GMC & PROFESSIONAL REGULATION | MODULE 02

Complaints, incidents and the duty of candour

Respond to concerns about care with openness, compassion and accuracy while keeping complaint, incident and legal processes distinct.

- ✓ 18 min reading
- ✓ Full teaching, practical next steps and reflection
- ✓ Six practice questions with answers and explanations
- ✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

A complaint is not itself a finding of fault. Respond to the patient's experience, protect immediate safety, preserve evidence and meet professional and organisational candour duties. Obtain defence advice where the response could affect a claim, inquest, employer process or GMC matter.

Three next actions

- Check for immediate patient-safety action and preserve the clinical record.
- Confirm the current complaints and candour procedure for the correct UK nation.
- Ask your defence organisation to review any personal statement or response where risk is material.

Learning objectives

- Distinguish complaint handling, incident review and statutory or professional candour.
- Prepare a factual, compassionate response without speculation.
- Understand how the four national NHS complaints systems differ.

A complaint is information, not a verdict

Complaints may identify harm, poor communication, delay, behaviour, access problems or an experience the clinical record does not capture. Acknowledge the concern without deciding liability. The organisation should establish consent and scope, identify records and staff, and explain the process and timescale under the applicable national framework.

England, Wales, Scotland and Northern Ireland have different complaints pathways and ombudsman arrangements. In Wales, Putting Things Right integrates concerns, redress and learning. Always use the current local policy.

- Acknowledge experience.
- Clarify scope and consent.
- Use the correct national process.

Act on immediate safety first

Do not wait for the complaint investigation if current patients may be at risk. Escalate urgent clinical issues, preserve relevant equipment or data where required, complete incident reporting and ensure follow-up. These actions should not be delayed by uncertainty about blame.

Safety action and fairness can coexist. A temporary change to duties may be a neutral risk control, but its purpose, scope and review should be explicit.

- Protect current patients.
- Preserve evidence.
- Record interim controls.

Professional and statutory candour

Good medical practice requires openness when things go wrong, including putting matters right where possible, offering an apology and explaining fully and promptly. Statutory organisational or professional duties of candour vary by nation and setting. An apology is not necessarily an admission of legal liability, but wording and process should follow local policy and advice.

Candour does not require speculation. Explain known facts, what remains under review, current care, contact arrangements and learning. Avoid defensive language, premature causation conclusions or promises about outcomes outside your authority.

- Be open and timely.
- Distinguish known facts from review.
- Follow nation-specific statutory duties.

Write a safe complaint response

Use chronology, clinical reasoning, communication, current outcome and learning. Answer the questions asked. Translate technical language. If you cannot remember, say so and rely on the contemporaneous record rather than reconstructing certainty. Identify system factors without shifting responsibility unfairly.

A draft written on behalf of an organisation may require governance approval. A personal statement has a different function. Confirm who owns the response, whether it may be disclosed elsewhere and whether you are writing as treating clinician, manager or witness.

- State role and source of knowledge.

- Do not claim memory you do not have.
- Separate organisational and personal responses.

Apology, reflection and learning

A meaningful apology recognises the person's experience and avoids conditional or self-protective wording. Learning should be specific and proportionate: what changed, who owns it, how implementation is checked and whether the action addresses the actual cause. A generic online course completed after every complaint is not automatically meaningful remediation.

Discuss personal reflections with an adviser where litigation or regulatory action is possible. Reflection should demonstrate understanding and action without unnecessarily reproducing confidential patient detail.

- Apologise meaningfully.
- Match learning to the issue.
- Evidence implementation.

When complaints connect to other processes

A complaint may trigger incident investigation, disciplinary action, a claim, inquest or GMC referral. Tell advisers about parallel processes and keep accounts consistent while answering each request for its legitimate purpose. Do not assume the complaint response is confidential or cannot be used elsewhere.

If asked to meet or provide a statement during another investigation, clarify status, scope, disclosure and representation. The existence of a complaint does not remove fair-process rights.

- Map parallel consequences.
- Clarify how material will be used.
- Seek representation early.

Worked example: concern after delayed review

A generic complaint alleges that a patient deteriorated while waiting for senior review and that the family received little explanation. The immediate clinical task is to ensure continuing care and identify any similar current risk. The complaint task is to acknowledge the experience and answer the family’s questions. The incident task is to examine demand, escalation and handover. The doctor’s statement should explain their own actions and limits of knowledge.

A safe response does not decide negligence. It states the timeline from authorised records, identifies where recollection is limited, explains known clinical reasoning, acknowledges communication failures where established and describes proportionate learning. The organisation should not ask one doctor to provide an organisational conclusion outside their remit.

- Patient experience.
- Clinical facts.
- System learning.

Complaint-response quality check

Before submission, check whether the response answers each question; distinguishes fact, recollection and opinion; uses plain language; includes an appropriate apology; avoids blaming the patient or another team; explains action and review; and identifies who can answer issues beyond the writer’s role. Confirm that names, dates and medicines agree with the record.

Where there is potential serious harm, inquest, police involvement or claim, route the draft through governance and the defence organisation. This is compatible with candour: advice should improve accuracy and process, not create concealment or delay necessary communication.

- Answer the questions asked.
- Check accuracy against records.
- Escalate high-risk drafts for advice.

Common mistake

Avoid this	Confusing openness with speculation or an unadvised admission can undermine both patient communication and a fair investigation.

Pause and reflect

Can your draft show compassion, facts, uncertainty and learning without blaming, speculating or becoming defensive?

Takeaways

- A complaint is a route to response and learning, not proof of misconduct.
- Candour is compatible with accuracy and legal advice.
- Use the correct four-nation complaints framework and map parallel processes.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. A complaint contains statements the doctor disputes. What should the doctor do?

A. Contact the patient privately

B. Address the experience respectfully and set out the factual account without calling the complainant dishonest

C. Admit negligence to sound compassionate

D. Refuse to engage

2. A complaint reveals that a faulty process may still affect patients. What comes first?

A. Removing the complaint from the system

B. Immediate proportionate safety action and incident escalation

C. Identifying someone to blame

D. Waiting for the final complaint response

3. What is the safest candour approach before all facts are known?

A. Wait indefinitely

B. Explain what is known, apologise for the experience or harm where appropriate, and state what is being reviewed

C. Blame another team

D. Speculate about the cause

4. A doctor cannot independently remember an event documented in the notes. What should the statement say?

A. It should distinguish lack of independent recollection from what the contemporaneous record shows

B. It should invent a likely memory

C. It should accuse the reviewer

D. It should omit the record

5. Which action best demonstrates learning after a handover failure?

A. A general assurance of greater care without a tested change to the handover process

B. A statement that nobody was harmed

C. A generic certificate unrelated to handover

D. A redesigned handover process with audit showing reliable use

6. A complaint response may also be relevant to an inquest. What should the doctor do?

A. Assume the two processes are unrelated

B. Tell the defence adviser and clarify the purpose and disclosure of the statement

C. Contact the coroner informally

D. Write contradictory accounts

Answers and explanations

1. B — Address the experience respectfully and set out the factual account without calling the complainant dishonest

Address the experience respectfully and set out the factual account without calling the complainant dishonest This reflects the safer principle explained in “A complaint is information, not a verdict”.

Re-read “A complaint is information, not a verdict” and identify the action, adviser or evidence needed before proceeding.

2. B — Immediate proportionate safety action and incident escalation

Immediate proportionate safety action and incident escalation This reflects the safer principle explained in “Act on immediate safety first”.

Re-read “Act on immediate safety first” and identify the action, adviser or evidence needed before proceeding.

3. B — Explain what is known, apologise for the experience or harm where appropriate, and state what is being reviewed

Explain what is known, apologise for the experience or harm where appropriate, and state what is being reviewed This reflects the safer principle explained in “Professional and statutory candour”.

Re-read “Professional and statutory candour” and identify the action, adviser or evidence needed before proceeding.

4. A — It should distinguish lack of independent recollection from what the contemporaneous record shows

It should distinguish lack of independent recollection from what the contemporaneous record shows This reflects the safer principle explained in “Write a safe complaint response”.

Re-read “Write a safe complaint response” and identify the action, adviser or evidence needed before proceeding.

5. D — A redesigned handover process with audit showing reliable use

A redesigned handover process with audit showing reliable use This reflects the safer principle explained in “Apology, reflection and learning”.

Re-read “Apology, reflection and learning” and identify the action, adviser or evidence needed before proceeding.

6. B — Tell the defence adviser and clarify the purpose and disclosure of the statement

Tell the defence adviser and clarify the purpose and disclosure of the statement This reflects the safer principle explained in “When complaints connect to other processes”.

Re-read “When complaints connect to other processes” and identify the action, adviser or evidence needed before proceeding.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: Good medical practice 2024
UK · https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice

NHS England: Feedback and complaints about NHS services
England · https://www.england.nhs.uk/contact-us/feedback-and-complaints/complaint/

Welsh Government: Putting Things Right guidance
Wales · https://www.gov.wales/sites/default/files/publications/2025-03/putting-things-right-guidance-ii.pdf

NHS inform: Feedback, complaints and rights
Scotland · https://www.nhsinform.scot/care-support-and-rights/health-rights/feedback-and-complaints/feedback-complaints-and-your-rights

nidirect: Complaints about health services
Northern Ireland · https://www.nidirect.gov.uk/articles/how-complain-or-raise-concerns-about-health-services

MDU: Fitness to practise procedures
UK · https://www.themdu.com/guidance-and-advice/guides/fitness-to-practise-ftp-procedures

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