For decision

Implementing patient meetings across the UK

Issue
1 The future of meetings with patients, following evaluation of the pilot.

Options
2 The following options have been considered:

   a Option A: To continue to run meetings with patients in the pilot areas i.e. North West and Greater London.

   b Option B: To cease running meetings with patients.

   c Option C: To continue with meetings in the pilot regions and extend access to meetings to the rest of the UK.

Recommendations
3 The Strategy and Policy Board is asked to:

   a Approve Option C, above.

   b Approve proposals to provide full reimbursement of travel costs on production of receipts for complainants attending meetings.

   c Consider whether we should include reimbursement of travel costs for a second person to accompany the complainant to meetings.

   d Approve proposals to provide additional security in the devolved offices when meetings with complainants are taking place.

   e Agree we review end stage meetings as part of implementation.
Implementing patient meetings across the UK

Issue

Findings of the independent evaluation

4 We have completed a pilot of meetings with complainants whose complaint was referred for a full investigation. The pilot evaluation Report, at Annex A, sets out that the vast majority of feedback in relation to patient meetings is positive. A summary of the background to the pilot is at Annex B.

5 It is clear from the feedback that the meetings build rapport with complainants and reduce their feeling of isolation within the Fitness to Practise process. Some complainants say that this is the first time in a lengthy wider complaints process that they have felt listened to. In a number of cases, the meetings have enabled us to clarify the nature of the complainant's concerns and feed this into the investigation process. In general, the meetings appear to help complainants understand our role and purpose, with complainants' making frequent comments about their understanding that it is not our role to punish doctors.

6 The meetings also appear to help complainants understand our investigation process. It is clear from comments made during the evaluation that the meetings help us to explain what to expect, thereby reducing the expectation gap that we know exists.

7 Complainants said that both initial and end stage meetings were conveniently arranged to suit them with a preference for face to face meetings, although we also received positive feedback about telephone meetings where a face to face meeting wasn’t possible. Complainants said they were thoughtfully conducted by our staff, providing a range of positive feedback regarding the Patient Information Officers listening skills and the way they conduct the meetings.

8 Complainants also raised a number of issues/concerns about the pilot:

a A number of complainants highlighted concerns about the costs associated with taking part in the pilot meetings. This included travel costs and time to attend the meetings.

b There was some dissatisfaction from complainants about the end stage meetings. During these meetings many complainants want to revisit in some detail the evidence in the case and, even where our reasoning for a decision is explained, continue to challenge the outcome and some commented that they wanted to meet the decision makers.

c Some complainants felt the end stage meetings would be more constructive had they attended an initial stage meeting. However, due to the length of time some cases take to conclude, this was not extensively tested.
Some complainants said they felt uncomfortable with the presence of a second GMC attendee, and were confused about why they are there even though this was always explained at the outset of the meeting.

**Conclusion of the evaluation**

9 Despite the challenges regarding end stage meetings, the independent evaluation confirms our own experience of the meetings: that both initial and end stage meetings help us to engage with complainants, and ensure that we understand complaints and help us to build relationships. The meetings generally improve complainants' understanding of our processes, procedures and the outcome whilst providing a good platform on which to build understanding of our role.

**Options**

10 A full and detailed options appraisal was carried out and three options have been considered:

**Option A: To continue to run meetings with patients in the pilot areas i.e. North West and Greater London**

11 The current pilot has received a significant amount of positive feedback from those who have participated. In the modern landscape of health regulation, effective engagement with complainants is vital to maintaining public confidence. By continuing to offer meetings in the pilot regions only, complainants from other parts of the UK are likely to feel increasingly excluded. For this reason we do not recommend this option.

**Option B: To cease running meetings with patients**

12 The feedback makes it clear that the meetings build rapport with complainants and reduce their feeling of isolation within the fitness to practise process and present opportunities for us to clarify their concerns. Complainants have also stated that the meetings help them to understand our role and purpose, our investigation process and what to expect, thereby managing their expectations. For these reasons we do not recommend this option.

**Option C: To continue with meetings in the pilot regions and extend access to meetings to the rest of the UK**

13 Given the overall positive feedback about the meetings and the conclusions of the evaluation, we recommend that the Board approve the implementation of meetings with complainants across the UK. We recommend that the pilot continues to operate in its current format while a scaled-up version of the pilot is planned and implemented across the whole of the UK. This will involve face-to-face meetings in the Manchester, London, Cardiff, Edinburgh and Belfast offices. Patient Information Officers will be based at the London and
Manchester offices only and will travel to the devolved offices to conduct meetings as necessary. We recommend that, as part of our implementation plan, we consider the concerns raised by complainants about end stage meetings and options for how to approach those meetings going forward.

**Our approach to end stage meetings**

14 While the overall feedback about the pilot meetings was positive, end stage meetings attracted some degree of criticism. In light of this we consider that this part of the process would benefit from further consideration and propose, as part of the implementation plan, to consider ways to increase complainant satisfaction. Should this lead to any significant change to the model to be rolled out, we will provide further updates to the Board in due course.

**Proposals to provide full reimbursement of travel costs on production of receipts for complainants attending meetings**

15 If we decide to extend the model across the UK, in order to provide an accessible process, thought will need to be given to the cost to the complainant of attending a meeting. As during the pilot, we only invited those who lived close to the London or Manchester offices, we did not contribute towards the cost of travel for complainants attending meetings. During the pilot, complainants were offered a telephone meeting as an alternative to a face to face meeting and it is recommended that this model be maintained for rollout.

16 Two models for dealing with the cost to complainants of attending meetings have been considered. Firstly providing a fixed amount of £50 per person for those attending meetings. This model would be subject to a minimum travel distance to ensure that only those likely to incur meaningful travel costs would receive reimbursement. There are pros and cons to such a model. Superficially it looks easy to administer but our systems are not configured to operate such a model. Superficially it looks easy to administer but our systems are not configured to operate such a model. The downside is that it could result in some complainants being over reimbursed for attending meetings. This could affect the reputation of the meetings model.

17 The other model is to reimburse complainants for the cost of attending meetings on the production of receipts for travel costs. Although this requires our Finance Department to process travel receipts, this is a model we are currently configured to operate. For example we use this model to reimburse witnesses who attend hearings to give evidence as well as a range of associates. It also has the benefit of not over-reimbursing complainants for travel costs which will protect the reputation of the pilot. Having considered both models we recommend that complainants who attend meetings should submit receipts for reimbursement of travel costs in the same way as we reimburse travel costs for witnesses who attend Medical Practitioners Tribunal Service (MPTS) hearings. At an average return journey cost of £50, it is
estimated that the cost of reimbursing complainants for the cost of attending meetings is likely to be around £32,000 per annum.

Reimbursement of travel costs for a second person to accompany the complainant to meetings

18 A further consideration is whether to reimburse the travel costs of a second person to attend meetings with the complainant. Almost all complainants brought someone with them to meetings during the pilot. If we were to reimburse the travel costs of a second person to attend a meeting with a complainant an additional cost of £32,000 would be incurred. It is worth noting that we do not currently reimburse a supporter to accompany a witness to a hearing unless there are exceptional circumstances.

Proposals to provide additional security in the devolved offices when meetings are taking place

19 Our offices in Scotland, Wales and Northern Ireland do not have the same reception and security facilities as the London and Manchester offices. The Head of Facilities has carried out a risk assessment of conducting meetings with individual complainants in these offices and concluded that additional security in the form of a badged steward is required to be present when holding the meetings. It is estimated that this will cost an additional £8,500 per annum across all the devolved offices.

Estimated cost of conducting patient meetings across the UK

20 It is estimated that approximately six Patient Information Officers and 0.5 FTE management resource would be required to deliver the number of patient meetings once the rollout model is fully implemented (an additional four patient information officers from the current pilot model). Additional travel costs will also be incurred when the Patient Information Officers attend the devolved offices to deliver patient meetings. An additional cost would also arise from providing badged stewards at the devolved offices when meetings are being held. The total estimated cost for delivering the recommended model of patient information meetings will be in the region of £354,000 annually once fully implemented in 2015.

Implementation

21 A phased approach to implementation is recommended, building the model in the devolved countries in the first stage, with roll out to the North East and Yorkshire in the second stage and the South West/East, Midlands and East of England making up the final stage of the implementation plan. A detailed roll-out plan will be discussed at the Performance and Resources Board meeting on 8 September 2014.
Supporting information

How this issue relates to the corporate strategy and business plan

22 Strategic aim 3: Improve the level of engagement and efficiency in the handling of complaints and concerns; and Strategic aim 5: Work better together to improve our overall effectiveness, our responsiveness and the delivery of our regulatory functions.

Resources implications

23 Option A: Continuing to offer meetings in the pilot regions only, would mean no change to the current process and would therefore not incur any further resource or financial cost. Option B: Ceasing to offer meetings to complainants, would involve ceasing the current pilot process altogether. This would result in savings of £103,500 per annum, which is the full cost of the pilot of meetings with patients. Option C (recommended option): Continuing to offer meetings in the pilot regions and extending the invitation to the rest of the UK would cost up to £354,000 annually once fully implemented in 2015 (this includes reimbursement of travel costs based on the submission of receipts for up to two persons).

What equality and diversity considerations relate to this issue

24 We have carried out an Equality Analysis. We hold only limited data on complainants within Siebel. In light of this we sought equality data from participants of the pilot but the provision of this data was very limited and therefore no inferences which can be drawn from it. That said, the independent evaluation provides detailed feedback from complainants who participated in the pilot about the pilot arrangements. We have considered any adjustments necessary to make the meetings accessible. We offer wheelchair access, translators and telephone meetings as needs arise. Our recommendation to expand offering meetings across the UK means further consideration needs to be given to ensuring that individuals from all protected groups are able to access the service at each location/GMC office.

25 An action plan has been drawn up to consider whether the services of Language Line, a telephone service which provides translators in an array of languages for use in professional situations can be made accessible. We will also consider whether we should incorporate a review of written material to ensure that they are accessible in other languages, large font and braille.

If you have any questions about this paper please contact: Anna Rowland, Assistant Director - Policy and Planning, arowland@gmc-uk.org, 020 7189 5077; or Robert Loughlin, Assistant Director - Performance, rloughlin@gmc-uk.org, 0161 923 7182.
Final Report of the Pilot Regarding Meetings with Complainants
Final Report of the Pilot
Regarding Meetings with
Complainants.

(Complainant Feedback)
## Contents

1 Introduction .......................................................................................................... 3
2 Executive Summary ............................................................................................. 4
2 Acknowledgements.............................................................................................. 8
3 Background and Context ..................................................................................... 9
4 Our Planned Approach ...................................................................................... 11
5 The Evaluation.................................................................................................... 12
6 Caveats Relating to Feedback Received .......................................................... 14
7 Feedback Received ............................................................................................ 16
8 Our Findings and Recommendations ............................................................... 31
Appendix 1............................................................................................................. 39
1 Introduction

In September 2012 the General Medical Council (GMC) launched a Patient Information Service with the aim of improving communications with members of the public who raise concerns about a doctor. As part of this service a pilot project of meetings with complainants whose complaint was referred for a full investigation was established. These meetings were held soon after the start of the investigation process and again after a decision about the case had been reached. During the pilot, some complainants only had meetings at the start of the complaint, some only at the end and some had meetings at both stages.

The GMC’s aims were to:

- improve their relationship with complainants
- reduce any feelings of isolation complainants might experience within the fitness to practise process
- ensure the complainants concerns are fully understood
- explain the GMC role
- explain the investigation process
- explain the outcome of the case.

The pilot has been conducted in two regions London and Manchester. Complainants located in the areas surrounding the GMC’s London and Manchester offices, were invited to attend a meeting with one of the GMC’s Patient Information Officers (PIOs), complainants who did not wish or were unable to attend a meeting at the GMC office were offered the alternative of a telephone meeting with a PIO. The GMC selected to conduct the pilot in just two regions with a view to learning from the pilot experience, to inform consideration of implementation, which would need to consider the issue of accessibility across the four nations.

The PIOs conducting the meetings received specific training prior to the establishment of the pilot and although not directly involved in the investigation, they have expertise in the GMC’s role and procedures. Their role can be outlined as follows:

- arranging, facilitating and conducting the complainant meetings
- sending invitation and ‘chaser’ letters to complainants
- answering internal and external queries regarding the purpose of the meetings
- preparation for the meetings ensuring all documentation on file is reviewed and noted
- liaising with the investigation staff before and after meetings to discuss information, gather supporting documentation, ensuring continuity of message
- compiling meeting outcome letters, covering all points from the meeting with the aim of managing expectations.
2 Executive Summary

This final report provides information on the evaluation of the pilot of meetings with complainants, which form part of a range of changes being introduced by the GMC.

The GMC held a total of 212 initial stage meetings with complainants, of which 139 were face to face meetings and 73 were telephone meetings. The GMC held 86 end stage meetings with complainants, of which 55 were face to face meetings and 31 were telephone meetings.

We have obtained feedback relating to 62 initial stage meetings (29% of the total held by the GMC) and 21 end stage meetings with complainants (24% of the total held by the GMC).

Feedback was gathered from complainants by way of face-to-face interviews, telephone interviews and questionnaires. Telephone interviews were the predominant method of obtaining feedback.

Key Findings and Recommendations

Our findings and recommendations are based on the feedback we have received from complainants. The feedback is purely from their perspective and based on their understanding, including their understanding of the GMC processes relating to complaints, and this does need to be taken into account.

- We can say that the arrangements for meetings have been convenient for the vast majority of those involved, and it is clear that the GMC have taken care to attempt to arrange meetings, whether they were face to face or by telephone, on dates and at times which were convenient for the complainants. We were informed by some complainants that they had difficulty in locating the GMC offices and therefore there may be some value in reviewing the directions/map details provided (comments also related to signage within the car park).

- In the main complainants felt that they had been provided with adequate time at the meetings to obtain and understand the information they required. We do recommend that it is important that Patient Information Officers (PIOs) continue to have sufficient flexibility to gauge if a complainant needs more time than was originally allocated, whilst recognising there is no value to anyone in prolonging a meeting, if the points under discussion are just being repeated without the potential for additional time to achieve anything.

- Complainants attending the initial stage meetings in general appear satisfied with the meeting and the majority suggested that they did consider the meeting had helped to build a relationship. Complainants commented on it being more personal particularly when meeting someone face to face, that they felt what they said was listened to and that the meeting gave them an opportunity to explain how they had been affected. There were many very complimentary comments about the GMC staff involved in the meetings including how professional and empathetic they were.

- Generally complainants indicated that they considered the meetings to be helpful saying that they felt listened to and that their complaint was being taken seriously.
The majority of complainants told us that the meetings had provided them with a better understanding of the GMC’s processes and would often explain them to us. This improved understanding should, we suggest, also assist in the management of expectation.

Several complainants spoke of the costs to them of pursuing a complaint with the GMC. They not only referred to financial costs but made mention of needing to take time away from work themselves, others taking time away from work in order to attend the meeting with them, needing to make arrangements for the care of others in order to be able to attend etc. The pilot meetings have only been held in London and Manchester, and have only been offered to complainants living in Greater London and the North West of England. For anyone living outside these cities of London or Manchester, the financial costs to attend a meeting could be considerable. Add to this the time to attend such a meeting and some individuals may be excluded from this opportunity. We suggest that consideration be given to the two aspects of these findings i.e. the potential of exclusion from the opportunity because of being located at a distance from the GMC offices and potential exclusion because of the overall costs of a complaint to the complainant. We have provided an indication above of the type of costs (in addition to financial) which complainants face in order to attend a meeting, and this was our key focus as the evaluation was in relation to meetings. In obtaining feedback from complainants we were aware that some were referring to the overall costs of making the complaint, which we understood to include costs for example of putting together the paperwork for the complaint, photocopies, telephone calls, written requests to obtain copies of records etc. It is important that we note here that complainants who felt unable or did not wish to attend a meeting at the GMC offices were offered the opportunity of a telephone meeting; this of course does alleviate cost issues substantially. However, the issue of which of these types of meetings is considered to be ‘better’ should also not be ignored.

Complainants have expressed the opinion that there is a heavy focus, particularly at initial stage meetings, on provision of information about the GMC fitness to practise process. They, in answer to our questions appeared to be very clear about the GMC’s processes; they invariably stated they did have an understanding of the GMC’s role and purpose, but when this was discussed with them, they in the main referred to the processes. Clearly this suggests some confusion and, it is possible that they were perhaps confused in part by the question, although the fact that the question relating to role and purpose was asked prior to the question relating to the processes and that we attempted to clarify what they understood each to be, theoretically should have avoided/overcome such confusion. A number of complainants also told us that they did not consider the initial meeting aimed to gather any detail from them about their complaint. We therefore suggest that perhaps some further consideration should be given to the structure of these meetings in order at least to ensure they are not too ‘process heavy’.

We continue to be told by complainants that they are not clear who the second GMC person attending the meeting is i.e. their name and why they are there. We understand that the PIOs do always introduce the second person, but it is accepted that in stressful situations we do not always ‘hear’ everything we are told. We do believe that as a general courtesy to complainants they should be told and understand who everyone is at these meetings. We understand that the letter of invitation currently informs the complainant that the PIO will be...
accompanied by another member of staff. This however does not, in our opinion, address the issues raised by complainants. Our recommendation is that, if at all possible, these points be addressed, both in writing in advance of the meeting and also stated by way of introductions at the meeting, giving the name and job role of the second person and explaining the reason for their attendance. If it is considered that this recommendation should be implemented, it may be appropriate for GMC to review the purpose/role of the second attendee.

- Complainants who had end stage meetings regularly expressed a lack of understanding as to how the decision was reached. When we questioned this further they told us that the investigation process had been explained to them and they understood the process, what they said they could not appreciate was how the GMC could take the decision they had on their complaint (which clearly they believed to be of a critical nature) based on the evidence they had provided. This may of course relate to the fact that the outcome was not the one they hoped for or expected and indeed complainants have told us they do not agree with the decision. We have taken feedback from complainants who have had both initial and end stage meetings with the GMC and those who have just had end stage meetings. This same message came from complainants throughout all the end stage meetings, with perhaps the strength of opinion being slightly stronger from those who had both initial and end stage meetings. We do not wish to put any emphasis on this however, as we consider that this is potentially more about the individuals involved and also because there have been considerably fewer complainants who have had both meetings.

- We recognise as do the GMC that the management of expectation is often a key aspect of dealing with and investigating complaints of any nature. We also understand that the complaints dealt with and investigated by the GMC are generally complex and of a critical nature. The feedback received led us to the view that perhaps there was more scope for the GMC to consider how they could improve on their current methods of managing the expectation of the complainants. Our findings and opinions in regard to this are:
  - We understand that PIOs send a letter to complainants after the initial stage meeting and we have seen a template for such letters. Quite understandably the template is generic in nature and covers the points, which we assume are the most common desired outcomes expressed. We are of the opinion that there would be value in the PIOs at the initial stage meeting obtaining an understanding, from the complainant, what their desired outcomes are, and that complainants are provided with a generic understanding of what sanctions the GMC has available to it and what information the GMC is able to provide to the complainant on completion of the investigation.
  - We found that a number of complainants attending end stage meetings with the GMC’s PIOs found it difficult to understand, or considered that the PIO was unable to explain to their satisfaction why they could not have sight of certain documents/reports. This seemed to particularly relate to expert reports and to the fact they were simply told the reason was the Data Protection Act.
  - A number of complainants at the end stage meetings expressed frustration that they did not feel that the PIO was able to answer all of their questions and that in their opinion this would be overcome if the Investigating Officer and/or Case Examiner attended the meeting.
We recognise that the GMC have a legal framework and policies within which they have to work and therefore our recommendation is that the GMC consider the opinions we have provided within the legal parameters. We do stress that our recommendation is in relation to obtaining a clear understanding at the initial meeting what the complainant’s desired outcomes are, as in our opinion it is only with this knowledge that the GMC team can attempt to manage those expectations. We would anticipate that if this approach is adopted there will be a ‘knock on’ affect to the end stage meetings which we suggest may necessitate a review of approach.

Feedback reveals that complainants generally feel that the opportunity to meet during the complaint process is of value (we note that some complainants clearly frustrated by the outcome of their complaint suggested it had been a waste of time). Those who had telephone meetings with the GMC had usually selected this option for very specific reason, the reasons in the main linked to their health situation and/or the amount of time required to attend a meeting. The majority of those attending a face-to-face meeting told us they felt this was better than having a telephone meeting and they provided considerable detail as to why they felt that. Those who had a telephone meeting gave mixed responses, some saying that they did feel a face to face meeting would be better and others often suggesting that there would be little difference. We had feedback from considerably more complainants who had face-to-face meetings and they provided considerable detail to explain why they felt this was a better approach. This then leads us to suggest that the face-to-face approach is preferable, but we say this recognising that the sample is biased (far more had face to face meetings), and that for some complainants telephone meetings will be necessary.

The findings of this evaluation lead us to recommend that the concept of complainants meetings should be adopted taking into account the feedback of the complainants and the suggested recommendations leading from that feedback. As previously stated the preferred approach we would suggest is for face to face meetings. We mentioned above, a number of complainants commented about the overall ‘cost’ of attending meetings, and so thought does need to be given to how to ensure that meetings are accessible, if this model is extended across the UK.
2 Acknowledgements

We would like to thank all members of the GMC staff who worked with us on this project for giving so generously of their time and expertise. Particular thanks go to Lyndsey Dodd the project manager for all her expert guidance and support, but most importantly to all those who responded to the consultation process without whom none of this would have been possible.
3 Background and Context

The original invitation to quote (ITQ) for this work stated that:

‘The GMC is making significant changes to the way we deal with complaints about a doctor. Meeting with complainants as part of our investigation process is part of a programme of work to reform and modernise our fitness to practise procedures.’

As explained in the introduction section, a pilot project of meetings with complainants whose complaint was referred for a full investigation was established. These meetings were held soon after the start of the investigation process and again after a decision about the case had been reached. During the pilot, some complainants only had meetings at the start of the complaint, some only at the end and some had meetings at both stages. There were five complainants who had both meetings and participated in the evaluation process.

The pilot has been conducted in two regions London and Manchester. Complainants located in the areas surrounding the GMC’s London and Manchester offices, were invited to attend a meeting with one of the GMC’s Patient Information Officers (PIOs), complainants who did not wish or were unable to attend a meeting at the GMC office were offered the alternative of a telephone meeting with a PIO.

The GMC identified the objective of the Initial Stage Meeting as: To increase engagement with complainants by:

- Explaining the purpose of the GMC and its remit
- Providing an explanation of the GMC’s processes and procedures of investigation
- Providing an opportunity to outline the outcomes which are available to the Case Examiner at the end of the investigation process
- Enabling the complainant to ask questions
- Ensuring that the GMC fully understand the complaint
- Creating an environment to support the development of engagement with complainants.

The purpose of this initial stage meeting is to provide a full and complete explanation of the investigation process, the possible outcomes and to ensure the GMC fully understands the complainant’s concerns. Although there are formalities to be observed, every attempt is taken to make it a relaxed and empathetic meeting employing open and constructive dialogue.

The objective of the end stage meeting was identified as: To increase engagement of complainants by:

- Providing an opportunity for complainants to ask any questions concerning the outcome of the investigation
- Offering an oral explanation of the Case Examiner’s decision or a Medical Practitioners’ Tribunal Service (MPTS) panel decision at the end of the investigation
- Creating an environment to support the development of engagement with complainants
- Providing information about other organisations that may be able to assist
- Providing an opportunity to enhance the GMC reputation with complainants by fully explaining the decision taken and the reasoning which led to it
- Ensuring that the complainant is left in no doubt of the outcome and the decision reasoning.
The purpose of this end stage meeting is to provide a full and complete explanation of the steps taken to investigate the complaint, the outcome reached and the reasoning behind the outcome. It is an empathetic meeting employing open and constructive dialogue.
4 Our Planned Approach

The original approach suggested within our quote was amended after discussion and it was agreed that we would:

- Complete 10 face to face meetings with complainants following their meeting with GMC, this could be at either the initial or end stage
- Complete 10 telephone interviews with complainants following their meeting with GMC, this could be at either the initial or end stage
- Contact 40 complainants and request they complete a questionnaire following their meeting with the GMC; this could be at either the initial or end stage.

The final report would present findings on all feedback received.

We agreed with the GMC project manager that all complainants involved in meetings would be informed that it was a pilot activity and given information in relation to the independent evaluation, they would at that stage be asked if they would be prepared to contribute to the evaluation and what this would involve. We also requested that complainants be asked to give their agreement in writing.

We adopted a semi-structured interview approach for both the face to face and telephone interviews we completed with complainants and our interviews followed on from both face to face and telephone meetings held by GMC with complainants. Our questions were basically the same, with terminology just varied appropriately depending on the type of interview (face to face or telephone) we were conducting and the type of meeting held with the GMC (initial stage, end stage, face to face or telephone).

During the period of the evaluation, we realised that the number of responses received from questionnaires to complainants was very poor and so therefore in agreement with the GMC project manager our approach was amended. We asked complainants if they would prefer to complete a telephone interview or a questionnaire and the majority opted for a telephone interview.

In addition the GMC requested that we develop Personal Data Forms and complete an analysis of this data for all complainants who were prepared to provide this information. Complainants provided this data to us on a voluntary basis and the analysis of the data has been provided separately at Appendix 1.
5 The Evaluation

The evaluation has involved complainants who had face-to-face or telephone meetings with the GMC’s PIOs, the latter being a much lesser number.

We reported at an earlier stage of the project that complainants were in the main not responding to questionnaires as had been anticipated. It was therefore agreed with the GMC project manager that we would contact complainants and ask if they would prefer to complete a questionnaire or a telephone interview. Although we judged that this would lead to considerably more telephone interviews than originally planned, we also judged that it would ensure considerably more feedback.

The table below details as at 3rd April 2014 how many complainants have completed meetings with the GMC’s PIOs and how many of those have provided feedback to us:

<table>
<thead>
<tr>
<th>Meeting Type</th>
<th>F2F Meeting at GMC</th>
<th>Feedback Received re F2F meetings and as % of those meetings</th>
<th>Telephone Meeting with GMC</th>
<th>Feedback Received re Telephone Meetings And as a % of those meetings</th>
<th>Feedback Received as a % of Total of Meetings Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>139</td>
<td>51 (37%)</td>
<td>73</td>
<td>11 (15%)</td>
<td>29%</td>
</tr>
<tr>
<td>End</td>
<td>55</td>
<td>16 (29%)</td>
<td>31</td>
<td>5 (16%)</td>
<td>24%</td>
</tr>
<tr>
<td>Total</td>
<td>194</td>
<td>67 (35%)</td>
<td>104</td>
<td>16 (15%)</td>
<td>28%</td>
</tr>
</tbody>
</table>

Although complainants had agreed that they would participate in the evaluation process when we made contact with them they did not always respond, and after several attempts at contact we considered that it was appropriate to assume they had changed their mind. We obtained considerably more feedback in relation to initial stage meetings and this correlates with the fact that the GMC held considerably more initial stage meetings. As can be seen from the figures shown above we actually obtained feedback from 83 complainants in total which was 23 more than originally planned.

This evaluation has been qualitative and this is true of many evaluations of such pilot activities. The purpose of the evaluation is to establish whether or not the pilot activity i.e. the meetings with complainants has met objectives. We recognise that some aspects of the pilot activity could have been evaluated by asking respondents to answer closed questions giving simplistic ‘yes’ or ‘no’ answers. This would allow a more quantitative research approach and would ultimately state how many complainants felt, for example, that the meeting arrangements were not convenient. We suggest that this would actually provide limited value to the GMC, because it would not give any indication of why they felt that the arrangements were or were not convenient. It is the more detailed qualitative data that will provide GMC with the information of whether or not the pilot has been successful in meeting objectives and why, or why not, that is. It is only with this type of data that the organisation can truly make fully informed decisions on the way forward.

The nature of the approach taken to the evaluation (telephone and face to face interviews with a small number of questionnaires) allows each complainant to offer an opinion and thoughts. This can be very enlightening and even if only one complainant made a particular point it may appear to be of such relevance that it is worth highlighting. It is often tempting to weight such points by clearly stating that for example
only one person said this and this is often appropriate. There are other occasions however when the opinion offered is so pertinent that we take a decision not to weight it because to do so may have the effect of devaluing it.
6 Caveats Relating to Feedback Received

We completed interviews with complainants at various times after they had participated in a meeting with the GMC’s PIOs. The face to face interviews we completed were immediately after (so within minutes) of their meeting with the GMC’s representatives. Telephone interviews we completed at a range of times following their meeting with the GMC, some were completed on the day after and with others it was several weeks afterwards. This variation tended in the main to relate to being able to make contact with the complainant and to ensuring the interview was completed on a date and at a time convenient to them. It is perhaps worth noting here that we did offer to complete interviews during the evening or at weekends if that was more convenient for the complainant. The time lapse between the complainants’ meetings with the GMC and our interviews with them can be viewed in several ways. Obtaining the feedback within minutes of the meeting allowed us to obtain the immediate thoughts of the complainant. This has advantages; because there is no time for any real reflection on the part of the complainant or for them to forget what they understood to have been told or to ‘edit’ that detail. There are also disadvantages, they can be quite emotional at that time if for example recalling what had happened was emotional and/or challenging for them. Obtaining feedback sometime after the meeting with the GMC also has advantages and disadvantages and in the main they are the converse to those detailed for taking immediate feedback. Complainants may have forgotten some of the detail of the meeting and how they felt; they also have time to ‘edit’ the detail. However, they do have time to reflect which means they are perhaps calmer and more measured and sometimes having ‘some space’ particularly if they have taken notes and because they are more distanced from the emotion means their feedback is sometimes improved.

When conducting interviews to obtain feedback, inevitably what is said is open to interpretation, this is true for the interviewer and the interviewee, both questions and answers are open to interpretation. In order to overcome misinterpretation or misunderstanding, we used consultants with skill and experience of this type of work and during interviews if they felt that a question had been misunderstood or misinterpreted they would rephrase the question, often several times, or actually ask:

‘Let me check my understanding, by that do you mean …..?’

We also typed up all interviews and forwarded them to complainants, specifically stating:

‘The notes are not a verbatim record, but they should provide an accurate record of your feedback. Once you have had an opportunity to read them through please let me know if I have misunderstood or misrepresented you in any way or if you wish to make any additional comment, I will then ensure all your required amendments are made.’

It is important to recognise that the feedback detailed in this report relates to the complainants feedback only and is therefore their recollections of the meeting and their understanding. This is exactly what we considered needed to be gathered; because the GMC wished to appreciate the complainants perceptions, understanding and general feelings about the meetings in order to make informed decisions in the future and to ensure they offer the best service they can to the public.

We have previously highlighted the fact that the numbers involved in the pilot activity is relatively small compared to the number of complainant led complaints the GMC investigates annually. The number of complainants prepared to participate in the
evaluation is understandably even smaller, and we feel it is important to reiterate that the themes identified do need to be considered within this context. It is particularly important to note this in regard to the number of complainants who had both initial and end stage meetings with the GMC and participated in the evaluation.

The relatively small numbers involved make it challenging to ensure absolute anonymity of the respondents. When evaluating a pilot activity such as this, direct quotes from those involved are invariably very powerful and we consider there to be value in including them. However, in so doing, in this particular project we have to recognise that absolute anonymity also relies on the professionalism and integrity of the Patient Information Officers (PIOs) and other GMC staff who met with these complainants although we have taken care to exclude any detail that would identify the case.
7 Feedback Received

All the complainants stated that they considered the arrangements for their meeting with the GMC to be convenient. The majority focused on the fact that they had been offered a selection of dates and those dates were sufficiently in advance for them to be able to plan the meeting conveniently. However some did comment on the fact that there was a significant cost implication of attending the meetings both in terms of financial cost of the actual travel etc. but also the ‘opportunity cost’ of the time off from work/study etc. There were also comments made that it was convenient for them, because they lived and/or worked relatively near either the London or Manchester GMC offices, but they did not know how others, who were not so close, would be able to manage a face to face meeting.

We provide some examples below:

‘Yes. I chose to have a telephone meeting, mainly because the meeting I had attended at the start of my complaint, which was face to face, had taken quite a lot of effort to get to, arranging childcare etc. and I did not feel it was sufficiently productive to justify the same effort again.’

‘Yes, it was in Manchester so there was some expense in terms of travel costs, but it was OK. The date and time was convenient as this was agreed so that it was outside my working hours.’

‘Yes. It was arranged as a telephone meeting at my request, because it would have been difficult for me to get to the London office, because of problems with my ... I was offered a range of dates.’

After the initial question regarding convenience of the meeting the two groups (complainants attending a meeting with the GMC at the initial stage of their complaint and those attending at the end of the complaint process) were asked slightly different questions. We will therefore begin with those who attended initial stage meetings.

7.1 Initial Stage Meetings

In the main respondents have suggested they did consider that the meeting had helped to build a relationship. The following comments illustrate the types of reasons provided as to why they responded positively:

‘Yes. The problem with these big bodies is that they are rather remote. At this meeting they put me at my ease and were ready to listen and to explain. I felt they were serious about getting to the bottom of my complaint and that they wanted to make things right.’

‘Yes, because you are actually meeting someone face to face, which makes it personal rather than just a relationship with an organisation.’

‘Yes, they took everything seriously and were very compassionate. They seemed to take on board everything I said and wrote back to me very quickly after the meeting requesting copies of some documents I had told them I had.’

‘Definitely, it felt more personal. When I first made the complaint it was by e-mail and was all just factual, talking to someone allowed me to explain how this has affected...’
me personally. The GMC also explained to me where else I can go in regard to this complaint.’ (This complainant had a telephone meeting)

There were also respondents who very clearly did not feel a relationship was established, or implied this had been the case. The following comments illustrate the reasons for their responses:

‘Not particularly and that is to do with the personalities of the people involved. They were clear and efficient, but too structured and rigid in manner. The purpose of the meeting was to inform me of how the GMC conduct a response to a complaint and the various steps involved… I felt the meeting was extremely ‘mechanical’ i.e. there seemed to be a desire to convey the rules in a rather excessively formal way. There was more interest in passing information to me based on procedures rather than establishing a fluent dialogue.’

‘Not a relationship as such. The meeting provided an opportunity to obtain an understanding of their procedures.’

‘It was informative as to what the GMC is, I didn’t get the impression that they are going to be overly helpful and I have no greater expectations now that I have met with them.’

When we asked if they felt the meeting had helped the GMC to understand their concerns more fully, we received a mixture of responses. The majority have suggested that they did think the meeting helped the GMC to understand their concerns more fully, and a selection of the responses is included below:

‘Yes. I felt it was a screening process and that they were deciding if I was ‘Mr Awkward’ or were the concerns I had realistic.’

‘Yes, we really fleshed out our concerns and how far back they went with this GP. The GMC representatives were very patient.’

‘Yes, because they were quite shocked by what I told them. I did also tell them about other things, which had happened which I had not included in the written details I had provided. They were very compassionate and told me they would be going ahead with an investigation.’

‘Yes. The people I spoke with will not be investigating the matter, but they wanted to know if I had any other concerns. They fully outlined the process and were very clear about everything.’ (This complainant had a telephone meeting)

We felt the following comments were particularly noteworthy, because these complainants express the very clear view that they did not consider that an objective of the meeting had been for the GMC to understand their concerns more fully, and also expressing an opinion in regard to case investigators not attending meetings:

‘I am not sure because I am not sure I felt this was the purpose of the meeting. I didn’t feel they wanted more information from me, they were telling me about the processes.’

‘I think it partially did. I think this because the person assigned to investigate the case did not attend the meeting, so I feel that is a bit of a disconnect.’
When we asked whether or not the meeting had improved their understanding of the GMC’s role and purpose, the vast majority of complainants said that it had. However, when we asked them how it had improved their understanding the majority did not actually specifically refer to the role and purpose but rather (in our opinion) spoke about the GMC processes. It could be argued that because they spoke about the process, consequence etc. they do have a degree of understanding of the role and purpose. We provide some quotes from the feedback we received:

‘Yes definitely. They explained it quite well, how the investigation works.’

‘Yes. They explained that the investigator would be in touch with me, and would let me know the steps being taken. They said I would receive a letter explaining step by step what is happening and any information they have and that they might want to see us again. I didn’t feel they would leave me high and dry and will tell me the full outcome.’

‘Yes. Basically they explained what could happen to the doctor, I wasn’t aware of what the actual consequences of the complaint might be. It was reassuring to receive this information.’

Some complainants had a negative opinion in regard to what they understood about the GMC’s role and purpose, comments included:

‘Prior to the meeting I was not aware how tied to medical practitioners the GMC is. I now understand that they are a charitable organisation funded by medical practitioners, previously I had thought they were impartial. I realise now the GMC is not really impartial because they are paid for by doctors and I do not think they will bite the hand that feeds it’.

‘Yes I suppose so. It certainly gave me a better insight into how well protected the medical profession are, and made me feel there is not much the GMC can do.’

The next question asked if the meeting had improved their understanding of GMC processes and the vast majority said that it had. In contrast to the previous question, when asked how their understanding had improved, respondents were able to comment specifically on the processes and/or outline them:

‘Yes. It gave me a proper insight into the procedures, the constraints, what they can and can’t do. It is not like a civil court situation – very different.’

‘Yes. They gave me a plan and this shows me that my complaint is now half way through that process. The next stage will be the IO’s work, which I understand could take up to 9 months. They also explained, at the meeting, what the possible outcomes could be – what actions can they take if it is decided that the doctor was neglectful.’

‘Yes, the flow chart they went through clarifies this. I obtained the impression that they are directed and guided to lead to a ‘no further action’ decision except in really extreme cases. The GMC representative said that in about 72% of cases they took no further action, this seems a very high rate.’

The following comments explain clearly the complainants’ thoughts in regard to the benefits of a face-to-face explanation of the GMC processes:
"Yes, this was explained in depth. This information is on the website and I believe they also sent me some details, but the meeting clarified everything for me."

"Yes they showed me a table that was a helpful visual of the stages the investigation goes through. This made the various stages clearer for me and I was able to clarify things I was unsure of."

"At the meeting the processes were explained very well step by step. As it was face to face I found it easier to interact with the explanation and they satisfied all my questions. In my initial telephone conversation prior to my complaint the process was explained very briefly."

The following comment from a complainant who had a telephone meeting is also, we think, worth highlighting:

"Yes and no. The lady I spoke to did explain and I have been sent the information, but I am still a little unsure. When this type of discussion is by telephone, it is a lot to take in and I realised after the call, there were questions I should have asked."

When asked if they considered the meeting to have been helpful, the majority said they did. The comments received as to why they found it helpful were extremely informative and included:

"Yes. The meeting established good faith on both sides."

"Yes we all did. It was because of the way the meeting was managed/handled by the GMC. We felt able to say whatever we wanted and not be judged. The GMC representative really explained things, answered our questions and provided notes of the meeting just a few days after."

"Yes. Because it was face to face, we could cover specific issues and I could clarify things I was uncertain of. For example as the complaint relates to the … at the GPs practice, I was not sure who the employer would be, and I had not seen this information in anything I had been sent or on the website."

"Yes, because they explained to me all about the investigation. If I hadn’t had the meeting, I would not know what they are doing now."

(This complainant had a telephone meeting)

We asked those who had attended face to face meetings if a telephone meeting would have been more or less useful/beneficial or if it would have been the same, and we asked those who had a telephone meeting if a face to face meeting would have been more or less useful/beneficial or would it have been the same.

Those who attended a face to face meeting agreed (in the main) that it was more useful than a telephone meeting, often citing it being a better form of communication or easier to communicate, and regularly suggesting there was greater understanding at face to face meetings. There was also a range of other reasons given such as: it is more relaxing, it is good to put faces to names, it is more emotional; able to see expressions.

The following quotes demonstrate the types of responses we received:
‘It would have been less useful. In this situation it is good to be able to look at each other and to be able to refer to papers during the discussion. I feel very spoilt by the one to one treatment I had and I wonder if they can do this for everyone. The treatment I received was very helpful.’

‘Emotionally it was better for me to do this face to face. I think telephone would have been almost as good, and I did wonder if I should go to a meeting or just have the discussion by telephone.’

‘Less useful, because being face to face, I could see from her expression that the representative was very compassionate and shocked. This would not have been possible over the phone.’

We completed far fewer discussions with complainants who had telephone meetings with the GMC, simply because there have been fewer within this pilot. They however seemed to be split, with some feeling a face-to-face meeting would perhaps have been better and some feeling it would have been about the same. The following quotes provide some greater detail:

‘I think it would have been as useful, because it would have covered the same information. Unlike most phone calls this one was not at all rushed, they took time and explained everything, so it was really like meeting in person and everything was addressed fully.’

‘It would probably have been more useful, but it is difficult to find the time to travel that distance for a meeting.’

In response to being asked if there was anything else they would have liked the GMC representative to cover at the meeting, the majority said no there was not. A number however did give additional comment, which often seemed to focus on a requirement or perhaps it was an expectation that they would be asked for more details about the complaint at this meeting. Comments included:

‘It is still not entirely clear to me how someone will actually investigate this complaint. When I go through all the paperwork I feel that I understand fully what happened, because I was there and I knew the patient, my Mum. I am concerned about what they will miss; because they did not know the patient and they were not there and so do not have that memory.’

‘It would have been useful if she had asked me for chapter and verse of what had happened to me…’

‘It might have been helpful if they had been able to talk through a couple of examples. Preferably real cases but if this would be difficult, then not real ones. Then I could have understood better what people had to go through, how people dealt with it. A similar example would be good. And to see what does happen at the end and why. Did the Doctor get a warning, was the case closed, or was he disciplined? Why? Having an example would help.’

‘I don’t know if there is any appeals process and it would be useful for this to be explained. The PHSO have clinical advisors, but he didn’t have proper medical notes and I am concerned that the GMC may be the same. If that is the case I am not sure what I can do if the outcome is based on an inaccurate report. Although the person I met did say I can call her.'
I was asked for ID at the meeting but I did not have anything with me because I had not been told in advance that this would be required.’

When we asked complainants if there was anything they could suggest which would improve the meetings we had an interesting range of responses. This we feel is very valuable feedback for the GMC as we are fully aware that if this pilot is taken forward, the GMC will wish to ensure that meetings are as beneficial as possible for the complainants. With this in mind we include below a selection of the responses:

‘Yes a face to face meeting would have been more beneficial for everyone’.  
(This complainant had a telephone meeting)

‘...I couldn’t fault the meeting, for us it was good. However, for complainants who live a greater distance from Manchester I can appreciate they may find it difficult to travel in. Perhaps for people in those circumstances GMC should offer to meet them halfway.’

‘As already stated the meeting was held in Manchester so there were the travel costs to get there which a lot of people would not be able to manage, particularly if you do not live in Manchester. It is not just the financial costs, everything needs to be taken into account, the time to get there and attend the meeting etc. A lot of people would struggle to do this and I am not aware that any costs are reimbursed.’

‘Actually having the person at the meeting who is dealing with the complaint itself would, I think, be beneficial.’

‘Manchester is easy for me as a meeting venue, but would not be easy for everyone. I would not have wanted to travel to London, for example, to attend the meeting. The people I have spoken to at the GMC have all been very pleasant, and this meeting per se was fine. My complaint has already been on-going for some time and at the beginning it was extremely frustrating…’

‘It would be improved if a little more detail about the meeting were provided in advance. I was worried about the meeting and felt that my complaint might not be believed. If someone had phoned me the day before the meeting and just given me some information about it, I would not have been in such a state about it on the day.’

‘As already explained, I think it would be useful if this meeting (or another) took the approach of an in depth interview with me, so that the GMC obtained full relevant details. It would have been good if I had been asked if I felt there was anything missing and then I would have explained this.’

‘It might be better if the meeting was held in a more private room. The ‘pods’ used do not feel very private they are alongside reception and all glass, so anyone walking past can see in. So it did not feel as confidential/relaxed/secure as perhaps it could.’

‘Yes. If the meeting was held at a slightly later stage of the complaint process, they would be in a position to provide more information, and I think would have been able to answer the questions I raised. I, as a complainant, am really only interested in my case not particularly in the process, I would have received sufficient information about the process if they had simply sent me the diagram.’

‘It would have been better if the meeting had been with the person investigating my claim. My complaint contains a lot of different pieces of information, it is not easy to
understand and then pass on to others. I explained everything to the person I met with and was then told to e-mail it all to the person investigating the case, that seemed rather useless considering the point of the meeting.

In regard to whether or not the complainants felt they had the time they needed at the meeting, all except one said they did. The one person who suggested there was not enough time, said:

‘Difficult to say, but probably not. I realise there are always time constraints for everyone but I do not agree with being ruled by the clock.’

The other respondents said there had been sufficient time and had not been rushed, with several being very complimentary including:

‘Yes, because in the meeting I didn’t feel pressurised and it took as long as it needed. About two hours I think. There were plenty of times when they asked ‘do you understand’ and said if anything else comes to light let us know.’

‘They were wonderful and gave me as much time as I needed…’

We next asked if they would consider it useful to have a meeting on completion of their complaint. The majority of the complainants suggested that it would depend on the outcome, for example, whether it was the outcome they expected/hoped for; whether they had any questions in relation to the outcome and whether a letter had already sufficiently explained the outcome. Some examples of the feedback we received include:

‘It would depend on what the meeting was for. It would be useful if I found out that the surgeon had lied, or if I felt that justice had not been done.’

‘Depends on why it was offered. If not happy with the outcome might want to. If they wanted to meet me again I would be quite happy to do that.’

Others said they would find such a meeting useful and feedback included:

‘Most definitely. I would then like to know what the doctor said about me and what the doctor’s employer said. It would provide an explanation.’

‘Yes, probably more so than at the start of the complaint process. There is a lot of information online, which can be accessed at the start of the process. At the end it is important to fully understand the decision and what led to it.’

When we asked if they would take up the offer of a meeting, the majority said they would or probably would, and some said it would depend. Feedback included:

‘Yes – if they were willing to spend that time. It took a lot of thinking by me as to whether I should do this. Many months in fact before I decided to make a complaint. But I decided to go to them because my complaint is against the doctor and the huge impact of what he did has had on my life.’

‘Yes. But it might depend on the result. It the case was just being closed that wouldn’t be great. But I would take up the offer even if the result were not what I expected. Because it might help someone else.’
"I was asked this at the original meeting and my feeling then was that if the complaint was upheld I might not bother. I am going to this second meeting… because I do consider that the GMC complaint process is useless, and I suspect this is in part because the costs of having someone sufficiently senior involved would be too much."

Our final question asked complainants if they had any other comments or observations in regard to the meeting they had, and again not surprisingly, the comments we received were very wide ranging. There were a number of comments which expressed some surprise about what they had ‘learned’ about the GMC and a number of very complimentary comments. Some examples of comments received were:

"We all … felt that the GMC representative was great. She was very nice and professional; she was empathetic, with no false sympathy or pity. A good listener."

"I cannot thank the two ladies who met me enough; they had such a positive impact on me. They reassured me and made me feel optimistic. Whatever the outcome is, they understood my distress."

"I don’t think there is anything the GMC can do about my complaint, their arms are tied. I’ll just have to wait and see the eventual outcome of the investigation, but I have no great expectations of the GMC now."

"I was amazed at the constraints the GMC work within. I was told, by way of an example, that the doctor might not respond to the GMC and if they give the fact that they are under a lot of stress as an excuse then that is considered acceptable. What is amazing is that the GMC consider it acceptable for the doctor to say that due to stress they cannot respond to a letter, but they are considered fit to carry on working. The GMC will do what they can within their powers, but I feel their powers are limited. This is surprising as I felt as the governing body they would have absolute power."

N.B. We understand that the GMC do not consider it acceptable for the doctor to cite stress as a reason for non-engagement, this is however the complainant’s interpretation/understanding.

"It is a shame that someone who has been through what I have been through can only come to a place like this, where all that is likely to happen to the doctor is a slap on the wrist! This is just not sufficient for the level of damage caused. He may get a warning but will continue to practice, he can sleep at night, I can’t. The law stinks in regard to medical practice… If I had been assaulted, I could report this to the police, they would investigate however long ago it happened, and if the person who assaulted me were found guilty they would be correctly punished. I cannot do anything like that despite the damage to my body. We put our trust in these doctors and surgeons and we are treated like ….!

7.2 End Stage Meetings

Complainants were asked if the meeting helped them to understand why the outcome was reached. There was some feedback that was positive:

"Yes. At the start of the meeting I had a certain perception about how the decision had been made. By the end, I was more reassured by how rigorous the process had been. I now understand that the fact that they had completed an investigation meant that the
Many of the complainants either specifically said that the meeting had not helped them to understand how the outcome was reached or implied that. However, when requesting detail on why they thought/felt that, the responses suggested it was more about them not agreeing with the outcome rather than understanding how the outcome was reached. The following provides example:

‘No not really. The meeting was more about the processes undertaken. I don’t particularly agree with the outcome and I know I need to obtain the expert’s report, which the GMC have commissioned. When I received the letter informing me of the decisions reached and that I could request the expert report, I responded to the Investigating Officer with my comments and requested copy of the report. I have not received this as yet. For me this meeting was more about understanding the process that the doctor went through, this has been a long investigation – some two years, and I never expected to receive the detail of how the decisions were reached.’

‘No, it added nothing to what we already knew. The responses we received to questions were always generic and not specific to our complaint. There was other information that we would have found useful, and we had sent in questions, in relation to this, in advance of the meeting and also asked at the meeting. However the person conducting the meeting was unable to answer our questions often saying this was because of the Data Protection Act. We felt that she was either being defensive or just not listening to our actual questions because we felt we were only asking for general information not names. We should have been told in advance that information would only be generic and this would have managed our expectations, but we were not given this information in advance of the meeting.’

Other feedback said more directly that they understood the process but did not agree with the decision; for example:

‘I understand what the outcome is and the process the GMC went through, but I do not agree with the outcome.’

We again at the end stage meetings asked if the meeting had helped complainants to understand the GMC’s role and purpose. As with the responses relating to the initial meetings there does appear to be an element of confusion between the GMC’s role and purpose and the investigation processes.

‘Yes. I have been given a better insight into what hoops the doctor had to go through. This appears to be quite considerable and does give me some satisfaction.’

Some respondents answered the question by way of explaining that they did not agree with the outcome:

‘The meeting explained again why the GMC is there – to consider medical practitioners fitness to practice, I knew this anyway! I posed the question ‘What about the complainant and their point of view?’ I don’t need the GMC in order to sue a
doctor or hospital and that is the directive I was given.’

‘Not at all. We are left not understanding at all what the GMC is for. It feels as if the focus is not to make the doctor accountable for bad practice, or to discipline, or to strike off. I nearly died – and we are left wondering if I had, would that have made any difference? Probably not. Their role does not seem to be about maintaining good medical practice or looking after the patient’s best interests. Let me be clear I have not complained to the GMC in order to seek retribution or stake a claim for compensation in some way… I have complained to the GMC in order that no other patient suffers in the same way. The question is what have the GMC done to ensure other patients are protected. Nothing. So what is the point of reporting these matters to the GMC?’

‘No. If I had known in the first place that this was what would have happened I would not have bothered. Others have told me that complaints about negligence are not dealt with – that the doctor will just get a five-year warning. So it is all a waste of time – mine and theirs. Nobody benefits from it: not the patient and not the doctor.’

When we asked if the meeting had helped them understand the GMC’s decision making process we had a mix of responses. One particular response very effectively highlights the confusion between the GMC’s role and purpose and the decision making process:

‘This is the same question as the one I have just answered and so my answer remains the same. It is just about whether the practitioner is fit to practice, that is what they are there for.’

The following demonstrates clearly that when the outcome is what the complainant expected/hoped for they are, understandably, not particularly interested in the decision making process:

‘No, but this wasn’t necessary for us, because the doctor has been struck off. Had the outcome not been what we expected to happen, then we might have wanted to know about the decision making process. The report we received explained why they had reached the decision.’ N.B. This complainant’s end stage meeting was following a hearing.

Other complainants expressed the opinion that their understanding was better, and presented their reasons for thinking this in this in a variety of ways, including:

‘Yes. I now understand that they do not look at what a doctor has done in the past which includes the time my complaint relates to. They look at what the doctor has done to improve and their practice now.’

‘Yes, being given the diagram which outlines the process helped to clarify my understanding. It was 50 minutes in to a scheduled one-hour meeting and I really had to push to get more information on the doctor’s response. They then quoted some parts of it, but this was only because I questioned and they only slightly enlarged on what was in the letter. They told me the doctor had changed her practices and shown genuine regret… In the GMC letter I received re the warning they had issued, it states that it is evident by the doctor’s response that she acknowledges her failings and that she has changed certain aspects of her practice. I requested more evidence of this prior to the last meeting, as I was unhappy with the GMC’s decision. After being told I would have to send a letter to GMC requesting to see the doctor’s full response I was then informed about the other factors the GMC consider when making a decision, such as the level of insight into the failings, a genuine expression of regret/apology.'
We then had responses which answered the question by saying no they did not have a better understanding of the decision making process, but again it actually appears to be more about not agreeing with the decision reached. For example:

-No. See my previous comments. I have written to the Investigating Officer saying that the response provided does not make any sense…-

-No because I do not understand the decision. It is ridiculous: who has the power to do anything about such negligence?-

Our next question asked if the complainant had found the meeting helpful, and this elicited responses at either end of the spectrum, with just a few expressing a ‘middle ground’ opinion. Examples from those who found it helpful included:

-Yes it was. I don’t think it would be possible to do this just by mail or e-mail. I am not familiar with all the rules and regulations doctors have to follow and a meeting helped me to understand…-

-The meeting at the end of the complaint was helpful. The main thing being the explanation relating to the evidence gathered and how rigorous the investigation had been. Without the meeting at the end of the complaint (although I had one at the start of the complaint), I would have felt the doctor got away with it. This is in part because other agencies we have been in contact with in regard to our case have been quite dismissive. After the end stage meeting, I had more confidence that the GMC had done a thorough job. Also the fact that the GMC representative I met explained she had read the doctor’s response and other papers gave me more faith. I didn’t have that confidence at the first meeting because everything seemed to relate to the process and was generic.’

-Yes. Because I was able to give the PIO some general feedback on the good quality of information I had received from the case officer who wrote to me several times; the PIO was able to give me a little bit of information about the GMC’s feelings about the proceedings and result before tribunal. I was able to flag up the points mentioned above, (including the extreme difficulty of finding, long after the event, the specific procedural rule by virtue of which my statements were withheld from the tribunal). And I was able to comment that the concluding letter that I had received from Mr xxxx, which enclosed the text of the tribunal decision and advised me that the case was quote “concluded” would have been entirely inadequate had it not gone on to offer me the opportunity to take part in the current pilot exercise. Had I had not been so selected I would have regarded such a perfunctory letter, without any opportunity to discuss the case, as deeply discourteous.’

Feedback from those who stated the meeting had not been helpful included:

-No it was not helpful. I feel I informed them more than they informed me. I had to explain several times that there are no checks and controls on consultants in private hospitals. I felt they had no power to do anything. If I had lost time from work to attend this meeting, I would be very angry! My … took holiday to attend (with me) and the meeting was a waste of time. I wonder how many complainants do not come back for a second meeting because the PIO is so powerless.’
‘I found the first meeting useful in understanding the process and that made me feel that my complaint had been fully understood. But the meeting today was a waste of time – my … was so incensed about it that he had to leave the room. Yes, they heard how I (and my …) felt but the sense was that it didn’t really mean anything to them. The decision has been taken, by others, and that is that. I feel that the staff at this meeting, were condescending. When we pulled out our expert report to point to some important points they just said “Oh well”. There was no sense of personal involvement of these GMC staff members in the reasons for the decision so they could not justify it to us at this meeting. So we feel that the decision has been made without all the information being considered. Some of the doctor’s case notes were missing and he has done nothing about finding them. This lack of his care notes is in itself inadequate and nothing has been done about that. They should be part of the evidence and his failure to supply them a cause for concern. They couldn’t explain. It has taken us a great deal of time to prepare for these meetings and costs to get here…’

‘Nothing will change – the doctor still practices and I am ill. It is ridiculous. So I didn’t find the meeting helpful and I am disappointed that nothing has happened to prevent this happening to others. I do not know what else I can do. PALS were unhelpful as that is where I went first. Because he had deleted my records, they sent him on a computer course. And now the GMC does nothing either.’

These quotes all show the understandable strength of feeling held by these complainants and also we would suggest a sense of frustration and powerlessness. We asked those who participated in an end stage meeting, but not an initial stage meeting if they would have found it useful/beneficial to have had a similar meeting at the start of their complaint process.

This is we appreciate a somewhat difficult question to answer, because it asks a question about something the respondent has no experience of and therefore they are only able to speculate. Nonetheless it does give an insight into the way the complainants feel. The majority suggested they would have found it helpful and the following quotes explain this:

‘Yes. I think a big weakness of the system is that I did not have a meeting at the start of the investigation (I understand such meetings are now being piloted). I knew that the GMC would be speaking with the doctor and that made me feel it was all rather one sided, I did not have a chance to meet with the GMC and explain my views. All that I was able to do was to provide the required written information relating to the complaint.’

‘It would have been very useful. The content of my complaint could have been different if I had met with them at the start of the complaint, and I would have sought guidance from a third party.’

‘Yes. We always knew that we could not undo what had happened, but we were of the opinion that this doctor was incompetent and we were concerned about what might happen to other patients. When I phoned the GMC 12 months after making the complaint, I was told that the PCT had suspended the doctor. My understanding now is that if we had a meeting at the start of the complaint, the GMC would have kept us informed about what was happening and so we would have received this information sooner, which would have relieved our concerns. Also, at an initial meeting we could have obtained an understanding of whether or not the GMC would be informing the PCT (and other appropriate organisations) of our complaint…’
Again we asked those who had attended face to face meetings if a telephone meeting would have been more or less useful/beneficial or if it would have been the same, and we asked those who had a telephone meeting if a face to face meeting would have been more or less useful/beneficial or would it have been the same. Those who attended a face-to-face meeting in the main suggested that it was more useful than a telephone meeting. The following quotes demonstrate the types of responses we received:

- "A meeting like this cannot be as good on the telephone. It is a too complicated meeting to hold by telephone. It is important to see body language and expression."

- "Less well. A face-to-face meeting is always better than a telephone meeting, except perhaps when the complainant is embarrassed about discussing the issues. Also the GMC representative used a diagram to explain the processes to us. The explanation, if by telephone, could not have made use of a diagram and would probably not have been as effective."

When we asked those who had telephone meetings if they felt a face to face meeting would have been more or less useful/beneficial or would it have been the same, the majority seemed to feel it would have been the same. Comments included:

- "I think the lady I spoke to was very thorough, and I do not think I would have made anything clearer to her if it had been a face-to-face meeting."

- "I don’t think it would have been any different. I feel that both meetings I had, were more about information coming from them to me. I don’t think they took anything away from either meeting. I thought the flow of information might have been more two way, but I just did not get the impression that anything I was saying would actually go back to the GMC."

Our next question asked complainants if there was anything else they would have liked the GMC representative to cover during the meeting. It is not possible to say there was an absolute theme coming from these responses, some said that there was nothing more they required than they had already stated in answer to other questions; there were comments that all questions were dealt with and it was thorough; there were a number of critical comments. It could be argued in considering the critical comments that they seem to stem from the irritation/frustration that the outcome was not what the complainant had hoped for/expected. Comments included:

- "No, it was very comprehensive. We went through a lot of detail about the process and she was very good."

- "I understand that the GMC representative was not in a position to cover anything else, but the Investigator or Case Examiner could have answered my questions. I had questions about the investigation process and evaluation that they could have answered."

- "Yes, I will reiterate, they need to appreciate they are investigating a complaint brought by a complainant/patient! The complaints are brought to the GMC by someone who has not been favourably treated by a medical practitioner. They do not seem to take into account any of the pain and suffering of the complainant/patient nor in my case the exorbitant and illegal charges made by the practitioner. I just do not know how they can find in favour of the practitioner after three investigations, two of
which, as described by the GMC, were flawed. This mystifies me, and I would like the GMC to explain that. I tried to get this information whilst I was at the meeting, but the response I received was just garbled and therefore completely unsatisfactory.'

In response to our question Is there anything you feel would improve the meeting from the complainants’ point of view, we again received a very mixed response. The answers received to this question, and implied in some others, does suggest that complainants felt that the GMC representative conducting the meeting was not in a position to answer questions they raised/give a full and detailed explanation of the reasoning behind decisions taken, because they were not directly involved in the investigation and were not part of the decision making. Some frustrations were also expressed about the details provided to complainants and the processes, the following comments demonstrate this:

'It would be improved if the Investigating Officer attended these meetings, this would ensure technical questions could be answered. If they also attended a meeting at the start of the complaint they should be able to obtain a greater understanding of the complaint. This is not in any way meant as a criticism of the Patient Information Officer, they have different roles. I have felt all the way through the complaint that it is all very bureaucratic and none of the GMC’s own timescales were ever met. In May 2012 I received a letter telling me that an expert had been instructed and that it would take 53 days from the date of the appointment to receiving the expert report. The next letter was in February 2013 stating it would take 10 weeks to pass the files to the case examiner (no explanation provided as to why it was taking so long ). Another letter was received in July 2013 stating it would take 8 weeks to pass the files to the examiner, but again no explanation as to why the previous timescale had not been met.'

'The written summaries, which were sent to me in advance of the meeting, were very brief in relation to the decisions themselves. The first summary was 1½ pages but the explanation of the decision was only 4 sentences. The second summary was 3½ pages and the explanation of the decision was 8 sentences. More detailed explanations would have been useful to have prior to the meeting and I am left feeling I now have to write to the Investigator to clarify certain statements and ask why certain views were taken. It would also be better to speak to the Investigator and/or Case Examiner at this meeting.'

We asked if complainants felt they had sufficient time at the meeting to obtain and fully understand the information they needed, the majority told us that the meeting had not felt rushed. Some however did comment that they felt it had been a little rushed.

When we asked if they had any other comments or observations, quite rightly each respondent gave their own personal perspective. It was interesting to note that some raised concerns already made, about for example: there being benefit in meeting with the individuals who investigate the case and take the decisions; the nature of the information provided and also frustration/anger about the outcome.

Some examples are:

‘...I asked for the full report but we were not told that we could apply for that. The consultant and the hospital got the full report but the complainant (the subject of the report) only gets the summary. I find that quite insulting. Our expert report confirmed that what happened should not have happened. So the substance of the answers to our complaints is being hidden, kept in house. So I do not feel that this process has led to a full and proper investigation.’
‘The lady I met, as I understand, was not linked in any way to the investigation; that felt rather odd. If you met with someone who was involved in the investigation, you would feel that you are actually inputting to it in some way.’

‘We asked a number of questions and it did feel that in the main we could not be provided with an answer because of the Data Protection Act. She should have explained how the Data Protection Act was relevant, because we considered we were asking for general information not specific names etc. We were not given any context, we were told the Data Protection Act covered it, but she couldn’t explain why.’

7.3 Personal Data

We have collated of all the personal data we received directly in response to the Personal Data Forms we provided, the provision of this data was entirely voluntary and only a small number completed and returned the forms to us. Taking into account the fact that this data relates to an extremely small percentage of the total complainants contacting the GMC annually we do not consider it appropriate to place any interpretation upon it.
8 Our Findings and Recommendations

These findings and recommendations are based on the feedback we have received from complainants. Their feedback is purely from their perspective and based on their understanding, and this does need to be taken into account.

We can say that the arrangements for meetings have been convenient for the vast majority of those involved, and it is clear that the GMC have taken care to attempt to arrange meetings, whether they were face to face or by telephone, on dates and at times which were convenient for the complainants. We should note here that four respondents experienced some challenges with the location of the offices and this may well have added to their stress of attending the meeting. Because each is unique, we have highlighted below all of the comments (all were made by complainants attending an initial stage meeting):

‘I had a place to park in the GMC car park. But trying to find the way out, to the correct lift, was a problem. More signs in the car park would have been helpful.’

‘…I got lost getting there. I got mixed up because someone told me where the Royal College of General Practitioners was and not the GMC. I live in London but I do not know this area and I went the wrong way. This meant that I was late even though I had allowed extra time. The signs were very confusing. I got worried about being late so I was stressed when I got there.’

‘…if you are not familiar with the location of the GMC offices, it is very easy to walk past without realising.’ N.B. This quote is from a complainant attending a meeting at the GMC’s London offices.

‘I found it difficult to find the actual location. It was that which made me late so a little map and better directions would have been very helpful. It was easy to get to the complex but then, it was so large it was hard to find the numbers and the exact location for their offices.’

One complainant did express concerns about the rooms used for the meetings, explaining that they are alongside the reception area and made of glass that meant (for them) the meeting felt less comfortable and secure. We are familiar with the meeting rooms and although they are made of glass, parts are opaque which creates some privacy. We are not aware that anyone sitting in reception can hear anything being said in these rooms, although sounds can be heard from adjacent rooms. During the summer, rooms at the front of the London office do become rather ‘greenhouse’ like which we do agree makes them quite uncomfortable. Some of the rooms are very small and if there are four people attending the meeting it can seem very cramped which again creates discomfort.

Complainants have expressed the opinion that there is a heavy concentration, particularly at the initial stage meetings, on them receiving information from the GMC, specifically in regard to the process. Although they invariably stated they did have an understanding of the GMC’s role and purpose when this was discussed with them they actually referred to processes. A number of complainants also told us that they did not consider the initial meeting aimed to gather any detail from them about their complaint (although we understand that PIOs do ask complainants if there is any other information they would like to share about their complaint). We therefore suggest that perhaps some further consideration should be given to the structure of these meetings in order at least to ensure they do not appear too ‘process heavy’ to complainants.
It is important to note that the face-to-face meetings (thus far) have only been offered in the Manchester and London offices of the GMC, and as far as we know those meetings have only been offered during usual office hours. There have been several references by complainants to the costs to them of pursuing a complaint and they have not only been referring to the financial costs. If a complainant either lives or works in central London or central Manchester then attending a meeting at the GMC offices is probably quite manageable both financially and from a time perspective. Complainants living and/or working outside these centres may face considerable travel costs and also may need to lose time from work or education in order to attend. This may therefore effectively exclude those individuals. Telephone meetings were provided as an option during the pilot. It appears that complainants prefer face-to-face meetings. We make this observation based on the comments from those who had face to face meetings and stated they considered that approach more useful than a telephone meeting, and also when we asked those who had telephone meetings, there was some suggestion that face to face may have been better, or that they did not consider there would have been any difference.

We consider it is important in any future decision making to take this fully and carefully into account. **We recommend that** telephone meetings are incorporated into any future model. For some complainants face to face meetings will be extremely challenging, perhaps because of difficulty in travelling to a meeting due to health or disability issues, or because it would be too emotional to have this type of discussion on a face to face basis. We understand that this evaluation will assist decision making in regard to the ‘roll out’ of this concept and based on our findings of this evaluation **we recommend that** the any model of complainant meetings that is adopted should take into account the concerns raised with us.

The amount of time allowed for the meetings is considered by the vast majority to be adequate and this seems to be true for both the initial stage and end stage meetings. We would therefore recommend that these timings remain unchanged. However, as with all meetings of this type some individuals will need a little more time. PIOs will no doubt need to continue to have some degree of flexibility in providing the complainant with more time when it is required, whilst recognising that there is no value to anyone in prolonging a meeting, if the points under discussion are just being repeated without the potential for additional time to add value. PIOs may also need to be sensitive in how they manage time with complainants and give consideration to the interpretation complainants (who perhaps feel under some stress attending such meetings to discuss sensitive/emotional issues) may put upon comments. One complainant for example when we asked specifically about the timing of the meeting told us:

> …the GMC representative did keep making the point that we were getting near the end of the meeting, we explained that we actually had no restrictions on our time. At the start of the meeting we were rather bogged down in irrelevant stuff and it was only later that we moved to the important points…'

This complainant seems to have felt that the GMC representative needed to end the meeting at a certain time, which may or may not have been the case.

Meetings with complainants clearly cannot be completely open ended this would not be viable for the GMC or the complainants and we suspect that the majority of complainants would prefer to have an indication of the expected length of the meeting, if only for their own planning purposes. Although some complainants may find it a little formal there may be value in providing an outline ‘agenda’ for the meeting, explaining that it can be flexible and how much flexibility is possible, as then all parties will be
clear what will definitely be covered at the meeting, it may assist complainants with their planning of questions, should give an indication of time required and may assist with the management of complainants expectations.

During the pilot, we explained to the GMC that several complainants made reference to the fact that a second person was at the meeting, sometimes suggesting they were not expecting this and also saying they did not know why that person was there and what their role was. We have continued to receive similar feedback from complainants. Some have said they did not know who this second person was or why they were there, some have mentioned to us that the PIO had a ‘trainee’ with them who sat in on the meeting. We are aware that PIOs do introduce the second GMC person to the complainant; and we know that within the letter of invitation to a meeting sent from the PIO, it states:

‘I will be accompanied by another member of staff.’

It is understood that when in stressful situations we do not always ‘hear’ all that is said to us, or indeed recall everything which has been read in advance.

A complainant we very recently interviewed, following an end stage meeting, we felt summed this up perfectly:

| The PIO had another person with her. I don’t know who that other person was, but my mind was in a whirl at that time. I am not sure if this other person was a trainee or what, it would have been nice to know what she did. Maybe she did say and I just didn’t hear. |

We do believe that as a general courtesy to complainants they should be told and understand who everyone is at these meetings and we recommend in order to ensure that, in the letter of invitation to attend it states clearly:

- that there will be a second GMC person at the meeting
- why that second person will be there (what their purpose is)
- ideally the second person’s name and job title.

The current invitation letter by simply saying another GMC person will be in attendance, confirms what complainants have fed back to us, they know someone is there, but they do not know who they or why they are there. We therefore also recommend that this complete information be provided as part of the introductions at the meeting.

In regard to the end stage meetings the complainants provide a picture of having been provided with an understanding of what the outcome(s) of the complaint was, but a number were not satisfied with the outcome(s) and/or could not fully appreciate how that outcome had been reached, based on the evidence which had been provided. This project does not provide the opportunity to understand what these complainants expectations and desired outcomes were at the initial stage of their complaint, and it is highly possible that their expectations at that stage, had they have been known, would have indicated that this is how they would feel at the end of the process. As with the vast majority of complaints it is vital to understand the complainants’ expectations and desired outcomes at the earliest stage as this then allows that to be managed. It was interesting to note the comments of one complainant who when we asked the following question:
You also attended a meeting with the GMC at the start of your complaint process. If you had not had the opportunity for that meeting, do you think your answers to the previous questions might have been different, and if they would have been, can you tell me in what way they would have been different and the reasons for that?

Responded:

"We would probably have had higher expectations. The first meeting was probably useful but I thought we had enough for them to investigate. But I was aware that they might not go further. But in view of the report I expected something to be done."

This suggested to us that the PIO at this meeting had taken action to manage the expectations of the complainant, and we have received other comments from complainants stating that they have been told how many doctors are actually removed from the register each year following complaints.

We cannot state strongly enough how critical we believe it is to obtain (as already stated) a very clear understanding of what the complainants desired outcomes are at the earliest possible opportunity.

We understand that PIOs do send a letter to complainants after the initial stage meeting and we have seen a template for such letters. Quite understandably the template is generic in nature and covers the points, which we assume are the most common desired outcomes expressed. We are of the opinion that it is essential that PIOs at the initial stage meeting obtain an understanding, from the complainant, what their desired outcomes are, and in so doing are open and honest with the complainant in terms of what is actually possible and what is not, and this is stated clearly in the meeting and confirmed in the letter sent after the meeting. We recommend that such letters are personalised as much as possible in order to demonstrate clearly that the PIO has fully understood what the complainant has said and we suggest a good way of demonstrating this, if at all possible, is to use actual quotes of what the complainant said and how the PIO responded.

Currently, although the PIOs send letters to complainants there is no specific requirement for the complainant to confirm that they agree and understand the details provided.

The GMC will of course need to consider these recommendations carefully in relation to their policies and the legal framework they work within. We would observe that, without a complete understanding the majority of us are prone to make inaccurate assumptions, our suggestions are intended to avoid incorrect assumptions and to assist in achieving the stated objective for this pilot activity of increasing engagement with complainants. The GMC will of course need to consider carefully exactly what can be stated as clearly no potential outcome can be indicated at the outset of any case.

During our contacts with complainants for this pilot we have observed that those attending an initial meeting are generally satisfied with the meeting and many have a very positive response to it. There have been a considerable number of complimentary comments in relation to the GMC staff attending the meetings. This has included feedback that they were:

- very professional
- empathetic
- sincere
friendly and welcoming.

Unfortunately, the feedback has not been anything like as positive following end stage meetings. We do not wish to suggest that all feedback following end stage meetings has been negative, because that is certainly not the case. However, complainants at that stage are not as positive, and in several cases can only be described as being angry. Having looked at the responses this appears to be largely due to their disappointment in regard to the outcome of their case and of course, because of the meetings and their evaluation there has been an opportunity to communicate this. We have no doubts that understanding clearly at an early stage of the complaint exactly what the complainant wants/expects from making the complaint, and being completely open and honest at that stage in terms of what is possible will help to diffuse these situations. However another issue that complainants have made clear to us is that they feel the PIOs are not able to answer all of their questions/do not have a complete understanding of the reasons for the decisions reached and therefore cannot explain them. There was also suggestion that at the initial meeting the complainant provided information to the PIO and was then told to put all of it in writing to the investigating officer/case examiner and this is considered to be repetitive and the quote specifically relating to this is shown below:

'It would have been better if the meeting had been with the person investigating my claim. My complaint contains a lot of different pieces of information, it is not easy to understand and then pass on to others. I explained everything to the person I met with and was then told to e-mail it all to the person investigating the case, that seemed rather useless considering the point of the meeting.'

These interpretations are what then, we suspect, lead them to say it would be beneficial if the investigating officers and/or case examiners were also involved in these meetings. Although we recognise that the PIOs have particular skills and abilities to carry out the role, we do also appreciate the logic of the feedback from complainants. Bearing in mind that the GMC always have a second GMC person at these meetings we suggest there may be merit in considering if this second person should be an investigating officer or case examiner.

A number of complainants told us that it would have been nice to be offered some form of refreshment at the meeting. One made reference to the fact that one of the GMC team brought in their own coffee, but they actually had to ask for some water. This appears an almost trivial point, but it is sometimes these apparently trivial matters that create a lasting impression with a complainant. We recommend that fresh water is always available in the meeting room and that complainants are also offered tea/coffee. We are aware that tea and coffee is available from a machine in the reception of the GMC’s London office and this is where complainants are usually initially directed.

Many complainants (certainly not just those complaining to the GMC) feel that organisations hide behind legislation, particularly the Data Protection Act, as an excuse for not providing details the complainant requests. Undoubtedly this is sometimes the case; please accept this is not a comment on the GMC. The following quote from one complainant demonstrates this:

‘...the person conducting the meeting was unable to answer our questions often saying this was because of the Data Protection Act. We felt that she was either being defensive or just not listening to our actual questions because we felt we were only asking for general information not names. We should have been told in advance that information would only be generic and this would have managed our expectations, but
We recommend that when writing to the complainant after the initial stage meeting if there is something which the complainant requires or expects which cannot be provided because the Data Protection Act (or any other legislation) prohibits it, the PIO clearly explains which aspect of the legislation it is which covers the requirement/expectation.

Complainants are very frustrated at the end stage meeting to be told that if they require a copy of an expert report, they have to put that request in writing. It does not seem an unreasonable expectation on the part of the complainant that they would automatically receive that report, we are not certain that they verbalise this during the initial stage meetings, or if it is explained to them at that stage that this will not automatically be provided to them. Ensuring that this type of thing is clearly understood would assist in managing expectations.

In considering whether or not the pilot in itself in isolation was successful, feedback from complainants suggests that it has been well run, and we have considered the main objectives of the pilot as detailed in Section 3 Background and Context (above) in relation to the feedback received from complainants, setting out our views below. The objective of the meetings (both initial and end stage) was to increase engagement with complainants. In very general terms this happened, simply by virtue of the fact that complainants have participated in meetings (face to face or telephone) that they did not have the opportunity to do before the pilot was set up. The GMC stated they wished to do this in particular ways and therefore again we have considered each of these in relation to the feedback received.

We are of the opinion that in relation to the initial stage meetings:

- Explaining the purpose of the GMC and its remit - Complainants were provided with an explanation of what the GMC’s role and purpose is, but in the main they seemed to regularly confuse this with the GMC’s processes. We are not suggesting that complainants need to be able to quote this, but we do suggest that having an understanding of the role and purpose informs the understanding of how complaints are dealt with and what GMC can and can’t do. We cannot say that this aspect of the pilot has been fully successful. Although it may appear rather ‘overkill’ we suggest this information is repeated to the complainant and should be included in information provided about making a complaint; included in the invitation to the meeting and also reiterated at the meeting

- Providing an explanation of the GMC’s processes and procedures of investigation – Feedback seems to suggest that this was well provided, with many of the respondents making reference to the diagram used during the explanation. This diagram, as we understand, was handed to complainants at face-to-face meetings and discussed and was also discussed during telephone meetings with copies being sent out. One respondent who had only had an end stage meeting suggested that if she had attended an initial stage meeting, she would have received this diagram then, which would have made it easier to understand the letter detailing the outcomes of the investigation. However we do suggest that consideration should be given to the structure of the meetings to ensure they are not too process heavy
Providing an opportunity to outline the outcomes which are available to the Case Examiner at the end of the investigation process – Our understanding is that this is covered in the meetings

Enabling the complainant to ask questions – The feedback we received suggests to us that complainants are given every opportunity to ask questions

Ensuring that the GMC fully understand the complaint – We are of the opinion that complainants do not consider that these meetings ensure the GMC fully understand their complaints. We cannot evaluate this accurately because we do not know if the individuals investigating the complaint do have a complete understanding and whether or not this was obtained from the meeting. It is true to say that any understanding of the complaint from these meetings would have to be passed on from the PIOs to the investigating officers/case examiners, or the PIOs need to request that the complainant forwards the information in writing to them. Recognising that investigations cannot be carried out on information only provided orally; we suggest that if the GMC decide to take forward our recommendation to provide greater detail in letters sent out after the initial stage meeting, the additional information/understanding provided at the meeting could be confirmed within that letter

Creating an environment to support the development of engagement with complainants – We consider that the fact that these meetings are being held in itself supports the development of the engagement with complainants. The complimentary feedback about the PIOs received from many of the complainants suggests that their skills and expertise assists greatly in developing this engagement.

The objective of the end stage meeting was identified as: To increase engagement of complainants by:

Providing an opportunity for complainants to ask any questions concerning the outcome of the investigation - The feedback we received suggests to us that complainants are given every opportunity to ask questions

Offering an oral explanation of the Case Examiner’s decision or a Medical Practitioners’ Tribunal Service (MPTS) panel decision at the end of the investigation – The feedback we received suggests to us that complainants were provided with an oral explanation

Creating an environment to support the development of engagement with complainants - We consider that the fact that these meetings are being held in itself supports the development of the engagement with complainants. As with initial stage meetings there was complimentary feedback about the PIOs received from the complainants and again we suggest that their skills and expertise assists greatly in developing this engagement. However, we cannot ignore complainants who gave feedback that their questions could not be answered by the PIOs and they offered the opinion that investigating officers and/or case examiners should attend these meetings. This suggests that complainants did not always feel an environment was created to support the development of engagement with them

Providing information about other organisations that may be able to assist – Feedback received is that this information was provided. However, again we
cannot ignore the feedback from complainants that they at times interpreted this as the GMC ‘passing the buck’ or just felt there was too much concentration on suggesting other organisations to go to

- Providing an opportunity to enhance the GMC reputation with complainants by fully explaining the decision taken and the reasoning that led to it – The fact that these meetings are taking place theoretically provides this opportunity. However whilst complainants end the meetings frustrated or angry and stating they cannot understand how a decision was taken, the GMC’s reputation is not enhanced

- Ensuring that the complainant is left in no doubt of the outcome and the decision reasoning – Feedback has told us that the complainants are clear what the outcome is but they do not always agree that they understand the reasoning for it.

Feedback has told us that complainants generally feel that the opportunity to meet during the complaint process is of value (we do note that some complainants clearly frustrated by the outcome of their complaint suggested it had been a waste of time). Nonetheless, the overall findings of this evaluation lead us to recommend that the concept of complainants meetings should be adopted, taking into account the feedback of the complainants and the suggested recommendations leading from that feedback.
Appendix 1

Personal Data Form

The General Medical Council (GMC) is committed to promoting equality and diversity, and when piloting new ideas/procedures and evaluating them it is important to assess the level of inclusivity.

To help us ensure that this pilot is inclusive, the following questionnaire asks you to provide a small amount of personal information. We need to know to what extent this pilot activity involved a cross section of individuals.

The information you provide, will be used by Hewell Taylor Freed & Associates (the independent evaluators of this project) only for the purposes of analysis. Reports published relating to this project, will not identify any respondent. Personal data will be anonymised and then collated and provided to GMC, and may be presented in the final report. Hewell Taylor Freed & Associates is registered with the Information Commissioner’s Office in regard to the Data Protection Act 1998 and complies with that Act.

Should you not wish to answer any particular aspects of the equality and diversity section, please tick the ‘Do not wish to state’ box.

Pilot:
1. What is your occupation? Please specify

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<tr>
<td>Solicitor</td>
<td></td>
</tr>
</tbody>
</table>
2. Would you describe the location in which you live as:

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>19</td>
</tr>
<tr>
<td>Rural</td>
<td>5</td>
</tr>
</tbody>
</table>

3. Age – are you:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
<td>1</td>
</tr>
<tr>
<td>31-40</td>
<td>6</td>
</tr>
<tr>
<td>41-50</td>
<td>5</td>
</tr>
<tr>
<td>51-60</td>
<td>6</td>
</tr>
<tr>
<td>61-70</td>
<td>4</td>
</tr>
<tr>
<td>71-80</td>
<td>3</td>
</tr>
<tr>
<td>80+</td>
<td>0</td>
</tr>
<tr>
<td>Do not wish to state</td>
<td>0</td>
</tr>
</tbody>
</table>

4. Gender – are you:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>17</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
</tr>
<tr>
<td>Transgender</td>
<td>0</td>
</tr>
<tr>
<td>Do not wish to state</td>
<td>0</td>
</tr>
</tbody>
</table>

5. Ethnic origin – are you:

(please select one box from category 1 and one box from category 2)

**Category 1**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>3</td>
</tr>
<tr>
<td>Black</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>21</td>
</tr>
<tr>
<td>Mixed:</td>
<td>0</td>
</tr>
<tr>
<td>White &amp; Asian</td>
<td>0</td>
</tr>
<tr>
<td>White &amp; Black African</td>
<td>0</td>
</tr>
<tr>
<td>White &amp; Black Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>Any other background – White European</td>
<td>1</td>
</tr>
<tr>
<td>Do not wish to state</td>
<td>0</td>
</tr>
</tbody>
</table>

**Category 2**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>0</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
</tr>
<tr>
<td>English</td>
<td>16</td>
</tr>
<tr>
<td>Indian</td>
<td>2</td>
</tr>
</tbody>
</table>
6. **Do you have a disability?**

The Disability Discrimination Act (DDA) defines disability as a physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal daily activities. Examples include: cancer; diabetes; multiple sclerosis; heart conditions; hearing or sight impairments; a significant mobility difficulty; mental health conditions or learning difficulties. People in these circumstances and some others (such as people with facial disfigurement) are likely to have rights under the DDA to protect them from discrimination.

<table>
<thead>
<tr>
<th>Irish</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scottish</td>
<td>0</td>
</tr>
<tr>
<td>Welsh</td>
<td>0</td>
</tr>
<tr>
<td>Any other black background <em>(please specify)</em></td>
<td>0</td>
</tr>
<tr>
<td>Any other Chinese background <em>(please specify)</em></td>
<td>0</td>
</tr>
<tr>
<td>Any other mixed background <em>(please specify)</em></td>
<td>0</td>
</tr>
<tr>
<td>Any other white background <em>(please specify)</em></td>
<td>0</td>
</tr>
<tr>
<td>Any other background - Pakistani British</td>
<td>1</td>
</tr>
<tr>
<td>Do not wish to state</td>
<td>0</td>
</tr>
</tbody>
</table>

If yes, please explain the nature of your disability:

- Prolapsed disc – back
- Diplopia and macular distortion
- Mental health problems - anxiety and depression
- Mobility problems including arthritis
- I suffer from Type 2 Diabetes but it does not affect my normal daily activities and I am recovering from 5 recurrences of Breast Cancer but it does not affect my normal daily activities (N.B. This person had stated they did not have a disability)
- As caused by the doctor who was clinically negligent
Background to the Patient Meetings Pilot

1 A pilot to test meetings with complainants at the start and end of an investigation was launched in September 2012. The pilot model offered two types of meeting; Initial Stage meetings, which are held soon after the investigation is opened and End Stage meetings which are held following the conclusion of the investigation. The service also offered a telephone meeting as an alternative to meeting face to face at either of these stages if the patient preferred not to travel.

2 The purpose of the Initial Stage meeting is to; ensure we fully understand the complainant's concerns, explain our purpose and remit, explain our investigation procedures, outline the outcomes available at the end of our investigation, enable the complainant to ask questions and provide support to complainants.

3 The purpose of the End Stage Meeting is to; help complainants understand our decision, provide an opportunity to ask questions about the outcome, support complainants and provide information about other avenues and

4 The ‘Patient Information Service’ piloted meetings in two regions, inviting only those complainants who live in Greater London and North West regions of the UK. The service is currently only available to those complainants where we have opened a full investigation, therefore Stream 2 and closed enquiries are excluded.

5 Our objective was to pilot 50 initial stage and 50 end stage face to face meetings to provide sufficient data for a meaningful evaluation. To date (as of 13 June 2014) we have completed 159 face to face initial stage meetings (and 84 telephone meetings) and 62 face to face end stage meetings (and 33 telephone meetings). We decided to continue to run initial stage meetings until we had reached our target for end stage meetings. Following completion of 50 end stage meetings on 6 March 2014 a decision was taken to continue to the run the pilot in its current format whilst the independent evaluation was
completed and a decision on the options for the future was considered by the Board.

6 A team of three staff are currently engaged with the pilot of patient meetings. This is made up of a part-time Patient Liaison Manager and two full-time Patient Information Officers. The cost of employing the current team is £103,500.