

Responding to Complaints in Your Practice



Frequency of complaints

Complaints play a part in most professionals' lives, albeit not a welcome part. It has been estimated that about one in twenty doctors receive a formal written complaint each year, and countless others will know of a grievance or other expression of dissatisfaction within their practices.

In the context of the number of services provided by doctors every year, few result in a formal complaint, and less than one in ten of these formal complaints progress to any disciplinary action against the medical practitioner. These figures emphasise that while complaints against doctors are relatively frequent, formal disciplinary action against them is uncommon.

The anxiety of dealing with complaints will be lessened by having good procedures in place and knowing how and when to seek assistance.

Why do patients complain?

Patient complaints reflect a patient's subjective impression of the care they have received. Complaints can occur in the absence of any error or adverse treatment outcome, and may arise because of poor communication and expectations not being met.

For some, a poor outcome or an adverse event may generate such intense feelings of anger and distress that patients or their family may feel that someone should be blamed for the outcome.

Patients and their families identify the key reasons for complaints as:

- obtaining an explanation of what happened, and an apology
- making staff aware of what happened and the effect it has had on the patient
- preventing a similar incident and avoiding others having to go through a similar experience
- staff being held accountable and disciplined for what happened
- obtaining ongoing treatment and/or compensation.¹

1. Bark P, Vincent C, Jones A. Clinical Complaints: A Means of Improving Quality of Care. *Quality in Health Care* 1994;3(3):123-132.

Your responsibilities

- Your Professional Indemnity Insurance Policy obliges you to notify us of complaints received by a health complaints entity, Medical Board or AHPRA, or of an event that may lead to another investigation or inquiry.
- We strongly advise you to seek our advice before responding to a complaint in writing.
- If you receive a formal complaint from the Medical Board, AHPRA or a health complaints entity:
 - always seek our advice before responding
 - never contact the complainant directly. This may be construed as coercing the complainant to withdraw the complaint, which is prohibited under complaints legislation.

Informal complaints

We call complaints received directly by you or the practice informal complaints. They may be about the practice itself – waiting times, the way a receptionist spoke to the patient, the fees – or they may be about your own or a colleague’s care. Many complaints can be resolved directly within the practice by being dealt with promptly and at an appropriate level of authority. The effectiveness of direct resolution may determine whether the grievance will end there or will go further through a formal complaint process or legal action.

The MDA National Claims and Advisory Services team can offer assistance on how to deal with complaints.

Responding to an informal complaint

- If practicable, seek advice from MDA National before responding to a complaint, no matter how trivial it appears to be.
- Ensure complaints are dealt with at an appropriate level of authority.
- Staff should be adequately trained in communicating with dissatisfied patients.
- Assess the complaint to determine how best to deal with it and establish the basis for the complaint.
- Respond to the complaint promptly and in a spirit of resolution (seek advice when you need to).
- Establish what they expect to achieve by making a complaint. Where necessary, inform the patient what information you need to inquire into their complaint, and keep them informed if this will take some time.
- Where appropriate, arrange to meet with the patient to address their concerns.
- Ensure that ongoing care is in place for the patient as required.
- Ensure that the patient feels “heard” – listen to their concerns, ask questions and paraphrase to clarify, provide information or tell them this will be sought for them, summarise and agree on the next action.
- Involve the patient in seeking solutions.
- Avoid emotive language or showing any frustration or anger during interactions with the patient.
- If the complaint is from a patient’s relative or other source, ensure you do not breach your patient’s confidentiality. In these circumstances, verbal or written authority from your patient should be obtained before providing any response to the third party.
- Keep notes of all meetings, phone calls, and any correspondence in relation to the complaint, and keep these in a file separate from the patient’s medical file.

Open disclosure¹

It may be appropriate to follow an open disclosure format when responding to an informal complaint. Open disclosure is the process whereby patients and those who support them (with consent) can be informed of adverse events arising out of health care that result in harm.

The process of open disclosure involves:

- an apology or expression of regret, which should include the words “I am sorry” or “we are sorry”
- a factual explanation of what happened
- an opportunity for the patient, their family and carers to relate their experience
- a discussion of the potential consequences of the adverse event
- an explanation of the steps being taken to manage the adverse event and prevent recurrence.²

It is important not to speculate, attribute blame to yourself or other individuals, criticise individuals or admit liability.

Not all steps will be relevant, particularly for simple complaints.

Before putting anything in writing, or committing to an agreement, contact MDA National for advice.

1. safetyandquality.gov.au/our-work/open-disclosure/

2. Australian Commission on Safety and Quality in Healthcare. Australian Open Disclosure Framework. Sydney: ACSQH, 2013. Available at: safetyandquality.gov.au/wp-content/uploads/2013/03/Australian-Open-Disclosure-Framework-Feb-2014.pdf

Dealing with formal complaints

Sometimes, due to the complexity of a complaint, the parties involved and their expectations, a complaint cannot be fully resolved at the time it is initially received. The complainant may put their concerns in writing to you, the Medical Board, AHPRA or health complaints entity. Our Medico-legal and Advisory Services team will assist you in preparing a written response:

- Always carefully review the complaint and the relevant medical records before providing a response to a written complaint. If other members of staff are involved in the complaint, ensure they are provided with a copy of the complaint and that their response is sought.
- Your response is not the place to vent distress, frustration or anger at the patient. Ensure a professional tone – even if the complainant does not. A defensive or offensive response will only inflame the situation.
- In your response, express empathy for the patient's concerns or disappointments. You should try to put yourself in the patient's shoes and acknowledge their feelings. It is often useful to include in the response the words used in the letter of complaint, e.g. "I am sorry you are upset...". This is not an admission of liability, nor does it require the expression of guilt or wrongdoing.
- Address any misperceptions or inaccuracies expressed in the letter of complaint by summarising the events as you know them. Be concise but address each of the issues raised in the letter. It may be useful to summarise the events and then use headings to address the allegations or complaints not already answered in the summary of the events.
- If appropriate, advise the patient what steps have been taken to prevent a similar event from occurring in the future and thank the patient for bringing their concerns to your attention.
- Remember that you can obtain prompt, expert advice and support from our Medico-legal Advisory Services team in reviewing your draft response.

Outcomes to consider

Once a complaint has been dealt with and resolved, it is useful to reflect on what the complaint means for you and the practice.

- Would training in managing difficult encounters with patients be useful for you and your staff? Our Support in Practice team can provide resources.
- Are there any changes that need to be made in the practice?
 - practice systems
 - documentation
 - maintaining privacy and confidentiality
 - consent for treatment
 - communication.

Our Support in Practice team can assist you review these key areas.

It is also useful to understand that the outcome of a complaints process may not always be satisfactory to all parties.

It may be a matter of agreeing to disagree, as everyone has their own perception of events and their effects in spite of opportunities being offered to explain and provide information.

Looking after yourself

Here are some tips to help you minimise the stress a complaint:

- Understand that it is normal to experience an intense emotional response when faced with a complaint.
- Find out about the complaint process.
- Participate in continuing medical education and other interaction with your peers.
- Institute steps to reorder your practice to make it more manageable.
- Talk openly about how you are feeling with your MDA National adviser, family, friends and/or colleagues.
- Seek professional counselling if you need more support.
- Have your own GP.
- Seek medical assistance if somatic symptoms do not resolve promptly.



Find out
more

For more information visit mdanational.com.au
or contact **1800 011 255**.

MDA National's experienced medico-legal advisers provide accurate, empathetic and timely medico-legal advice, with access to our 24/7 service for urgent matters.



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