

**Health Professions Council
Investigating Committee 6th December 2005
Managing complaints from members of the public**

Executive Summary and Recommendations

Introduction

This paper looks at how the Health Professions Council (HPC) manages complaints regarding the fitness to practise of registrants from members of the public. The paper:

- a) looks at current trends;
- b) suggests possible reasons for those trends;
- c) updates the Committee on changes made to our processes in order to improve the management of such complaints; and
- d) suggests future improvements which may be made.

Historical and Current Trends

Relatively few complaints which have been made directly by members of the public ('lay complaints') to HPC have subsequently been referred by the Investigating Committee to hearing. Two cases were heard by the Conduct and Competence Committee and Health Committees in 2004/2005 which arose from lay complaints made directly to HPC:

A Physiotherapist was found to have used personal data from patient records held by her former employer in order to canvas for private work. A panel considered this to be a breach of paragraph 2 of the Standards of Conduct, Performance and Ethics. The registrant was suspended for 6 months.

A panel of the Health Committee found that the fitness to practise of a Chiropodist in private practice was impaired by reason of his physical or mental health. The complainant raised her concern with the Health Professions Council after the registrant had behaved strangely

during the course of a consultation. The registrant was suspended for 6 months and has been re-suspended upon review of the order.

The numbers of complaints received from members of the public has grown in recent months. This can be linked to increasing awareness amongst members of the public of HPC and its role. In 2003-04 38 complaints were received from members of the public. Between April and August 2005 41 such complaints were received. The public is the second largest complainant group, employers being the largest.

Given the increasing volume of lay complaints received and the likelihood that this trend will continue, it is important that HPC has in place robust processes to effectively manage them. This may be seen as particularly important in cases where practitioners may be in private or sole practice as HPC may be a patient's only recourse where they have serious concerns regarding the fitness to practise.

Possible Reasons

The possible reasons for the low numbers of such complaints which are referred by the Investigating Committee are:

- (i) poor quality information – complaints from members of the public tend to be less articulate and lack a rational structure compared to those from fellow professionals and organisations;
- (ii) a misunderstanding of the role of HPC and the standards we expect registrants to maintain. In particular:
 - a) complaints which primarily concern the level of fees charged by professionals in private practice;
 - b) complaints that misunderstand the role of the professional – for example, by not recognising that a practitioner is autonomous and not directly accountable to a Doctor or other health professional.

- c) complaints which are very minor in nature. These include circumstances where a failing may be acknowledged by a registrant but may not be sufficiently serious for a panel to consider it likely that the practitioner's fitness to practise is impaired.
- d) lack of evidence. Lay complaints generally lack supporting evidence such as patient records, corroboration from other patients or professionals and so on. Complaints from employers tend to include a great deal of documentary evidence in support.

Aims

The Executive proposes that development work or improvements in the process for handling complaints from members of the public should achieve the following aims:

- a) effectively protect members of the public, protecting the wider public interest and maintaining public confidence in the professions HPC regulates and the regulatory process;
- b) effectively manage the expectations of members of the public;
- c) promote the HPC and its role.

Development work

The executive has already undertaken development work aimed at improving the way in which complaints are handled:

(i) Our brochures '*Making a complaint about a health professional*' and '*What happens when a complaint is made about me*' were published in April 2005. All complainants are provided with a copy of the correct brochure, in addition to any relevant standards documents. This is important in explaining our role and managing the expectations of members of the public who make a complaint to us.

(ii) When responding to a complaint from a member of the public, the Case Manager will now summarise what they consider to be the complainant's principal concerns. That

summary is then sent to the complainant who is asked to contact the Case Manager with any amendments or revisions should they consider it not to be an accurate reflection of their concerns. This assists the Case Manager in drafting the formal allegation which will be sent to the registrant and form the basis of HPC's case. This enables the registrant to have a better understanding of what is alleged and further assists the Investigating Committee in their considerations of the complaint. The expectations of the complainant are effectively managed and they are provided with the 'terms of reference' of their complaint, together with a detailed explanation should some of their concerns fall outside of HPC's remit. A sample letter is included at Appendix A.

(iii) In order to ensure that complaints from members of the public are handled in a thorough fashion, we are now more proactive in requesting patient records where this is appropriate. This demonstrates to members of the public that we wish to examine their complaint thoroughly. Such records may provide important evidence for the Investigating Committee to consider.

Following the implementation of the steps described at points (ii) and (iii) above, 3 complaints made by members of the public were referred to the Conduct and Competence Committee at panels of the Investigating Committee held in October.

Future Development

The Executive is currently considering the development of:

- (i) a procedure for taking some complaints by telephone;
- (ii) a standard complaints form. Some other regulatory bodies routinely use such forms which may be useful as they prompt complainants to provide sufficient detail to aid HPC's investigation into and consideration of their complaint.
- (iii) practices which supplement the complaints brochures already published, such as providing the names of further possible sources of help and assistance. For example, PALS and Independent Complaints Advocacy Services (ICAS).

This is not designed to be an exhaustive list and the Executive would welcome the comments of the Practice Committees on the issues raised above and any suggestions on further work which could be undertaken.

Decision

The developments set out above are not an exhaustive list and the Executive would welcome the comments of the Practice Committees on the issues raised above any suggestions on future work which could be undertaken.

Background information

*Making a Complaint about a Health Professional
What happens if a Complaint is made about me*

Resource implications

Further development work required by the Committee.
More material gained by Case Managers.
Time required to take a complaint over the telephone.

Financial implications

Appendices

Sample Letter – Appendix A

Date of paper

26th October 2005

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