English was removed from the accredited list while he was mid-course, leading to a failed certification. While we do not question the
necessity to quality control institutions, but we found the GMC response to be very unsympathetic when it appeared the complainant was not at fault.

Is there evidence of a comprehensive investigation of concerns? Is there evidence based analysis?

Audit sample analysis

7.31 Our experience of complaint handling tells us that it is very important for complainants to feel that they have been ‘taken seriously’ and that proper consideration has been given to their concerns. The best way to do this is to demonstrate that a rigorous, appropriate investigation has occurred.

7.32 Placing ourselves in the position of the complainant, we found that GMC responses were generally very clear on the steps that were taken in reaching their determination. It is telling that, even in those instances where the complainant was not happy with the outcome of a complaint, they did not question whether due process had been followed - rather questioning was around efficacy or competence of individuals (not something that we are in a position to comment on, and a common reaction from disappointed complainants).

7.33 Unsurprisingly, those responses that we found to be inadequate are largely those discussed above. We found it surprising that, in relation to the failed PLAB test, the
complaints handler did not provide any reassurance that an investigation had occurred. We believe that even stating that, “I have spoken to the Lab tech on duty that day” would have been more convincing, but there was no indication of what specific action had been taken to address the issue raised. We also noticed a tendency among complaint handers to provide less detail on the nature of the investigation undertaken when they found in favour of the complainant, essentially just accepting fault without sufficiently explaining how it was uncovered. It was noticeable that, when finding against the complainant, considerably more explanation was offered, presumably by way of justification for the decision.

**Recommendation**

**R9** We recommend that the same level of explanation should be applied to all responses regardless of the outcome.

**Does the response adequately address the specific concerns of the complainant?**

**Audit sample analysis**

**7.34** Of our sample, over 94% of the cases displayed a strong grounding in the detail of the case, with responses that clearly referenced and addressed the substance of the complaint - again a strong performance.
We found only two instances where we believe that the response did not adequately address the concerns of the complainant, or appeared to not adequately address specific concerns. In both instances, this was as a result of questioning Rule 12 decisions. It appeared to us that legitimate questions were asked (or new points raised), but were essentially met with ‘the decision has been made’. We realise that this is a difficult area, but the response appeared slightly curt given the nature of the queries. As discussed above, we feel that consideration should be given to the approach for Rule 12 complaints, as at present the responses seem incongruous when compared with the general standard of response.

While none of the 17 responses that we have marked as ‘partial’ are poor, in each case we feel that at least one issue has not been adequately referenced or answered. In many instances, the response does reference appropriate legislation / standards etc, but without covering the specific point(s) raised by the complainant. In other instances, the GMC upheld the complaint, but we felt that it would have been good practice to explain to the complainant why they found in their favour.

Is the response written in plain English, with good spelling and grammar?

Audit sample analysis

In judging the standard of English used in responses, we judged against both ‘Tone of Voice’ guidance issued by the GMC and our own experience. We would mention that we
found the GMC guidance (Annex E of the Siebel User Guide) an excellent document that provides sound advice throughout.

7.38 We found that the standard of English in GMC responses was good, well-structured and generally well aligned to the language and level of detail used by the complainant.

7.39 In only one instance in our audit sample would we be critical of the English employed, as a result of poor sentence structure and sloppy phrasing. Notwithstanding this the response did provide a comprehensive answer and sound advice to the complainant.

Are next steps (if any) outlined?

Audit sample analysis

7.40 In just over half of the cases in our sample, there were next steps required either from the GMC or the complainant. We found that these were very well signposted and, where applicable, the timescales quoted were either statutory or struck a good balance between speed of response and allowing a reasonable period to provide this response.
8. Complaint handler interviews

8.1 In order to determine if our impressions of the performance of the complaints function was reflected ‘on the ground’, we interviewed a small number of front-line staff to assess their views of their roles and complaints function within the wider organisation.

8.2 We were struck by the level of engagement that all interviewees displayed towards their role and the GMC in general. We were given a picture of valued staff who took real pride in their jobs and recognised the importance of their role as the ‘public face’ of the organisation. The low level of staff turnover is tangible evidence of this.

8.3 It was evident that the decision to apply for ISO accreditation has had a positive effect on the complaints function. We were told of ‘significant positive changes’ in the last two years in the run up to accreditation and its first months of operation.

8.4 In many organisations, the complaints function can be viewed with suspicion by other departments, as complaints are seen as evidence of individuals or functions ‘not doing a good job’ and so the complaints team can be met with apprehension and defensiveness.

8.5 In the GMC, this was not the view of our interviewees, who generally described a strong relationship with their ‘parent’ directorate staff, and a real sense of all working for the common good. This, though, appeared to be more the case in R&R - unsurprising given that it is the most established directorate. However the view was expressed that, while relationships were generally good, there were still pockets within the wider organisation who are ‘not quite sure what the complaints team do’. While this should improve naturally with time, the GMC may like to consider an engagement event in all directorates to explain the complaints function.

8.6 We believe that the decision to embed the complaints teams within directorates is pivotal to this positive situation, enabling direct, frequent communication and removing organisational barriers.

8.7 We were told that continuous improvement has become a real focus for the complaints team. Equally positively, there was a belief that any improvements suggested
would be genuinely considered and, where possible, implemented. This clearly has a constructive effect on staff who feel that they can tangibly ‘make a difference’.

**Recommendation**

**R10** We believe that allowing staff direct access to the Quality Assurance team’s Continuous Improvement Database represents best practice and should be further encouraged.

**8.8** Training within the complaints function was seen as good, with the emphasis around ‘on the job’ training also viewed positively.

**8.9** Complaint handlers felt well supported by their peers and seniors. The practice of intra-team peer review of responses was welcomed and the quarterly audit of output by assistant directors breeds confidence that complaint handlers are ‘doing the right thing’. We believe that the peer review / quarterly audit is effective and constructive for staff and represents excellent practice.

**8.10** If we can paint a positive picture of the complaints function within their parent directorate, we have some minor concerns around the dynamics of different teams within group.

**8.11** We were given the impression that there is a lack of detailed understanding between the various directorate complaints teams. While there are the obvious upsides of a distributed complaint team model, the danger is a lack of a single, coherent identity within the team.

**8.12** While the relocation of the Office of the Chair and Chief Executive (OCCE) team to Manchester should help with this situation, it will not provide an instant solution the issue, as the single floor separating R&R and FPD appears to be something of a barrier.

**8.13** The level of communication between complaints teams could be improved. We were given the impression of a slightly partisan relationship manifested in, for example, disagreements over Siebel system changes to suit the different teams, with each ‘fighting their corner’ as opposed to seeking common cause.
8.14 We did not get the impression that there is a comprehensive understanding of the day to day issues faced outside of an individuals’ directorate team, or how other teams perform their function. As an example, while it was agreed that an escalation function is necessary, there was some uncertainty as to what OCCE should do and how it should do it - should it be purely operational or take a more strategic role?

8.15 Given all that we have described in the majority of this report, it is regrettable that we should have any concern around the relationships within a high functioning service.

8.16 The relocation of OCCE does provide a useful opportunity to re-examine relationships and working practices within the function. We believe that it is important to build a more cohesive unit within complaints.

8.17 We know that senior management within the complaints function are aware of the need to build team unity, and are working toward this.

8.18 While senior GMC staff will undoubtedly have ideas as to how this could be achieved, we would suggest some simple practical steps to build familiarity and personal connection between individuals. It was noteworthy for us that front line complaints staff stated that they ‘would not know colleagues from other directorates if they stood in the lift together’.

**Recommendation**

R11 We suggest that, for example, one day per month every team member goes and works alongside colleagues in other directorates simply to understand the issues that they face and how they address them. Not only should this build understanding, but it will foster a degree of personal connection and empathy.

8.19 As stated above, we believe that the peer review process within teams is very positive.
Recommendation

R12 We would suggest that, on occasion, the peer reviewer should be drawn from another directorate team. This will ensure that all teams are working to similar standards and build ‘real world’ knowledge of what other teams do day to day.
9. Potential for an Independent Complaint Handling Service

9.1 We were asked to consider whether, in the light of our review of the current service, it would be beneficial to introduce an independent review service for the GMC.

Why have an independent review - and in what form?

9.2 Organisations have different motivations for commissioning an independent review service. That motivation can vary according to the circumstances of individual complaints, for example:

- The relationship between the organisation and the complainant may have broken down to an extent that nothing that it says appeases the complainant. In these circumstances an independent reviewer can make common sense proposals which the complainant is able to accept, which they may have rejected if proposed by the organisation itself.
- The complaint may relate to an important area of work and produce learning that would be valuable for the organisation. In this case an independent review can help the organisation to get to the bottom of the issue and make recommendations about what improvements are appropriate.
- The complaint may be without merit but some kind of resolution is needed. We have seen cases where complainants have continued to pursue an issue for many years (or even decades), despite there being little prospect of a satisfactory resolution. Although unlikely to fully resolve the issue for the complainant, an independent review can provide confirmation that there is no merit in the complaint and provide re-assurance that no further action can reasonably be taken.

9.3 Verita applies a public interest test to the cases which are referred to us, in order to determine whether it is worthwhile us taking on the case. This test has two aspects. The first considers the wider public interest, asking whether there would likely to be a public benefit from investigating the complaint, for example transformative learning for the organisation concerned. The second concerns the effect on the individual complainant. It could be that, although the complaint does not raise issues of wider interest, it has had a disproportionate impact on the individual. In these circumstances, it
is appropriate to review the complaint in order to protect the interests of the individual. These tests are discussed in greater detail below.

9.4 Independent complaints support can offer a variety of approaches. Verita currently works with a number of organisations to support their complaints work, and each follows a slightly different model adapted to the particular needs of the organisation. The main models can be summarised as follows:

- **Process review** - this is the most limited approach where the independent reviewer looks at the process that the organisation has followed to determine whether they are fit for purpose and whether they have been correctly followed. The focus here is largely administrative. It does not touch on the substance of the complaint.
- **Evaluating the complaint** - while this goes wider than simply looking at the processes followed, it falls short of re-opening the decision made. Often the complainant has identified particular concerns - for example that specific information had been ignored or misinterpreted. The independent reviewer can determine whether the complaint is justified and then recommend to the organisation how it should respond - for example by re-opening the case or providing some kind of remedy.
- **Investigation of the decision** - this involves a re-investigation of the original decision by the independent reviewer. Expert advice would be taken to review whether that decision was the right one and whether a different conclusion should have been reached.

**Verita analysis of GMC level 2 and 3 complaints**

9.5 We reviewed all the complaints from our audit sample of 343 that were rated level 2 or level 3. This amounted to 15 level 2 complaints and 5 at level 3.

9.6 All of these complaints related to fitness to practice issues:

- 13 were from members of the public about doctors who had provided them with care. Of these, some were about the GMC’s decision not to investigate their
complaint further, while others related to concerns about investigations and hearings that had been completed.

- In a further four cases complaints had been made by doctors about the performance of other doctors. In these cases, the issues related to either the GMC’s decision not to investigate further, or questioned the process of the investigation.

- The three remaining complaints were from doctors who had concerns about the outcome of a fitness to practice process which they had been subject to and argued that the GMC had been wrong in deciding to remove their licence to practice.

9.7 Conscious that carrying out an investigation costs public money, we have devised a two stage test to decide whether it is appropriate for us to take on a complaint for review.

9.8 The first leg of this test is to consider whether the investigation would be in the public interest. The determinant of that is whether there would be any benefit to the public from the expenditure of public resources in investigating it. We consider whether, if the complaint were at least partially upheld, something would be learnt that would be of use to the organisation concerned and therefore generate a return for the cost incurred. The test of whether an upheld complaint would lead to improvement is a key test to help distinguish a vexatious complaint from those that should be investigated further.

9.9 If the complaint does not satisfy this test, there is a second criteria to apply which may nonetheless justify investigating the complaint. This is that investigating the complaint is of particular importance to the individual concerned, such that if the complaint were upheld it would make a significant difference to them. It is important that public bodies act fairly to individuals. It is, therefore, worth considering whether the benefit to them justifies the work involved, even in the absence of a wider public interest. It is worth noting that this test also screens out complaints that have been investigated, the organisation has accepted fault (and identified its associated learning) and appropriate redress offered.

9.10 Our experience of complaints reviews suggests that they fall into a number of broad categories. These include:
• **Complaint is fully justified** - i.e. the organisation complained about is entirely in the wrong and is failing to admit it. These cases are extremely rare. Complaints to public bodies, of necessity, pass through a number of hands. The chance that each of the people who review the complaint share an irrational response is low. In reality, it is difficult to think of any examples that fall within this category in our experience.

• **Complaint has no merit** - in a number of cases the complaint has little or no merit. This may be because the issue complained of has already been addressed and rejected, may not be within the power of the body to resolve or is unclear/difficult to understand. The filtering process described above is intended to identify these cases and ensure that they do not reach the investigation stage.

9.11 The most interesting category, however, is those where the complaint has a basis in fact, while not being fully justified. In our experience, complaints are often based on a ‘trigger’ event which spurs the complainant into action. Driven by concern about this issue, the complainant starts to look more closely at their interactions with the organisation and finds more and more faults. Mutual impatience and lack of trust make it more likely that the parties take adversarial positions that can often become self-perpetuating.

9.12 These ‘trigger’ events often involve a mistake or miscommunication by the organisation that is being complained about. These are important to address, because if one person has misunderstood, for example, standard wording in an email or on a website, other people are likely to do so in the future, meaning that failure to address them can waste resources in the long term. However, often the complaint moves on from this initial event in such a way that the underlying issue is obscured by subsequent conflicts.

9.13 Every complaint that we have looked at that passed our filtering test has been based on at least a kernel of truth from which the organisation concerned can learn. This basis in a real issue is, however, often not immediately apparent. An independent review can uncover the underlying issue and allow the less meretricious elements of the complaint to be separated out. Appropriate redress can then be suggested and the organisation can learn what it needs to.
9.14 The GMC has a clearly defined fitness to practice process which is based in statute. We do not believe that it would be helpful for an independent reviewer to get involved in this process in a way that might add uncertainty. However, it is noticeable that many of the complaints we looked are very long running. These generate large amounts of correspondence and in some cases the relationship between the complainant and the GMC had broken down. The GMC might like to consider whether it would be a more efficient use of resources for some of these to be referred to an independent review process. The aim would not be to re-open the fitness to practice reviews, but to provide assurance that the GMC had followed its own processes correctly.

Addressing “problem” complaints

9.15 In any mature complaints handling departments, there will inevitably be a tranche of complainants that remain in the system for a disproportionate amount of time. These tend to garner a great deal of senior attention, and can distract staff from their day to day activities.

9.16 As described above, in order to assess if this might be the case for the GMC, we analysed our full data set (2,275 records spanning 13 months from July 2015) in order to determine if this might be an issue for the GMC.

9.17 In the absence of detailed timesheet information, we have used ‘time in the system’ as a proxy for effort involved in resolving complaints. We realise, of course, that it is by no means a linear relationship between elapsed time to resolution and actual hours spent, but we use the assumption that if the complaint was not closed then some degree activity was ongoing.

9.18 As we saw earlier on the chart below, the slowest 10% of complaints to clear the system take more than twice as long as the second worst decile - an average of 47 days.
9.19 Breaking this top decile further, the degree of variation within this becomes apparent:

![Graph showing average days to close in different deciles]

9.20 The chart above shows that the ‘fastest’ clearance in the top decile took an elapsed time of 27 days to clear, with the slowest some 150 days. On this basis, we calculate that the ‘worst’ 1% of records remain in the system for an average of nearly 100 days. If the correlation holds that time in the system is a proxy for time spent, this would mean that this worst 1% would account for 7% of the total time spent in complaint handling, with a little over 3% of individual complaints (70 in number) accounting for 15% of the total time spent.
9.21 We would not suggest that all of these cases would be suitable for independent assessment - indeed, it is likely that few would - but it would be an interesting exercise for the GMC to estimate the absolute cost of these ‘problem’ cases in view of the total complaint handling budget to assess the cost effectiveness of (relatively) early closure.

9.22 In order to assess how an independent review process might operate, we looked all the level 2 and level 3 complaints in our audit sample to consider whether they would pass the tests for independent review. A summary of the results of that process is shown in the table below. Cases that may be worth review are highlighted in green.
<table>
<thead>
<tr>
<th>GMC Level</th>
<th>Category</th>
<th>Description</th>
<th>Public Interest Test</th>
<th>Personal Interest</th>
<th>Benefits to GMC</th>
<th>Cost Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 A</td>
<td>A</td>
<td>Complaint about surgeon from patient who has been operated on. Issue had been reviewed by a Case Examiner who had sought expert advice which supported the action taken by the surgeon. Complainant was unhappy about communication from the surgeon to him.</td>
<td>Issues personal to individual rather than systemic.</td>
<td>Complaint relates to surgery on the complainant, therefore contains a strong personal issue.</td>
<td>Strong personal interest could justify further investigation</td>
<td>2</td>
</tr>
<tr>
<td>2 B</td>
<td>B</td>
<td>Doctor has raised concerns about another doctor which went through the Rule 12 process. Complainant is very unhappy with the way in which the GMC handled the issues raised.</td>
<td>Issues personal to individual rather than systemic.</td>
<td>Serious concerns about a doctor which are important to the individual.</td>
<td>Strong personal interest could justify further investigation</td>
<td>1</td>
</tr>
<tr>
<td>2 A</td>
<td>A</td>
<td>Complainant claims he has been victimised by the GMC.</td>
<td>Issues personal to individual rather than systemic.</td>
<td>Not clear that GMC is the best way to resolve his issues.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>1</td>
</tr>
<tr>
<td>2 B</td>
<td>B</td>
<td>Complaint by a doctor about the fitness to practice of a colleague. GMC have investigated and found no case to answer.</td>
<td>Issues personal to individual rather than systemic.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>1</td>
</tr>
<tr>
<td>2 A</td>
<td>A</td>
<td>Long standing complaint from a patient about care provided by a doctor. Complainant unhappy that GMC is not investigating further.</td>
<td>Issues personal to individual rather than systemic.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>1</td>
</tr>
<tr>
<td>2 A</td>
<td>A</td>
<td>Complaint about a Rule 12 decision not to look into the performance of a doctor.</td>
<td>Issues personal to individual rather than systemic.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>2</td>
</tr>
<tr>
<td>2 A</td>
<td>A</td>
<td>Data protection issue pursuant to a Rule 12 case. GMC has apologised for making an error.</td>
<td>Could be benefit if the cause of the data protection issue may re-occur.</td>
<td>An apology has already been issued, so there is unlikely to be further benefit to complainant.</td>
<td>Would be benefit if investigation showed why error occurred and allowed it to be avoided in future.</td>
<td>1</td>
</tr>
<tr>
<td>2 A</td>
<td>C</td>
<td>Patient is concerned that GMC is not addressing complaint that they have about a GP. Doctor objecting to the removal of their licence to practice</td>
<td>Issues personal to individual rather than systemic. Specific issue relating to the doctor concerned.</td>
<td>No particular impact on the person concerned. Complaint is not an appropriate way to deal with concerns about a fitness to practice decision.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>1</td>
</tr>
<tr>
<td>2 A</td>
<td>A</td>
<td>Complaint by a patient relating to the fitness to practice of two doctors. GMC have looked into the allegations and decided that there are no grounds for further investigation.</td>
<td>Issues personal to individual rather than systemic. Specific issue relating to the doctor concerned.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>2</td>
</tr>
<tr>
<td>2 B</td>
<td>A</td>
<td>Complaint by doctor about the performance of another doctor</td>
<td>Specific issue relating to the doctor concerned.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>1</td>
</tr>
<tr>
<td>2 A</td>
<td>A</td>
<td>Complaint is concerned about the slow progress in a Rule 12 Fitness to practice case.</td>
<td>Specific issue relating to the doctor concerned.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>1</td>
</tr>
<tr>
<td>2 A</td>
<td>A</td>
<td>Complaint from patient about outcome of investigation into allegations under Rule 12</td>
<td>Issues personal to individual rather than systemic. Specific issue relating to the doctor concerned.</td>
<td>Complaint is not an appropriate way to deal with concerns about a fitness to practice decision.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>2</td>
</tr>
<tr>
<td>2 A</td>
<td>C</td>
<td>Complaint by doctor relating to their erasure from the register following a Case Examiners decision.</td>
<td>Specific issue relating to the doctor concerned.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>1</td>
</tr>
<tr>
<td>GMC Level</td>
<td>Category</td>
<td>Description</td>
<td>Public Interest Test</td>
<td>Personal Interest</td>
<td>Benefits to GMC</td>
<td>Cost Level</td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>2</td>
<td>C</td>
<td>Doctor complaining about the process of the disciplinary hearing that they went through.</td>
<td>Specific issue relating to the doctor concerned.</td>
<td>Complaint is not an appropriate way to deal with concerns about a fitness to practice decision.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>B</td>
<td>Complaint by a doctor about the failure of the GMC to investigate his complaint about another doctor.</td>
<td>Specific issue relating to the doctor concerned.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>A</td>
<td>Patient complaint about failure to investigate a complaint against a doctor.</td>
<td>Issues personal to individual rather than systemic.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>A</td>
<td>Complaint about the GMC's failure to return correspondence to complainant.</td>
<td>Issues personal to individual rather than systemic.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>A</td>
<td>Complaint about a Rule 12 decision</td>
<td>Issues personal to individual rather than systemic.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>A</td>
<td>Complaint about a decision not to investigate a doctor.</td>
<td>Issues personal to individual rather than systemic.</td>
<td>No particular impact on the person concerned.</td>
<td>Not likely to be a significant benefit from investigating this case.</td>
<td>1</td>
</tr>
</tbody>
</table>

Costs:
- 1 (Low) £5-10k
- 2 (Medium) £10-£20k
- 3 (High) > £20k

Categories:
- A: Patient regarding the fitness to practice of a doctor
- B: Doctor regarding the fitness to practice of another doctor
- C: Doctor about the way their own case has been handled
9.23 Having reviewed some of the GMC’s most serious complaints we believe that the numbers involved would be small and the number that “passed” the filtering process would be smaller still. For many of the organisations that we work with typically only three or four cases are referred to us for evaluation each year, and often only one a year is fully reviewed. The contracts we work with are usually on the basis that there is only any cost if a review is actually carried out (save for the relatively small cost of the initial screening process).

9.24 Ultimately only the GMC can determine whether there will be significant benefits to it from an independent review of its long running complaints. If it is felt that in some of these cases the two sides become entrenched so that resources are used up without progress being made, adding an independent layer to the process could be productive.
Appendix A - Team biographies

Peter Killwick

Peter Killwick is a Verita partner. Peter has extensive complaints handling experience and was the designer of Verita’s Complaint Handling Diagnostic Tool. He is the primary contact for the British Council contract, and so plays a key role in developing their process improvement actions, screening referred complaints for suitability for independent review and then leading the work for those complaints that we investigate.

Amber Sargent

Amber Sargent is a Verita director. Amber has worked with a number of NHS organisations experiencing difficulties with their complaints system. Her work has involved clearing backlogs of complaints, identifying weaknesses within complaints system and making recommendations to improve systems for both the organisation and the complainant. She was part of the team that developed our complaints diagnostic tool.

Dr Stephanie Bown

Dr Stephanie Bown is a Verita associate director. Stephanie is a highly experienced medico-legal specialist. She is a registered medical practitioner and an accredited mediator with a law degree. She is a former senior executive at a medical professional services membership organisation (MPS), and was director of the National Clinical Assessment Service for a year before joining Verita.

Kieran Seale

Kieran Seale is a Verita senior consultant. Kieran previously worked in NHS governance for five years, including the management of complaints functions for a number of NHS bodies. He currently manages the complaints contract that Verita has with a consortium of lottery funders, including the Big Lottery Fund, Heritage Lottery Fund, Sport England and the Arts Council, overseeing the process of independent review of the most sensitive and difficult
complaints. In addition, he performs much of the day-to-day work on complaints that Verita carries out for the British Council. Legally qualified, Kieran brings a rigorous and systematic approach to the investigation of complaints.
Appendix B - Documents reviewed

General Medical Council complaints processes

Siebel Complaints System User Manual Annex A - Repeaat Complainants and Escalation
Siebel Complaints System User Manual Annex C - Complaint Record Free Text Fields
Siebel Complaints System User Manual Annex E - Writing with impact, our tone of voice
Siebel Complaints System User Manual Annex F - Writing with impact, our house style
Siebel Complaints System User Manual Annex G - Service Level Agreements (SLA) breach reason guidance
R&R Complaints and Correspondence Handbook (2015) Complaints - aims, roles and staff engagement

General Medical Council public documents

Making a complaint, compliment or comment about the GMC form
GMC and MPTS Customer complaints policy
The GMC process for handling complaints
How we investigate concerns about doctors leaflet
Getting help with making a complaint (England)
How to complain about a doctor (England)
Whistleblowing Policy

General Medical Council complaints reports

Quarterly Complaints Report 2016 Q1
Monthly Complaints Update May 2016
Customer feedback monthly report - June 2016