**How to… Handle a complaint**

One of the unfortunate realities of life as a doctor of any kind is that we can’t always get it right. Sometimes this leads to patients being dissatisfied, sometimes it may even lead to harm. Whilst we can always do our best to improve our practice, sometimes complaints are unavoidable.

Complaints can vary in their grades of severity, and may be due to actual harm, perceived harm or potential harm. Regardless of the origin of the complaint, there is one important action that we must undertake following all complaints: **learning**.

**Step 1: Receiving a complaint**

Complaints systems work differently in every hospital trust, but your response should follow the same general principles.

* **Take a deep breath. Don’t panic**. It’s easy to think the worst. It’s really important, therefore, to ensure you have all the correct information available to you before you do anything else.
* **Collect all the information as soon as possible**. If you haven’t received it already, you can get it by contacting your hospital’s complaint department or speaking to the practice manager. They’re usually friendly and helpful: it is literally their job to provide you with support, so don’t feel judged by anyone.
* **Read everything carefully**. You may receive only a letter or multiple lengthy documents, including the patient or relative’s own words and the complaint department breakdown of the overall complaint.
* **Don’t take it personally**. The complaint letter can often be very emotionally charged and can feel very personal. Try to appreciate this in a professional capacity, you’re not the first doctor to make mistakes or receive a complaint.
* **Don’t dive straight into writing a statement**. You will likely be feeling emotional, guilty and willing to take responsibility for all the suffering in the world.
* **Speak to someone**: perhaps your clinical or educational supervisor, or maybe a senior clinician in the department. They will have been through it all many times themselves, and can offer valuable advice.
* **Go through the clinical scenario step by step**, and identify the learning points. This will help you make sense of the situation, manage your emotions and draft a statement.
* **Speaking to your defence union** may be advisable in some cases. You pay them a lot of money: this is literally what they are there for!

**Step 2: Writing a statement in response**

Now it’s time to consider your response. This is normally given to the complaints department or practice manager, and may not be sent directly to the patient or relative. Rather, bits and pieces of your statement will be attached to an overall response to the complainant.

* Y**ou are writing to a ‘lay person’**, rather than a medic, so abbreviations and jargon should either be avoided or explained.
* A brief explanation of **who you are and your official role in the incident** should be at the start of your statement
* **A clear description of the clinical presentation and your actions** should follow this and should form a logical sequence of events.
* **Own up to any mistakes**. It’s important to apologise early for any harm or potential harm caused: if it comes too late it may seem like an afterthought.
* **Don’t admit to something you didn’t do**. It may be appropriate to acknowledge and apologise that a patient feels a certain way, but don’t apologise for an action you did not do.
* **Stick to the facts** and avoid overly emotive language.
* **Don’t shirk your responsibility or pass blame**: this is what sets us apart as doctors, after all, but to take too much responsibility when it is not appropriate would be unwise.
* **Describing your reflection and the specific learning that has occurred**. Tell them you will reflect on the incident, and speak in detail to your clinical and educational supervisors. What complainants so often simply want is to know that their voice is heard, rather than wanting to strip away your GMC number.
* **Review you statement with a senior**. Senior clinicians have likely been through this dozens of times and will know how to write a clear and effective response statement.

**Step 3: What next?**

After submitting your statement, this may well be the last you hear of the complaint or there there may be internal investigations for some incidents. However, these are not to apportion blame: instead they are to identify key learning points for the department as a whole. If this is the case, the following points will help:

* Ensure you **undertake the action promised in the statement**
* **Make sure you have the right support**. Complaints are very stressful and can become a very drawn out process. Acknowledge the impact it has on your working life, and make sure you are supported.
* **The most important point is to stay safe**. You’re likely to want to avoid similar situations in the short-term future. Don’t let your avoidance put patients at risk: speak to a senior if you are worried. There is no such thing as a stupid question – always ask for help!
* **Ask for the outcomes**. Ignorance is certainly NOT bliss in these cases. Ask for updates and outcomes of any internal investigations or reviews. You are likely to get feedback and closure.

**10 Step Summary**

1. Don’t panic
2. Gather all appropriate information
3. Speak to a senior
4. Draft a response
5. Outline your role, and your recollection of events
6. Own up to mistakes, and apologise for any harm or potential harm caused
7. Stick to the facts and don’t apologise for something you didn’t do
8. Reflect and highlight any learning
9. Rediscuss with a senior and redraft
10. Don’t panic