## Agenda item:
M5

## Report title:
GMC annual report of corporate complaints

## Report by:
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## Action:
To consider

### Executive summary

In December 2015 Council agreed that an external organisation would be engaged to audit a sample of complaints to help provide assurance that the GMC’s complaint handling process was fair and fit for purpose. Verita, an independent consultancy, provided a report of its findings and recommendations to Council in September 2016.

In 2017, Verita were commissioned to conduct a second annual review of the GMC’s complaints handling process from 1 July 2016 to 30 June 2017. Its report is included at Annex A. This paper sets out the main findings from Verita’s review and the GMC’s initial response.

### Recommendation:

Council is asked to consider Verita’s report: *Independent review of the General Medical Council customer complaints handling. Annual report* at Annex A.
Key points from Verita’s report

1. Verita, an independent consultancy that specialises in managing reviews for regulators and organisations that are regulated, has conducted two annual reviews of the GMC’s corporate complaints handling.

2. Verita has significant experience both in managing complaints and as a supplier of an independent complaints review service. Its clients include The Law Society, British Council, Department of Health, NHS England and various NHS Trusts, the Lottery Forum and police authorities.


4. The GMC received around 1,727 complaints in the 12 months from 1 July 2016 to 30 June 2017. Verita extracted a random sample of 316 complaints across the period for detailed analysis. This provides a confidence level of 95% (margin of error 5%) that the sample is representative of the whole data set.

5. The review included desk top audits and face to face interviews with complaints handlers. Verita assessed our performance against our own processes and procedures, their own metrics and the Parliamentary and Health Service Ombudsman’s ‘Principles of Good Complaint Handling’.

6. Verita’s overall findings are very positive. Verita describe our complaints function as ‘high-functioning, well-motivated and impressive’ and ‘one of the strongest that we have encountered in our complaints work’. The report shows that ‘responses to individual complaints again demonstrate a high level of compliance with both internal policies and recognised best practice’ as they would expect form an organisation certified to ISO10002 level.

7. While Verita make recommendations for continuous improvement in some areas they were particularly impressed with:

   a. Tone of voice – “tone of voice’ of responses is particularly strong.’

   b. Internal Guidance and adherence to it.

   c. Our ability to adapt our complaints handling to the individual circumstances of the complainant/complaint.

   d. The professionalism, competence, motivation and engagement of our complaints handling staff.
The fact that service levels had not been affected by moving teams through the Change Programme.

Recommendations

Verita made 14 recommendations but stress that we have made good progress with those highlighted in the 2016 report. The recommendations centre on senior staff support for complaints handling; shifts to reporting to capture yearly comparisons; the need to continue to review the number of complaints categorisations we use; a review of escalations that may need to be triggered by time as well as complexity/dissatisfaction; a call for senior managers to close complaints as soon as possible not just to Service Level Agreement; and encouragement for cross-fertilisation of expertise and approach through secondment and shadowing.

Two key action points for the GMC are:

a. The need to think through ‘differentiating complaints from more general questions or expressions of opinion from correspondents.’

b. To consider how we can terminate correspondence when vexatious/unreasonable behaviours tests have been met or we simply cannot give any more help to the complainant and have exhausted our processes.

We have been working on these actions through our cross-directorate steering group. With support from the Chief Executive and Chief Operating Officer, we will address these actions formally within the coming year.

Conclusion

The recommendations made by Verita will be taken on board and acted upon within the coming 12 months. We feel the recommendations made are ‘continuous improvement’ to what is an already high-functioning complaints system. We hope that in large measure, Verita’s detailed findings give reassurance that our complaints handling process is fair, fit for purpose and high quality in comparison with other organisations. We see this as a fitting testament to the investment of time, energy and resource that Council and the GMC Executive have dedicated since the Horsfall Review of complaints handling in 2014.

Notwithstanding the positive review within this report, we continue to work hard to balance the difficult task of providing complainants with empathetic responses in the correct tone which also explain, without ambiguity, our procedural and legal processes; that can withstand judicial review and legal challenge if needed. This is an ongoing and iterative task and one that we hope to continue to make progress on in the coming 12 months.
M5 - GMC annual report of corporate complaints

Council meeting, 7 November 2017

M5 - Annex A

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

A report for
The General Medical Council

September 2017
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1. Introduction

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

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

1.2 The GMC acknowledges that, on occasion it makes incorrect decisions or that it is unable to help its ‘customers’ in the way that it would like. It has a customer complaints process which enables customers to give feedback on the service they received from the GMC. On average, the GMC received approximately 2,500 customer complaints per year, though this number has fallen below 2,000 for the last two years.

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

1.4 As a demonstration of its commitment to excellence in complaint handling, the GMC Resources and Performance Board committed the organisation to achieving British Standards Institute (BSI) ISO 10002 complaints handling certification. This accreditation was achieved in January 2016.
1.5 In May 2016, Verita was commissioned via competitive tender to undertake the independent audit service. The first Verita audit report was delivered in September 2016. This report examines the period from July 2016 to June 2017, and builds upon the observations made in the previous year.

1.6 Verita is a consultancy specialising in the management and conduct of investigations, reviews and inquiries in public sector organisations. Verita has significant experience in managing complaints both at the ‘front line’ and as a supplier of an independent complaints review service.

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

2.1 The provider will deliver an independent report covering these key areas:

- Review of a representative sample of corporate complaints to help the GMC understand the effectiveness of its customer complaints policy, and its operational use.
- Write an annual report of its complaints handling suggesting good practice, areas for improvement and how the GMC is performing against its policy and standards in general.
3. Executive summary and recommendations

Overarching findings of the study

3.1 In our report last year, we concluded that the GMC has a high-functioning, well-motivated and impressive complaints team.

3.2 We are happy to confirm that in this report, we can draw the same over-arching conclusions.

3.3 This is particularly good, as the team has undergone some degree of upheaval with the relocation to Manchester of the Corporate Review team. We would have been unsurprised if this had caused a temporary reduction in performance, but we could see little or no evidence of this.

3.4 On all the key metrics that we used to audit quality, the GMC remained outstanding, with little statistically significant change from last year.

3.5 In our 2016 report, we made a number of recommendations for clarity service and efficiency improvements. We reference these in the body of this document, but within this executive summary we can state that these recommendations have been actioned (or are in the process of being implemented) with generally positive results.

3.6 Responses to individual complaints again demonstrate a high level of compliance with both internal policies and recognised best practice. The ‘tone of voice’ of responses is particularly strong, as there is clear evidence of adherence to the (very good) internal guidance, while always adapting this guidance to the individual complaint.

3.7 We continue to be impressed with the level of engagement and professionalism of GMC complaints staff. In our interviews, we witnessed very competent, well-motivated and well informed individuals who recognised their importance to the wider organisation. Equally, staff believe that they are valued by the wider organisation - key for maintaining motivation and performance levels.

3.8 The GMC complaints function is one of the strongest that we have encountered in our complaints work. The team should be congratulated on another excellent year.
Recommendations

R1 While it is clear that complaints staff operate within a supportive environment, we would encourage senior personnel to place real emphasis on the vexatious complaints and unreasonable behaviour policies. As we have witnessed, the team is strong and staff turnover is low. Conveying the message that, if complainants do ‘cross lines’, then there are processes to protect them is, we think, appropriate.

R2 We would encourage the GMC to emphasise to staff that, if vexatious and unreasonable tests have been met, termination of correspondence is an entirely legitimate response. While obviously leaving avenues open if new evidence can be provided, there is a point where continuing correspondence becomes counter-productive for all parties.

R3 Senior staff should consider if data demonstrating quarterly performance compared to previous years would add to their understanding of the functioning department, aid early identification of emerging issues and facilitate active management if any declines are seen.

R4 In keeping with our recommendation from last year, staff should be made aware that some degree of error is present in their record keeping. We hope that this will be sufficient to promote improved performance.

R5 If the GMC anticipate that the use of social media to resolve complaints will increase, it should devise a means by which these interactions can be consistently recorded.

R6 We believe that the rationalisation of the category and sub-category fields remains a sound recommendation, as at present the range of options appears to do little other than introduce ‘noise’ into the system without adding any value. We look forward with interest to assessing the effect of the implementation in the 2018 report.

R7 The GMC should consider introducing a means within the classification hierarchy of differentiating complaints from more general questions or expressions of opinion from correspondents. If such a system is implemented, there is a danger that this could
become complex and difficult to administer, so would suggest, initially at least, that the definitions are as clear and unambiguous as possible.

R8 Given the relatively small number of complaints involved - 101 at stage 0 in the slowest 10% of the sample - the GMC may like to consider setting earlier ‘trigger points’ for potential escalation.

R9 We would again urge the GMC to be careful that any individual is not swamped with difficult issues. We often find that these are the strongest members of teams, who can be over-burdened. While workload is cited as the breach reason for person A in 28% of instances, for person B this is 100%.

R10 In instances where a single issue is likely to generate a significant volume of correspondence, we strongly support the GMC in establishing a common message and ensuring that this is uniformly conveyed by all complaints handlers. We understand that this is currently implemented within the Customer Complaints Review Group, who identify likely ‘high volume’ issues and design appropriate messaging for complaint responses. This is excellent practice, and so should be continued.

R11 Complaints staff should be encouraged to close complaints at the earliest opportunity. Senior staff can assist in this effort by endeavouring to make themselves available to sign off responses more regularly.

R12 Managers who sign replies to complaints should be reminded of the desirability of doing so as soon as possible.

R13 That occasional secondments between complaints staff in different directorates should be continued.

R14 That the opportunity provided by the co-location of the Corporate Review Team to Manchester be maximised by ensuring that all those involved in the complaints process are given the opportunity to meet and to exchange ideas.
4. Approach

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

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

4.3 In the 2015 / 16 report, Verita made a range of observations and recommendations to the complaints department. In this version, we assess to what extent these recommendations have been actioned, and what, if any, effect this has had on operations.

4.4 We noted in 2016 that, as would be expected from an organisation with ISO 10002 certification, the complaints team routinely produce a wide range of genuinely strong, comprehensive reporting against key performance metrics (10-day closure in line with SLA’s, team performance, source of complaints by process, category etc.). Again, this year, rather than simply telling the organisation what it already knows by replicating these core metrics, we have used a bespoke template to assess the strength of complaint responses against criteria that we know from experience to be important to complainants.

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

Complaint audit methodology

4.6 The GMC received around 1,727 complaints in the 12 months from 1 July 2016 to 30 June 2017. We extracted a random sample (the audit sample) of 316 complaints across the period for detailed analysis. This provides a confidence level of 95% (margin of error
that the sample is representative of the whole data set. It is generally accepted that the 95% confidence interval strikes the best balance between statistical rigour and maintaining a manageable sample size.

4.7 We then designed a framework against which to assess all the selected complaints. This included judging whether the responses met several criteria:

- **Complaint correctly classified and escalated** - This is important as we have seen on many occasions in other organisations complaints being referred to the wrong team / department, inevitably leading to delay and frustration on the part of the complainant. Initial triage of the complaint is key;

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

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

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

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

Staff interviews

4.9 Interviews were held with three members of GMC staff in their offices in Manchester. These were front line complaints handlers drawn from different directorates. The nature of the interviews was to test any theories we developed as a result of our data analysis and gain an insight into the general culture and operation of the complaint handling function.
4.10 This year, we were also able to assess whether any recommendations made in our report last year have been actioned and, if so, to what effect.

4.11 The findings from the work described above are given sections 5-8 of this report. They describe the ‘as-is’ situation for the GMC.
5. The GMC’s complaints processes, policies and reporting

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

- public-facing information contained on the GMC website and in policy documents which are available on the GMC website;
- internal guidance “Customer complaints policy manual” (Updated 7 November 2016); and
- annexes to the internal guidance dealing with ‘Vexatious complaints’ and ‘Unreasonable behaviour’.

Public-facing documents

5.2 We noted last year that the GMC’s website contains excellent information relating to complaints. We support the GMC in stating at the beginning of the section that, ‘We want to give you the best possible service and your feedback helps us to do that’.

5.3 We believe that this immediately sets a positive tone for the complainant, in that rather than seeing complaints as simply an administrative overhead, they are taken seriously and used as a driver for improvement.

5.4 Clearly, though, these words would mean nothing if the complaints experience did not follow this ethos, but we have consistently found that complaints handlers understand and follow the ‘organisational values’ listed. This is highly commendable.

5.5 The website sets out what areas are classed as customer complaints and makes a clear distinction from complaints about doctors. The guidance is excellent, in that it is written in plain English, is clear and as comprehensive as it needs to be.

5.6 We note that, since last year, the section ‘How we will handle your complaint’ has been updated. We believe that the section is now exemplary.

5.7 The complaints process is initially represented in a clear graphic. The following text is concise, well-constructed and provides complainants with a clear guide as to what will happen and over what timescale.
Comment

We remain of the opinion that the customer facing material about how to complain and what to expect of the complaints process is very strong. The website is well-designed and clear in its messages.

Last year, we observed that some of the language used to explain the complaints process was somewhat ‘jargonistic’, could be open to misinterpretation and recommended that it should be simplified. This particularly applied to the idea of ‘escalated complaints’. We are happy to report that this recommendation has been implemented. The text is now very clear, and perfectly in line with the processes that are followed if a complainant is not satisfied at stage 1 and further consideration is required.

Complaints about doctors

5.8 Although this is outside of the core remit of this report, we would like to commend the GMC on the strength of this section of the website. The step-by-step guidance (and, by default, screening of complaints) of the section is very well designed, easy to follow and comprehensive. Again, the language used is clear and informative.

Internal documents

5.9 Our audit sample this year, as noted above, looked at three documents: ‘Customer complaints policy manual’ and annexes regarding ‘Vexatious complaints’ and ‘Unreasonable behaviour’

5.10 The ‘policy manual’ provides an excellent background to the work of the complaints function. It is comprehensive, explaining both the high level operational aspects of the work, but also the aims and philosophy behind it.
5.11 In keeping with the rest of the written output we have reviewed, it is superbly written, avoiding jargon and conveying messages in a clear and well-constructed fashion.

5.12 We applaud the fact that it is very clearly regularly updated - for example, enhancements to the website are mirrored in the text, and both our work and that of the internal auditors (regarding ISO standards) are referenced.

5.13 Not only is this positive with respect to the relevance of the document, but it demonstrates effective communication of the current state of affairs within the department.

5.14 The ‘vexatious complaints’ annex is, we think, an important one for the complaints department. In our experience, high functioning complaints teams always try to see matters from the complainant’s perspective and to address issues at face value. While this is obviously a good thing, a potential downside is that if a complainant has crossed a threshold into being vexatious, individual complaints handlers are slow to recognise this and continue to look for a solution.

5.15 Not only is this inefficient from an operational perspective, but we often see that vexatious complaints can take a significant toll on the complaint handler trying to address it.

5.16 We are very pleased, therefore, that the annex is very clear on what constitutes ‘vexatious’ and how to appropriately respond to it. The text is well written, comprehensive and appropriately supportive of GMC staff.

5.17 For essentially the same reasons as stated in 5.14, the ‘unreasonable behaviour’ annex is also of real importance for the wellbeing of staff.

5.18 The GMC obviously takes staff welfare seriously, a fact reflected in our interview feedback.

5.19 As a ‘companion document’ to the ‘vexatious complaints’ annex, the guidance on unreasonable behaviour is excellent. Again, it explains the policy firmly within the overall aims of the GMC, but provides strong support for staff who may be the subject of unreasonable behaviour.
5.20 Again, it is a well-written, well-constructed and appropriately detailed document.

Comment

As we observed last year, the quality of the GMC’s internal guidance and policies is exemplary. They give an appropriate level of detail, comprehensive, but not so long as to be forbidding. They are also written in an admirably accessible style that, in our experience, is all too often lacking in this type of documentation.

Recommendation

R1 While it is clear that complaints staff operate within a supportive environment, we would encourage senior personnel to place real emphasis on the vexatious complaints and unreasonable behaviour policies. As we have witnessed, the team is strong and staff turnover is low. Conveying the message that, if complainants do ‘cross lines’, then there are processes to protect them is, we think, appropriate.

R2 We would encourage the GMC to emphasise to staff that, if vexatious and unreasonable tests have been met, termination of correspondence is an entirely legitimate response. While obviously leaving avenues open if new evidence can be provided, there is a point where continuing correspondence becomes counter-productive for all parties.

Reports

5.21 For this year’s audit, we reviewed the ‘Monthly complaints update’ and the ‘Quarterly complaints report’.

5.22 The monthly update is concise, numbering four slides of key metrics. As an easily read, familiar ‘snapshot’ of current performance, it is appropriate. We regularly see instances where reporting is overwhelming - data is produced seemingly because the system has the capability to do so. We believe that this can become counter-productive, as key data is lost in the ‘noise’.
5.23 If the directorates and senior team are happy with the status quo, we can offer no compelling reason why it should be changed.

5.24 The quarterly report is good, giving the key performance metrics of the monthly report, but this time with trend data over the three months of the quarter.

5.25 We particularly like the fact that, as well as ‘hard’ data, interpretation of the numbers is provided to the reader - for example, trends are identified and discussed within individual directorates.

5.26 We have been told throughout our involvement with the GMC that complaints are genuinely used to drive business improvement (BI).

5.27 The fact that business improvements are given real prominence in the quarterly report supports this assertion in a very tangible fashion. The fact that, not only are current BI opportunities noted, but also those that have been implemented listed is excellent practice.

5.28 With other clients, we often hear that “there is little point in suggesting improvements, as nothing ever happens about them”.

5.29 Commending improvements when they have been made gives the ideal environment for staff to actively pursue these.

5.30 The inclusion of case studies represents best practice. We regularly hear that the most senior members of organisations have a limited understanding of “what actually happens on the front line”. The use of case studies is useful in addressing this, but also giving individual directorates an idea of the issues faced across the wider function.

5.31 Finally, the noting compliments received by the complaints team again represents best practice.
Comment

The current reporting regime has clearly been honed over many years with, as we reported last year, significant input from the directorates. This is reflected in the fact that the reports are clear, well laid out and comprehensive without being too long. We particularly applaud the fact that, as well as data, the reports have well-constructed narrative and highlight successes within the department (both BI and compliments).

If there is a single element that we feel would add to the understanding of the performance of the department it would be some comparative data from previous years. Having said this, the reports as they stand are strong.

Recommendation

R3 Senior staff should consider if data demonstrating quarterly performance compared to previous years would add to their understanding of the functioning department, aid early identification of emerging issues and facilitate active management if any declines are seen.
6. Good practice in managing complaints - an overview

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

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

6.3 The Parliamentary and Health Service Ombudsman's ‘Principles of good complaint handling’ suggests a number of benefits of managing complaints well. These include:

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

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

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

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

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

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

6.9 We observed in the previous section of this report that the GMC is notably strong in its use of complaints as a corporate intelligence and business improvement tool.

6.10 In the next section of this report, we assess the performance of the GMC complaints function against recognised best practice in complain handling.
7. Performance analysis

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

- Is the Siebel database correctly completed?
- Is the background/context/previous correspondence/complaints included and easily accessible?
- Is the complaint correctly classified (high profile, repeat complainant)?
- Where necessary, was the complaint correctly escalated?
- Is the nature of complaint clearly set out by author of GMC response - does the response demonstrate understanding of the issue?
- Where appropriate, is the approach/methodology used to address the issue clearly set out?
- Where appropriate, are appropriate regulations, legislation, benchmarks referenced?
- Where appropriate, are appropriate regulations, legislation, benchmarks applied?
- Where appropriate, is there evidence of a comprehensive investigation of concerns?
- If one was conducted, is the investigation finding supported by evidence and explained in the response?
- Does the response adequately address the specific concerns of the complainant?
- Is the response written in plain English, with good spelling and grammar?
- Are timeframes for responses made clear to the complainant? and
- Are next steps (if any) outlined?

General comments on context and approach

7.2 As with our 2016 report, given that we had access to the full dataset, we ran selected analysis against all 1,727 records in the July 2016 - June 2017 period.

7.3 Our intention is not to duplicate the GMC’s own analysis, but rather to offer some insight in areas that we know to be issues for our complaints clients.
7.4 Equally, performing some analysis on the full data set is useful in potentially identifying anomalies that may not be picked up in the sample records.

Days from complaint receipt to closure

7.5 The first analysis that we did in 2016 on the full data set was to look at the number of days each complaint was ‘in the system’ prior to closure. In our experience, this is useful to demonstrate the number of ‘problem’ (i.e. long standing) issues, and to highlight any issues in the data set.

2016 Results

7.6 Last year, we identified that 18 records (0.8%) were, in system terms, closed before they were opened (the left-hand side of the chart above), i.e. there was an obvious data cleanliness issue.

7.7 It also identified that, while the vast majority of complaints were closed in a timely fashion, there was a small number of complaints that had been in the system for a significant period of time.
2017 results

7.8 As can be seen below, the 2017 data has resolved the data cleanliness issue - all the records had an end-date after the start date. The shape of the curve is very similar, i.e. there remains a number of issues that take a significant period of time to resolve.

Acknowledgement sent if required

7.9 A second issue examined in 2016 was the completion of the ‘Acknowledgement required’ field. Last year, we found that in the early part of the year, there was a very low completion rate for this, but that over the last five months of the year, completion was at 100%.

7.10 Over the 12 months in this year’s sample, the ‘Acknowledgement Required’ field continued to be completed 100% of the time.

7.11 Given this, we looked to see how many times, when ‘acknowledgement required’ was stated as yes, that the field ‘acknowledgement sent’ was also completed.
As can be seen above, the ‘Acknowledgement Sent’ field was completed across a range from 99% in September 2016 to 94% in August 2016.

We cannot say with certainty if the acknowledgement was sent or not in the missing cases - just that the database was not completed for this field.

In most clients, we would rate any average completion rate of 95% as very good. Given the overall strength of the GMC’s performance, however, we believe that this does represent an area for potential improvement. We believe that it is unlikely that 5% of complainants did not receive a suitable acknowledgement - rather just that the database has not been completed.

Recommendation

In keeping with our recommendation from last year, staff should be made aware that some degree of error is present in their record keeping. We hope that this will be sufficient to promote improved performance.
Audit sample analysis

7.15 In our analysis of the sample of individual records, rather than looking at every field in the database, as described at the start of this section, we assessed against a range of criteria that we know to be of most importance to complainants.

7.16 Our first check was the all of the key information was completed on the complaint record - not the wider database completion check described above.

7.17 The level of completion on this metric was strong. The majority of the 2.2% of records that we were unable to verify as complete were as a result of no record being made of an acknowledgement being sent. As we described above, it is possible that the acknowledgment was sent but simply not recorded on the database.

Comment

Compared to other clients, a 97.8% completion rate on the database represents a very strong performance. It suggests a well-trained, engaged and motivated workforce.
Is background / context / previous correspondence / complaints included and easily accessible?

7.18 As we noted last year, a common issue among complainants is that they have not been properly understood and that their stated issues have not been adequately addressed, but rather a generic response has been supplied.

7.19 In our experience, this is often because background information is not properly filed, poorly recorded or inaccessible to the complaint handler.

7.20 As the chart below shows, we found that the GMC remains strong in this area:

![Background / context accessible chart]

7.21 Although there is a slight decline from 2016, this falls well within the statistical variance of the sample and so does not represent a material change from last year.

7.22 Records are predominantly complete, well-structured and easily accessible.

7.23 We note that one record in our sample had been answered (very effectively, judging by the final email from the complainant) via Twitter.
7.24 We commend the team in using new channels of communication to resolve complaints, but note that there is no specific means of recording social media interactions.

7.25 The 3.5% of cases that we found to be incomplete were as a result of a single inward or outward correspondence missing from the file. While this is unfortunate, it did not preclude us from assessing the interaction as good.

*Recommendation*

R5 If the GMC anticipate that the use of social media to resolve complaints will increase, it should devise a means by which these interactions can be consistently recorded.

**Is the complaint correctly classified?**

*Complete data set Analysis*

7.26 We believe that the classification system is comprehensive and effective. The level of completion of the classification fields remains very strong.

<table>
<thead>
<tr>
<th>Field</th>
<th>2016 Completion</th>
<th>2017 Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Profile</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Repeat Complaint</td>
<td>99.96%</td>
<td>100%</td>
</tr>
<tr>
<td>E&amp;D/Equality Act</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Team Handling</td>
<td>100%</td>
<td>99.9%</td>
</tr>
<tr>
<td>Stage</td>
<td>99.6%</td>
<td>98.9%</td>
</tr>
<tr>
<td>Status</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Category</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sub-Category</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

7.27 In the 2016-17 period, 19 records (of the entire 12-month data set) did not have the ‘stage’ field completed, but we view this as a minor concern as this information can
be deduced from examination of the file, and has little material effect on the reporting of performance statistics.

7.28 In the 2016 report, we expressed concern that the fields ‘category’ and ‘sub-category’ have very many options available - 85 possible responses in ‘category’ and in ‘sub-Category’, 210. The fact that these are accessed via a drop-down box does remove the issue of incorrect entry, but we remain sceptical as to the practical value of many of the options open.

7.29 The data for 2016-17, there are 83 categories used, and 208 ‘sub-categories’. Of the ‘categories’, 26 are used two or fewer times, and in the ‘sub-categories’, 74.

7.30 We reiterate that the number of options within fields must be an operational decision for GMC staff, but we feel that the little used options can be of little practical value. We have seen no report that references this data, and even if it did, with so few records it would be of little statistical significance.

7.31 With any data, the number of options available will have a direct, positive correlation with the chance of erroneous entry.

7.32 We understand that a project has recently been completed, identifying ‘obsolete’ categories and sub-categories, but that the changes have not yet been implemented in Siebel. The necessary implementation work will be undertaken as part of a larger system project in order to minimise disruption.

Recommendation

R6 We believe that the rationalisation of the category and sub-category fields remains a sound recommendation, as at present the range of options appears to do little other than introduce ‘noise’ into the system without adding any value. We look forward with interest to assessing the effect of the implementation in the 2018 report.
7.33 As with our findings from last year, we found several records that could reasonably not be classified as complaints. Rather, they appeared to be questions about a specific area or process, or simply ‘statements’ of opinion.

7.34 As we have made clear throughout our work with the GMC, we are generally very impressed by the response of the complaints team whatever the nature of the inward correspondence that reaches them. On this basis, there is no reason complaints should not continue to cover the same range of work, but we suggest that a new layer of classification could be useful in order to differentiate genuine complaints from more general statements or enquiries.

Recommendation

R7 The GMC should consider introducing a means within the classification hierarchy of differentiating complaints from more general questions or expressions of opinion from correspondents. If such a system is implemented, there is a danger that this could become complex and difficult to administer, so would suggest, initially at least, that the definitions are as clear and unambiguous as possible. On this basis, a simple binary differentiation:

1. Complaint
2. Other

would represent the easiest to define and implement.

In reality, however, we have seen essentially three major types of correspondence that reaches the complaints function:

1. Complaints
2. Requests for clarification / further information
3. Expressions of opinion about the GMC or its policies and actions

We believe, therefore, that a three level classification - ‘Complaint’, ‘Clarification’ and ‘Opinion’ would best represent reality and offer the GMC useful data for analysis.
Was the complaint correctly escalated?

7.35 In our 2016-17 audit sample, we found 50 instances where complaints had been correctly escalated. In one instance, we believe that it should have been, but was not. For comparison, last year we observed that all complaints that needed to be were correctly escalated, but again we do not find that this is detrimental to an overall positive finding in this area.

7.36 We noted last year that a delay in receiving answers to complaints is the single largest source of dissatisfaction among complainants that we find in our work.

7.37 Inevitably, there will be a tranche of complex, often sensitive issues that require detailed investigation. These, inevitably, will take more time to complete.

7.38 Below, we have segmented the 2016-17 records into deciles by time in the system:
7.39 As with last year, we observe a very typical profile, with the tenth decile (slowest to resolve) complaints taking, on average, significantly greater time to clear than the other 90% of cases. We do note that the tenth decile last year took, on average, 47 days to clear, so there has been improvement on this metric, but the disparity is still significant.

7.40 We have been told that the GMC will be running a pilot, whereby all complaints will retain the ten-day SLA for initial response, but escalated complaints will move to a 15-day SLA.

7.41 We believe that this is a sensible suggestion. If we accept the premise that escalated complaints have greater complexity and require more work to resolve, from a practical perspective this will allow more time for the necessary work to be completed, but we also believe that it sends a positive message to the complainant. In our experience, absolute time elapsed is less of a driver of dissatisfaction than the failure to meet deadlines. If the complainant is informed of the revised timescale, we do not believe that extra time will negatively impact on their satisfaction with the service, and indeed will convey that the complaint is being ‘taken seriously’.

7.42 We made the recommendation in the last report that the GMC might consider a certain number of elapsed days as a trigger for possible escalation.
7.43 We understand that an exception reporting process has been implemented, whereby complaints open for 35 days are flagged for potential escalation, and those reaching 42 days are automatically escalated.

7.44 This newly implemented process may well account for the improvement in the average days taken to close tenth decile complaints, so is to be applauded.

7.45 In order to identify potential further improvement, we looked at the stage of the complaints process reached by the tenth decile of this year’s sample:

7.46 It is noteworthy that a significant majority of the ‘slowest’ cases did not progress beyond the first stage of the escalation process. On average, these stage 0 cases had been in the system for 34 days, so were in considerable breach of the SLA, but had not reached the notification / escalation triggers.

**Recommendation**

R8 Given the relatively small number of complaints involved - 101 at stage 0 in the slowest 10% of the sample - the GMC may like to consider setting earlier ‘trigger points’ for potential escalation.
7.47 In 2016, we found that the ‘fastest’ clearance in the top decile took an elapsed time of 27 days to clear, with the slowest some 150 days. On this basis, we calculated that the ‘worst’ 1% of records stayed in the system for an average of nearly 100 days. If the correlation holds that time in the system is a proxy for time spent, this would mean that this worst 1% accounted for 7% of the total time spent in complaint handling, with a little over 3% of individual complaints (70 in number) accounting for 15% of the total time spent.

7.48 The variation with the worst decile has increased from 2016 to 2017, with the fastest clearance at 18 days, and the worst moving out to 253. The worst record was, however an anomaly, as the second worst was only 171 days. Discounting this outlier, using the same basis as above, the ‘worst’ 1% stay in the system for an average of 108 days or 7.6% of total complaint handling time, with the worst 3% accounting for 15.5% of complaint handling time. These figures are broadly in line with the 2016 findings.

7.49 In order to try to gain some insight as to why the slowest 3% of complaints were in the system for such a lengthy period, we examined the stated reason for the SLA breach.

7.50 If the predominant reason for the breach was cited as workload, we looked at the distribution of ‘problem’ cases through the team. There is a significant concentration of these cases with a single individual:
**Recommendation**

**R9** We would again urge the GMC to be careful that any individual is not swamped with difficult issues. We often find that these are the strongest members of teams, who can be over-burdened. While workload is cited as the breach reason for person A in 28% of instances, for person B this is 100%.

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

**Audit sample analysis**
7.51 We found that, for this report, GMC responses were excellent in their clarity in addressing the specific responses of the complainant. In only one instance did we have cause to question whether the response answered the stated concerns of the complainant.

7.52 Again, this year, we observed a range of complaints from the very simple to the highly complex, but all were answered with an appropriate level of detail, and with specific reference to the complaint made.

7.53 There is a clear GMC style employed across all of the directorates, which implies that training is consistent and effective across the entire complaints function, whatever team an individual may be in.

7.54 Again, we support the organisational structure, whereby complaint handlers are embedded within their directorates. The expertise that this places at the disposal of complaints handlers in answering the more complex issues is very clear.

Is the approach / methodology used clearly set out?

Audit sample analysis

7.55 As we stated last year, our work in complaints tells us that complainants like to know the process by which decisions are taken. We find that this is particularly important
when a decision is not what the complainant would have wanted, as at least they can appreciate that their issue was given fair consideration.

**7.56** In our audit sample this year, in every instance where explanation behind a finding was appropriate, it was given. This represents an improvement from the 96% seen on this metric last year.

**7.57** As can be seen in the chart below, we found that in 13% of cases there was no methodology or explanation required.

![Methodology explained (where necessary)](image)

**7.58** In these cases, none was offered, which again we support. There is little utility in over-complicating a simple issue. GMC staff understand this and answer issues with appropriate depth.

**7.59** Last year, we made the recommendation that when the GMC accepts fault, it should offer complainants a fuller explanation as to why the error was made and offer reassurance that their poor experience will be used to prevent similar failures in future.

**7.60** We saw good evidence that this recommendation has been noted and implemented. Explanations where fault was admitted were good.
Are appropriate regulations, legislation and benchmarks referenced? Are these effectively applied?

7.61 In the 2016 audit report, we noted this metric as a particular area of strength for the GMC complaints team. We simply restate our finding on this metric from last year, as it remains as pertinent now as it was then.

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

7.63 In 2017, we found that GMC staff still have an excellent grasp of the appropriate legislation and, where necessary, explain this within complaint responses very effectively.

7.64 As is shown on the chart below, we found that just over half of the cases we looked at required the application of benchmarks or legislation. In every instance where it was necessary, we found that complaints staff referenced these well, explaining their particular application to the complaint. This represents an improvement over the 96% we observed against this metric last year.
Is there evidence of a comprehensive investigation of concerns? If an investigation was required, is there evidence based analysis referenced in the response?

*Audit sample analysis*

**7.65** As is shown below, in the sample interrogated this year, just below one in five complaints required a fuller investigation of concerns:
7.66 In those instances, where investigation is required, it is important to explain to complainants the actions that were taken to investigate their concerns, and to give them a full explanation as to what was found and the reasons behind it.

7.67 As with last year, we found that GMC responses were very clear on the steps that were taken in reaching their conclusions. Indeed, we found that in every instance where an investigation was required, the response was strong. The equivalent figure last year was 97%.

7.68 In 2016, we recommended that the same level of explanation should be applied to all responses regardless of the outcome, as we observed the tendency to provide somewhat cursory responses when fault on the part of the GMC was admitted.

7.69 This year, we found that the reasoning behind responses was very well explained in all instances.

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

Audit sample analysis

7.70 In the 2016 sample, we found that 94.5% of the cases displayed a strong grounding in the detail of the case, with responses that clearly referenced and addressed the substance of the complaint.

7.71 This year, we find that the performance has improved:
This year only in a single instance did we observe that specific concerns had not been addressed. This concerned an individual who was complaining about web-site usability. The response did not attempt to address his contention that he was going to sue the GMC under disability legislation. While we accept that this may have been a conscious decision, it seemed curious that no reference was made to a potentially serious matter.

The ‘no specific’ category in 2017 are predominantly people expressing opinions about the Junior Doctor strike.

In the sample this year, we saw a significant amount of correspondence generated by the Junior doctor strike, some couched as a complaint but with many reading simply as statements of their personal opinions.

Comment

We were impressed by the responses to the Junior Doctor strike correspondence. While many of the complaints were somewhat intemperate and unspecific in their language, the responses were uniformly well reasoned and, most importantly, all conveyed an obvious ‘GMC position’. 

Recommendation
R10 In instances where a single issue is likely to generate a significant volume of correspondence, we strongly support the GMC in establishing a common message and ensuring that this is uniformly conveyed by all complaints handlers. We understand that this is currently implemented within the Customer Complaints Review Group, who identify likely ‘high volume’ issues and design appropriate messaging for complaint responses. This is excellent practice, and so should be continued.

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

*Audit sample analysis*

**7.75** In 2017, we found that, where there was a written response, there was not a single instance where we believed that the text was not clear, concise and effective.

**7.76** In those instances, where we are unable to comment, this is because the final response is not attached to the file or, more often, because the complaint has been resolved over the telephone or, in one instance, Twitter. This is extremely positive.

**7.77** One aspect of complaint response that we would single out for particular praise is the ‘tone of voice’ used.
7.78 We noted last year that the guidance provided to complaint handlers in this area is very good, and it is clear that this guidance is well understood and well adhered to.

7.79 While there is an obvious ‘GMC style’, what we found particularly impressive was the manner in which this is modulated (yet still recognisable) to the nature of the language used in the complaint.

Are next steps (if any) outlined?

Audit sample analysis

7.80 In the 2017 sample, we found that a little over one quarter of complaints required further action. We found that these were very well signposted and, where applicable, the timescales quoted were either statutory or struck a good balance between speed of response and allowing a reasonable period to provide this response.

Supplementary analysis - working to deadlines

7.81 In conducting our analysis of the audit sample, we observed that there appeared to be a high preponderance of cases being closed on, or near to the response deadline day.
7.82 We decided to interrogate the complete data set in order to establish if this impression was correct.

![Closure day chart]

7.83 As can be seen above, 50% of cases were closed within 2 days of the SLA deadline, with 28.5% occurring on deadline day itself.

7.84 There is significant variation in when complaints are received by the GMC:

![Complaint receipt month chart]

7.85 We would expect that, if closure on deadline day is driven by the volume of complaints to be answered, then there would be significant peaks in deadline day closure
in, or in the next month, to high volume months. Conversely, the percentage of deadline day responses should be low in low volume months.

7.86 Instead, we see a pattern whereby deadline day answers closely mirror the total number of complaints received.

![Deadline day vs. Total number of complaints](image)

7.87 This finding can be confirmed by the strong correlation between total number of complaints received in a month and deadline day closure.

![Deadline day vs. Total number of complaints](image)

7.88 We suspect, therefore, that team members are simply modulating their effort by the volume of work on their desks.
7.89 Another possible explanation for deadline day closure was suggested in the complaint handler interviews in section 8 below, i.e. that it is driven by the availability of more senior staff to sign-off responses.

7.90 Given the good levels of delegated authority within teams, and the relatively small number of complaints that are escalated, we are not convinced by this position. While we do not doubt that there is truth to the statement, we believe that it is unlikely to be a core driver.

7.91 While, as shown below, the SLA ‘hit rate’ is always good, we believe that it could be better if team members made a conscious effort to close complaints at the earliest opportunity.

![Deadlines Hit Per Month](chart)

7.92 We calculate that, if all months were brought up to the performance of the best month (July 2016 in this sample), 93 extra cases would be completed within the deadline, an overall improvement of 5.4%.

**Recommendation**
R11 Complaints staff should be encouraged to close complaints at the earliest opportunity. Senior staff can assist in this effort by endeavouring to make themselves available to sign off responses more regularly.
8. Complaint handler interviews

2017 Interviews - Synopsis

8.1 In addition to our review of cases from the database, we carried out interviews with three members of staff who work in complaints handling teams with the aim of getting their views about the processes that are followed any possible areas of improvement. The interviews took place in GMC’s Manchester office on 23 August 2017.

Overview

8.2 As with last year, we were struck by the level of engagement of the interviewees and their commitment and enthusiasm for their roles. The complaints staff appear to work well with their directorate colleagues although their task can be challenging. In an area such as fitness to practice, for example, the concerns that complainants raise are often not resolvable through the complaints process (as opposed to a re-opening of the decision that has been made). Nevertheless, despite the constraints within which they are working, staff appear to perform their roles well.

8.3 We were also impressed by the reporting arrangements that are in place. The quarterly reports that review complaints across the organisation are comprehensive and focussed on improvement. We were told about the work that is done at a directorate level to ensure learning. For example, the Registration & Revalidation directorate produces a monthly report and slide pack for its management team that focusses on the key learning coming out of complaints. The directorate also has a mechanism for monitoring complaints on a weekly basis.

Classification of complaints

8.4 Interviewees told us that there is a balance to be struck in the classification of complaints. A complaint is officially defined by the GMC as reflecting “dissatisfaction with the services of GMC”. However, it is desirable for those engaged in correspondence at the front line to deal with immediate issues where they can, rather than putting them into the
complaints process, which is likely to delay the response. Typically, this will be where the question raised is of a factual nature and the front-line staff know what response needs to be made. If such a question can be resolved quickly and adequately without reference to the complaints team, this should be done.

8.5 On the other hand, if issues that cannot be immediately resolved are not handed over to complaints handlers in a timely fashion, it will not be possible for the complaints team to meet deadlines. We were told that in Registration & Revalidation approximately 10% of complaints are received from the call handlers four or more days from initial receipt (for these purposes the ‘clock starts ticking’ from date of receipt by the GMC, not the day that they are received by the complaints handler).

8.6 There is no simple answer to the question of whether it is better for front line staff to respond to an issue rather than it being referred to a complaints handler and it will always represent a dilemma to some extent. This is an example of the importance of dialogue between complaints handlers and those who are dealing with correspondence directly to ensure that a sensible and consistent approach is taken.

8.7 Complaints are marked as ‘closed’ when a response is sent. This can mean that chains of on-going correspondence can be treated as if it was a number of complaints as each complaint is ‘closed’ when the GMC sends out a formal letter. In some cases, an on-going correspondence can appear in the system as multiple complaints. While this is not a problem in itself, it can lead to difficulty in interpreting complaints statistics.

*Spike of responses around deadlines*

8.8 We talked to interviewees about the spike of responses that occurs around the 10 working day response deadline. We were told that the inevitable variation in the number of complaints received means that at times responses can only be made at the last minute. Such peaks may be seasonal, random, or driven by the actions of the GMC itself, such as when a senior member of the organisation writes to all doctors simultaneously.

8.9 Another issue that could lead to the ‘batching’ of responses around a particular date is the availability of the senior managers who review and sign responses before they
are sent off. We were told that while most signatories prioritise this activity and do so efficiently, there may be occasions when this is not the case.

**Recommendation**

**R12** Managers who sign replies to complaints should be reminded of the desirability of doing so as soon as possible.

*Interchanges between directorates*

**8.10** In our last report, we recommended that complaints handlers from different directorates spend time with each other to compare notes on the issues that they face and how they handle them. Our interviewees expressed some scepticism about the value of this as they felt that the complaints that they receive and the processes that are followed differs across the organisation. However, we did hear of one occasion where a swap had been carried out and was valuable. We believe that this continues to be worthwhile, if only because it puts the handlers in different directorates in contact with each other. Despite the time pressures that all complaints handlers face and the differences between directorates, we continue to believe that a swap of staff would be worthwhile. The moving of the Corporate Review Team to Manchester earlier in 2017 should further aid the interchange of ideas.

**Recommendations**

**R13** That occasional secondments between complaints staff in different directorates should be continued.

**R14** That the opportunity provided by the co-location of the Corporate Review Team to Manchester be maximised by ensuring that all those involved in the complaints process are given the opportunity to meet and to exchange ideas.
Team biographies

Peter Killwick

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

Kieran Seale

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

Documents reviewed

General Medical Council complaints processes

Annex B - Vexatious Complaints policy
Annex C - Unreasonable behaviour policy
Annex D - Vexatious complaints and Unreasonable Behaviour register
Annex E - Customer feedback monthly report - June 2017
Annex F - Monthly complaints update - July 2017
Annex G - Quarterly Complaints Report 2017 Q1

General Medical Council public documents

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