Thinks
Insight & Strategy

March 2025

Professional Standards Authority

Barriers and enablers to making a complaint to a health or social care professional regulator: a qualitative study

Full research report

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1. Executive summary

1.1 Background

This piece of research was commissioned by the Professional Standards Authority for Health and Social Care (PSA). It will feed into the PSA's review of its Standards related to raising complaints to regulators and accredited registers of people working in health and social care (referred to as regulators and accredited registers throughout this report). The specific objectives of the research were to:

- Deepen understanding of the views and experiences among service users and practitioners of the barriers and enablers to raising a complaint with a regulator or register;
- Provide tangible recommendations for improvements to the complaints process and accessibility of raising concerns with a regulator or register;
- Identify any barriers that may affect particular groups more than others.

This research builds on the existing literature on this topic, while also introducing a new, behavioural angle to the question.

Qualitative research, in the form of in-depth interviews, was conducted with 24 service users (all of whom had had a negative experience with a health or social care practitioner, 10 of whom had complained to a regulator or register), and 18 health and care practitioners (HCPs) (all of whom had had a negative experience, 9 had complained).

Interviews were followed by a co-creative workshop with service users, HCPs and members of the PSA, which focussed on potential interventions that may help those with serious concerns to come forward and make a complaint.

Please note that participants did not always use the term 'complaint', sometimes they spoke of raising, reporting, or escalating a concern or issue. Throughout the report, where appropriate we have referred to concerns raised more formally, for example with organisations, such as Health Boards, Trusts, or regulators, as **complaints**.

1.2 Key findings

Common themes across HCPs and service users

There is a wide range of experiences represented in the sample, which vary according to health or care setting, as well as specific interactions and personal circumstances. While there are common themes, it is difficult to draw conclusions on barriers and motivations for specific demographic or professional groups.

HCPs and service users are motivated by the protection of other patients, as well as a desire for accountability. Both audiences strongly feel that patient safety is a key motivating factor for reporting a complaint to a regulator or register, as is a desire for justice (especially among service users who have been harmed) and accountability, with HCPs also mentioning the importance of adhering to their profession's code of conduct.

Both cohorts treat regulators and accredited registers as a route of last resort, having exhausted other options. HCPs usually turn to a regulator when they have unsuccessfully tried to escalate an issue internally. Service users, meanwhile, may have tried other avenues, such as the Patient Advice and Liaison Service (PALS), or local NHS Boards.

For both groups, the decision to complain to a regulator is not an easy one, and often dependent on their confidence in their claim and their own ability to navigate the system. The decision to take a complaint to a regulator is easier for those with previous experience of complaining (to a regulator or another organisation), more in-depth knowledge of the regulatory landscape, or where the concern is extremely serious.

There is agreement across cohorts that complaining to a regulator or accredited register feels difficult, almost by design. A perceived high-friction process is felt to discourage complainers from taking forward their complaint and seen as indicative of regulators' (lack of) interest in their concern. In addition, lack of visibility of regulators is a key barrier for service users, who are much less likely to be aware of their existence and function.

A lack of transparency and communication exacerbates and amplifies this experience. Both cohorts of complainers speak of uncertainty and waiting 'in limbo' while an investigation takes place – and in some cases they are not sure *if* an investigation is taking place. This is discouraging for all but can be particularly unsettling for HCPs who have to continue to work with the practitioner in question.

Points of differentiation between HCPs and service users

Service users and HCPs approach complaints from very different angles. When HCPs complain about a colleague, this is someone they may know well or may have to work with on a regular basis. For service users, complaints are about someone they may know less well, but they are more likely to have experienced personal harm first hand (whereas HCPs are more likely to have observed misconduct).

They also face a distinct set of barriers to complaining. While HCPs often report *social* barriers to complaining, e.g. workplace culture and structures which act as a deterrent to speaking out against colleagues, service users are more likely to be facing *individual* barriers, including a lack of awareness of regulators, and a lack of confidence in whether their complaint is serious enough.

1.3 Key implications and recommendations

While experiences of and barriers to complaining differ across and within cohorts, there are two key areas where improvements may lead to better outcomes for service users, HCPs, and regulators:

Process-related improvements	Awareness raising and guidance

Process-related improvements

There are three key areas where the current complaints process is seen to fall short:

- **Setting expectations and better explaining the process**: Regulators and accredited registers could do more to clearly set out the types of complaints they investigate, what will happen when they receive a complaint, and an indication of the timeframes for each stage of the process.
- **Communications throughout the process**: complainants feel that communication from regulators is very poor, to the point where they are not sure if any action is being taken, or what the result of any action has been. Better communication, e.g. in the form of regular updates (even if those are automated acknowledgement or 'holding' messages), could be key in strengthening trust by adding transparency.
- **Speed of response and action**: Many would like to see a speedier response and/or action following their complaint. If it is not possible to speed up the process, expectation setting and improved communication (see above) will help complainants feel that their complaint is being taken seriously and looked into.
- **Accessibility and support**: The research has indicated a need for regulators to maintain (or improve) different channels for complaining, as well as support those who may struggle to access the process (e.g. due to age, digital skill, or neurodiversity) or feel unsure whether a formal complaint is the right course of action.

  Different types of support may be needed to help overcome audience-specific barriers, such as:

Cohort	Barrier	Type of measure/support
Service users	Digital disengagement	Maintaining different channels for getting in touch as well as offering or signposting to relevant support in navigating the process.

	Neurodiversity and ability to engage with the process	Offering or signposting to relevant support in navigating the process, e.g. one-on-one advice.
	Fear of impact on care	Reassurance of the independence of regulators vis a vis health and care providers, explanation of how the process works.
Both	Re-traumatisation	A trauma-informed approach to communicating with complainants, particularly when it comes to giving evidence.
	Uncertainty about the legitimacy of the complaint	Better guidance on what does and does not constitute a Fitness to Practice concern, including tangible examples, e.g. case studies or testimony of previous complainants, or a helpline offering advice on whether a complaint to a regulator is warranted and direct to alternative channels where more appropriate.
	Collating evidence	There are many, mostly service users, who struggle to gather the evidence required to make a case. They are unfamiliar with the type of paperwork required and feel intimidated by the prospect of having to do this. There would be value in additional guidance on what type of evidence will be required, how best to collect and collate this, as well as an offer of support for those who are unable to either do this for themselves or rely on a friend or relative.
HCPs	Career repercussions	Supporting HCPs to make a complaint anonymously and working with employers to ensure there are no negative repercussions for speaking up.
	Workplace culture and navigating the impact of effectively denouncing a colleague	Reminding HCPs in routine communications of the importance of complaints, focussing on patient safety, rather than blame. After a complaint has been made, providing reassurance to HCPs that they

		have made the right decision and thanking them for coming forward, acknowledging that this is a difficult decision for them.

Awareness raising and guidance

Two key barriers to complaining – lack of awareness of regulators and lack of confidence in the seriousness of one's claim – could be addressed through better communication and awareness raising.

- **Raising awareness of regulators and their independence**: There currently is a lack of awareness, especially among service users, of regulators as *independent bodies* with the explicit task of setting and maintaining standards and investigating complaints about individual professionals. There is support for communications within healthcare settings (e.g. posters, leaflets) and on professional comms channels (e.g. email newsletters) that raise awareness of regulators and their role.
- **Explaining clearly what types of concerns regulators investigate**: As part of any awareness raising, there should also be clear expectation setting and signposting to alternative routes to raise less serious or other concerns.
- **Help those with a concern to find the right organisation to complain to**: In an ideal world, there would be a central resource or hub which helps with this. In the absence of such a central hub, regulators may want to consider offering more advice (e.g. over the phone or web chat) on where those with a concern will be able to find support.
- **Working to shift the narrative**: In addition, regulators may want to consider working more closely with employers to help shift the narrative on complaining from one of blame and shame, to one that is focussed on patient safety and standards of care – particularly when everybody agrees that the NHS and social care system are under immense pressure.

In combination, these changes may lead to:

- **An increase in legitimate complaints** by raising awareness and providing clear guidance on what constitutes a legitimate complaint
- **A decrease in unwarranted complaints to regulators**, potentially through more effective signposting to other agencies and organisations
- **An increase in trust in the complaints process and in regulators' independence** through better communication and increased transparency
- **A more pleasant and satisfying complaints experience** through improved expectation setting and communication throughout

1.4 Reflections on the limitations of the approach

There is incredible diversity in the underlying experiences which service users and HCP could or have complained about. Experiences vary from setting to setting, and person to person. We deliberately recruited a sample with a range of experiences and characteristics, but this makes it difficult to conclude what is typical or atypical for different demographic groups. Controlling for difference, which is inherently difficult in qualitative approaches, is further hindered by this diversity of experience.

This means that, of the three key objectives for the research, the third – identifying barriers that may affect particular groups more than others – may be more suitably answered by a more quantitative approach. For example, regulators may be encouraged to review their complaints data compared to data on actual health outcomes. This type of gap analysis may help identify groups that appear to have higher barriers to complaining, as well as inequity in health outcomes by indicating where certain groups have worse outcomes but are less likely to complain. This could then be used to identify key interest groups for specific research.

From this research, as well as from the literature review, we can conclude that there are factors which make it more difficult for some groups to complain than others, including:

- Neurodiversity
- Older age
- Digital skills and engagement

Experiences of care are also highly personal. For example, we heard from two female service users who felt that their concerns had been brushed off by a practitioner on the basis of their age and sex (both were going through the menopause at the time), only to later be diagnosed with serious conditions unrelated to the menopause. While these participants felt that this may point to issues of sexism in healthcare provision, we cannot conclude whether women face more (or fewer) barriers to complaining.

There are also some indications that race and ethnicity play a role in employment relations, which may have a knock-on effect on complaining (e.g. a fear of being seen as racist when complaining about a colleague from an ethnic minority group and/or a reticence to “cause a fuss” from those within groups that are more likely to be treated unfairly in the workplace). There is also an awareness that cultural bias and stereotyping could lead to unfair treatment of ethnic minority service users and HCPs.

2. Background and approach

2.1 Objectives

As part of its work as the oversight body for health and care professional (HCP) regulators and Accredited Registers, the Professional Standards Authority (PSA) works to help ensure that these organisations have accessible and robust complaints processes in place. The PSA is currently undertaking a review of its two sets of standards; Standards of Good Regulation and Standards for Accredited Registers, which are used to assess the performance of professional regulators and accredited registers. The review seeks to understand whether Standards are still relevant and appropriate and, if necessary, will look to update them accordingly in 2025.

While a lot is already known about the existing barriers to raising a complaint in healthcare settings, much less is known about the barriers to raising a complaint to a health and care professional regulator or accredited register *specifically*. The PSA is now looking to further explore barriers and enablers to making a complaint, in order to support regulators to improve their complaints processes. Specifically, the PSA commissioned this research to:

- Deepen understanding of the views and experiences of the public, users of health and care services and HCPs about the barriers and enablers to raising a complaint with an HCP regulator or register;
- Provide tangible recommendations for improvements to the complaints process and accessibility of raising a complaint with an HCP regulator or register
- Identify any barriers that may affect particular groups more than others

2.2 Approach and sample overview

There were three phases to this research:

Phase 1: Behavioural mapping and evidence review	• Existing evidence audit • Behavioural mapping exercise, identifying barriers and enablers from the literature • Conceptual design of potential interventions to reduce barriers to complaining, to be used as stimulus during Phase 2
Phase 2: In-depth interviews	• 24 semi-structured in-depth interviews with members of the public ○ 10 who had complained to a regulator or accredited register, either for themselves or on behalf of someone else

	○ 14 who had had a negative experience but not complained to a regulator or accredited register (but may have complained elsewhere) • 18 semi-structured in-depth interviews with 17 health practitioners and 1 social care practitioner. ○ 9 who had complained ○ 9 who had had a negative experience but not complained Each interview explored participants' individual journey to complaining (or not complaining), as well as testing two potential behavioural interventions aimed at encouraging more people to make a complaint about a serious concern with the relevant regulator or register.
Phase 3: Co-creative workshop	• Online workshop with two HCPs, four service users, and four members of the PSA team • Review and discussion of key barriers that emerged in Phase 2, discussion of longlist of potential behavioural solutions (created by Thinks on the basis of Phases 1 and 2), refinement of potential solutions

A detailed breakdown of the sample for Phase 2 can be found in the appendix. Below is a broad overview:

	Service users	**HCPs**
Complainers	10	9
Non-complainers	14	9
Devolved nations	Scotland: 2 Wales: 4 NI: 3	Scotland: 2 Wales: 2 NI: 2

- Across the sample, a spread of demographics across gender, age and ethnicity.
- Among service users, different levels of digital confidence, as well as long-term health conditions and disabilities.
- Regulators and accredited registers complained to:
    - General Medical Council
    - Nursing and Midwifery Council
    - Health and Care Professions Council

    - General Pharmaceutical Council
    - General Dental Council
    - British Association for Counselling and Psychotherapy
- Non-complainers may have complained to another organisation (e.g. directly to the service provider, PALS, a local NHS Board, or the CQC, but not a regulator or accredited register)

2.3 Behavioural mapping and evidence review

We started our process by carrying out a review of existing literature on the topic. The sources included:

- Complaints matter, *Care Quality Commission*
- ‘Raising Concerns’ Research, *Community research for the GDC*
- Why do many public concerns that would be better directed to another organisation come to the GMC? *Full Report, Research by ICE for the General Medical Council*

A full bibliography is included in the appendix.

The key findings from this rapid evidence review on the barriers to complaining and the complaints process were then categorised and incorporated into behavioural maps for service users and HCPs.

We produced comprehensive ‘journey’ maps for the complaints process on the visualisation platform Miro. Across these maps, we identified the key ‘touchpoints’ in the journeys and the potential barriers and enablers to making a complaint at each of these stages. We used the evidence from previous research and our behavioural science expertise to unpack motivations, biases, and psychological factors influencing behaviour at each touchpoint.

The map also notes initial recommendations to overcome or reduce these barriers at each of the key touchpoints. This helped inform the design of the qualitative research and enabled us to stress-test potential solutions within depth interviews. See a simplified version of the behavioural map for service users below

Figure 1: Simplified version of behavioural map for service users

	Contemplation	Preparation	Action	Maintenance
Stages	Trigger event for complaint. Expectations of the process. Touchpoints: • Healthcare setting • Initial online search	Promote the steps leading up to the complaints process. Touchpoints: • Information via healthcare organisations and regulators • Complaints process • Search online	Raising complaints and receiving a response/outcome. Touchpoints: • Channels e.g. email, phone, written complaint, portals, online portals • Forms and online processes	Reflecting on experience, escalating and continuing complaints. Touchpoints: • Escalation process
Barriers	• Knowledge gap on where to start • Fear on impact on care and ongoing service • Vulnerability and dependency on others to support them during the process	• Lack of support in knowing how to complain • Lack of ability to articulate concerns and build a case • Stress and anxiety involved in making a complaint can be overwhelming for those with health challenges	• Not feeling heard throughout the process • Lack of confidence in organisations/regulators to be able to handle the complaint • Complex and confusing processes	• Lack of motivation to raise further complaints • Not understanding the value of the process users have just been through
Opportunities	• Physical nudges in healthcare settings • Awareness campaigns	• Confidential advice line to help on decision to complain and on the upcoming process • Pre-complaint triage service (potential for self-service)	• Keep users up to date: on the progress of their case and how their complaint is being addressed (e.g. dashboard where users can track status) • PSA pressure on regulators to audit and improve process	• Case studies of how users have benefited by complaining • Regulators to publish complaints data and demonstrate system improvements

Detailed behavioural maps are available here.

We split the process into four key stages: contemplation, preparation, action, and maintenance. The evidence review suggests key barriers to complaining at each stage of the process:

	Service users	HCPs
Contemplation	The first stage of complaining, which may be just after an incident occurred, but may also happen later. The literature shows that there are significant knowledge gaps on where to start a complaint, as well as a fear of negatively impacting one's own care. Many service users are also particularly vulnerable at this stage and may depend on the support of others to begin the process of complaining.	After experiencing a trigger event with a colleague, HCPs can feel a mixture of anxiety and lack of confidence about speaking up, which can be in tension with their sense of responsibility towards patients. Hierarchy and workplace culture play a large role in HCPs confidence to speak up. HCPs also commonly discuss the situation with a colleague to assess the appropriate complaints process to undertake.
Preparation	Service users may struggle with the challenge of putting together a case (collating evidence, recalling names and dates and conversations), they may also struggle to articulate their complaint and not all have support. The stress and anxiety of raising a complaint can feel overwhelming.	Making a complaint can be overwhelming, especially for HCPs already dealing with high workloads and burnout in the workplace. A lack of professional support can also make complaining harder for HCPs who have to assess multiple complaint pathways – this is further complicated by a perceived need for anonymity.
Action	Once the decision has been taken and a complaint has been raised, service users may not feel heard and may lack confidence in the institutions handling the	Once a complaint has been raised HCPs might feel their complaint has not been taken seriously, have minimal impact, or that it might negatively impact their own professional

	case. The process itself may feel complex and challenging.	opportunities if anonymity is not maintained.
Maintenance	There is a risk that the process does not feel worthwhile, or that the value of complaining is not clear to the complainant. This may prevent them from raising further complaints in the future.	There is a risk the complainant doesn't feel the process has resulted in a 'fair' outcome, with the HCP in question not fully held to account. This may increase anxiety about escalating the complaint further, as well as continuing concerns for any professional impact of complaining.

We used the evidence review to suggest some potential interventions that may help overcome barriers at key touchpoints (particularly at the contemplation and preparation stages).

	Service users	**HCPs**
Suggested interventions to be tested in interviews on basis of evidence review	• Awareness raising campaign in the form of posters • Improved signposting through a central online form that directs users to the right place for their complaint	• Awareness raising campaign in the form of a poster • Reminder of the regulators' role as part of regular communications with members

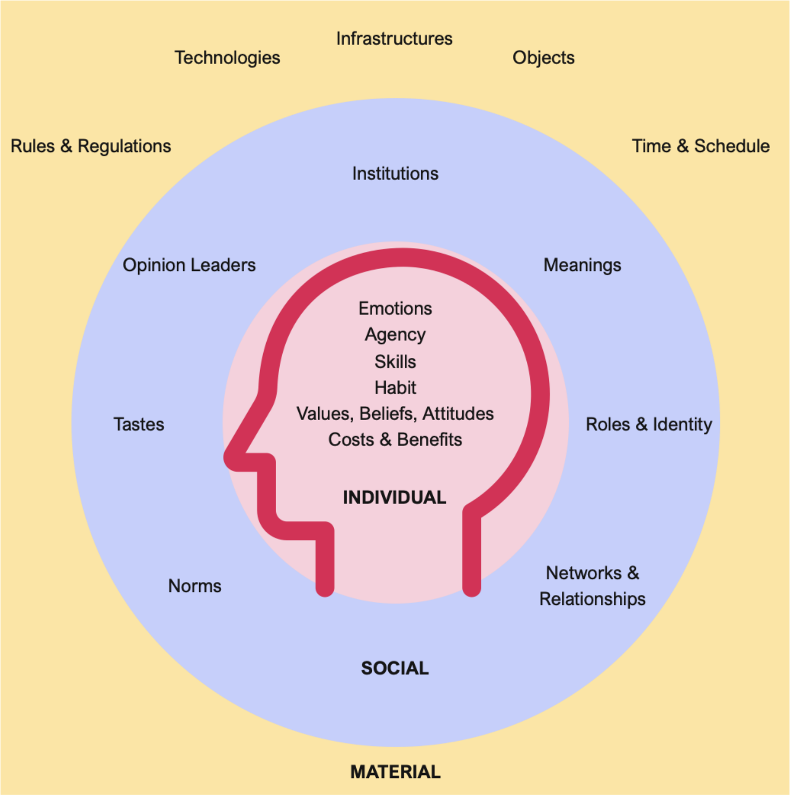
2.4 ISM (Individual, Social, and Material): A behavioural science approach to analysis

We used the ISM model of behaviour change to analyse and categorise barriers and enablers to complaining to a regulator. The ISM model provides a structured framework for understanding the complex behavioural factors influencing whether individuals choose to make complaints (and behaviour during the complaints process) in healthcare settings.

- The **Individual** level considers personal beliefs, emotions, and cognitive biases that may encourage or discourage complaints – for example, fear of repercussions, lack of confidence in the process, or personal values around justice and accountability.

- The **Social** level highlights the influence of norms, peer expectations, and professional culture. For instance, HCPs may be reluctant to complain due to workplace hierarchies or fear of being ostracised, while service users may feel pressure to remain silent due to social stigma. They may also not know how and when to act because they are uncertain about how other users typically go through the process.
- The **Material** level focuses on tangible barriers and enablers, such as the complexity of the complaints process, availability of information, and accessibility of support mechanisms.

Figure 2: ISM model of behaviour change



Applying the ISM model to this research allows for a holistic examination of the barriers and enablers to complaining. It helps to identify not only what prevents individuals from raising concerns but also what structural or cultural interventions might improve the system. For example, simplifying complaints procedures (Material), fostering a more open and supportive reporting culture within healthcare settings (Social), and providing clearer guidance on the impact of complaints (Individual) could all contribute to increased reporting. By using this model, the PSA can move beyond simply recognising known barriers and instead develop targeted, actionable strategies that address the behavioural and systemic challenges underlying the reluctance to complain.

3. Reasons for complaining to a regulator or accredited register

3.1. Overview

Our sample, among both complainers and non-complainers, included a wide range of different experiences of harm and/or misconduct with a range of different professionals.

Among **service users**, some experiences related to a specific health condition that had consistently been mistreated or misdiagnosed by multiple members of staff. For example, one woman's headaches which had been diagnosed as a symptom of menopause, were eventually found to be caused by a 6cm tumour in her brain. Some service users were able to see a private practitioner to obtain a second opinion, which made them realise they had had a significant negative experience or had not received the most suitable treatment for their specific condition. There were also participants who had received the wrong prescription, which was felt to be less serious but still potentially harmful.

In other cases, there has been a one-off traumatic event, for example the loss of a child, or inappropriate treatment during childbirth – one service user told us of a nurse using a dirty needle after her labour.

HCPs, on the other hand, were more likely to *observe* rather than experience malpractice or inappropriate behaviour first hand. A small number in our sample had had issues with colleagues directly, e.g. bullying at work, but most complaints were related to the treatment of patients or the integrity of the profession. For example, HCPs working in hospitals may have noticed a colleague making mistakes and trying to cover up for them or not documenting treatments properly.

In addition, HCPs work in a wide variety of different settings, from hospitals where they work with dozens of colleagues to smaller community-based settings and businesses where they only work with a handful of colleagues, e.g. in a pharmacy. This has an impact on how concerns are handled internally, as well as the barriers to complaining faced by HCPs.

Both audiences have **individual** motivators that vary in overall importance. For both cohorts, there is an awareness that something bad has happened or is happening – either to themselves or someone close to them (usually for service users), or to patients more generally and colleagues as a knock-on effect (for HCPs.) These incidents are felt to be serious enough that they warrant action, even if that action is not immediately a complaint to the regulator. Often, both groups will explore a range of options to achieve their goal (e.g. of compensation or accountability).

For both cohorts, **social** drivers are amongst the most important motivators for making a complaint. For example, both HCPs and service users alike are concerned with patient safety and feel compelled to complain to protect others from harmful practices and behaviours. HCPs also have the negative effects on their workplace that motivates them to complain, often describing stressful working conditions trying to maintain standards in the face of questionable practices by the colleague in question.

Related to the **material** section of the framework, both audiences have a motivation to take complaints to a regulator or accredited register specifically, because 'in house' procedures such as raising the issue with a trusted senior colleague or a practice or ward manager, have failed to result in action. It is seen as a last resort for both HCPs and service users.

Motivation	**HCPs**	**Service users**
Individual motivations (ordered most to least prominent)		
Upholding (professional) standards and accountability	🟩	🟩
Seeking justice		🟩
Compensation for damage inflicted		🟩
Social motivations (ordered most to least prominent)		
Patient safety at risk	🟩	🟩
Personal harm or negative impact on colleagues	🟩	
Material		
Inaction by senior management	🟩	🟩

3.2. Reasons for complaining among HCPs

The types of incidents reported by HCPs in the sample vary by profession and on a case-by-case basis. What is common, however, is that they feel compelled to come forward either due to the severity of an incident, or, more commonly, due to a "final straw" after other avenues have been explored while the issue continues.

Patient safety (Social): This is generally seen as the most pressing reason for taking action, but it does not mean that HCPs will complain immediately. Instead, they often seek informal advice from a trusted senior colleague, moving on to raising a concern more formally to a line manager or another senior figure such as a Head of Department or Head Registrar.

HCPs report instances such as colleagues failing to record interventions or medications administered to patients, dispensing medications without appropriate sign off and performing procedures badly or unnecessarily. All of these are perceived as threats to patient safety.

Ben is a Cardiologist. He noticed death rates in his department beginning to rise. After some investigation, he suspected serious breaches by a specific colleague to be at the bottom of this, for example making last-minute changes to procedures without consent and changing diagnoses to ones with easier treatment. After raising these concerns several times internally, and facing retaliation, he felt he had no choice but to escalate to the GMC.

> *"Well, there has been a higher than expected or than possible complication rate… My clinical director decided it was all in my head and I was intentionally besmirching the reputation and making denigratory remarks about my colleague's performance… So that was the GMC referral in… I was fighting against the management from the start."*
>
> Cardiologist, Complained, Hospital based

Personal harm or negative impact on colleagues (Social): Malpractice and inappropriate behaviour can have an impact on the wider team, who are often left to pick up the slack, or having to cover for a colleague. In some cases, the practitioner in question may also behave inappropriately towards colleagues. Issues can range from relatively 'minor' instances such as small but ongoing mistakes with issuing medications, to serious problems such as inappropriate and dangerous physical handling of patients. Participants report stressful and difficult working environments with these individuals where, in some cases, the practitioner in question remains in post for a significant period of time after escalating a concern to their employer.

> *"And then there's another incident when she went to take a patient over to have radiotherapy treatment which was at another hospital in another district. There's a lot of arranging that goes into it, transport, things like that. She got over there and rang the ward and said, oh, she's pregnant, so she shouldn't actually be here. It was a lot of to and fro in swapping staff members around. There was a lot of waiting around. The patient was unable to have their treatment that day."*
>
> Nurse / nursing associate, Did not complain, Hospital based

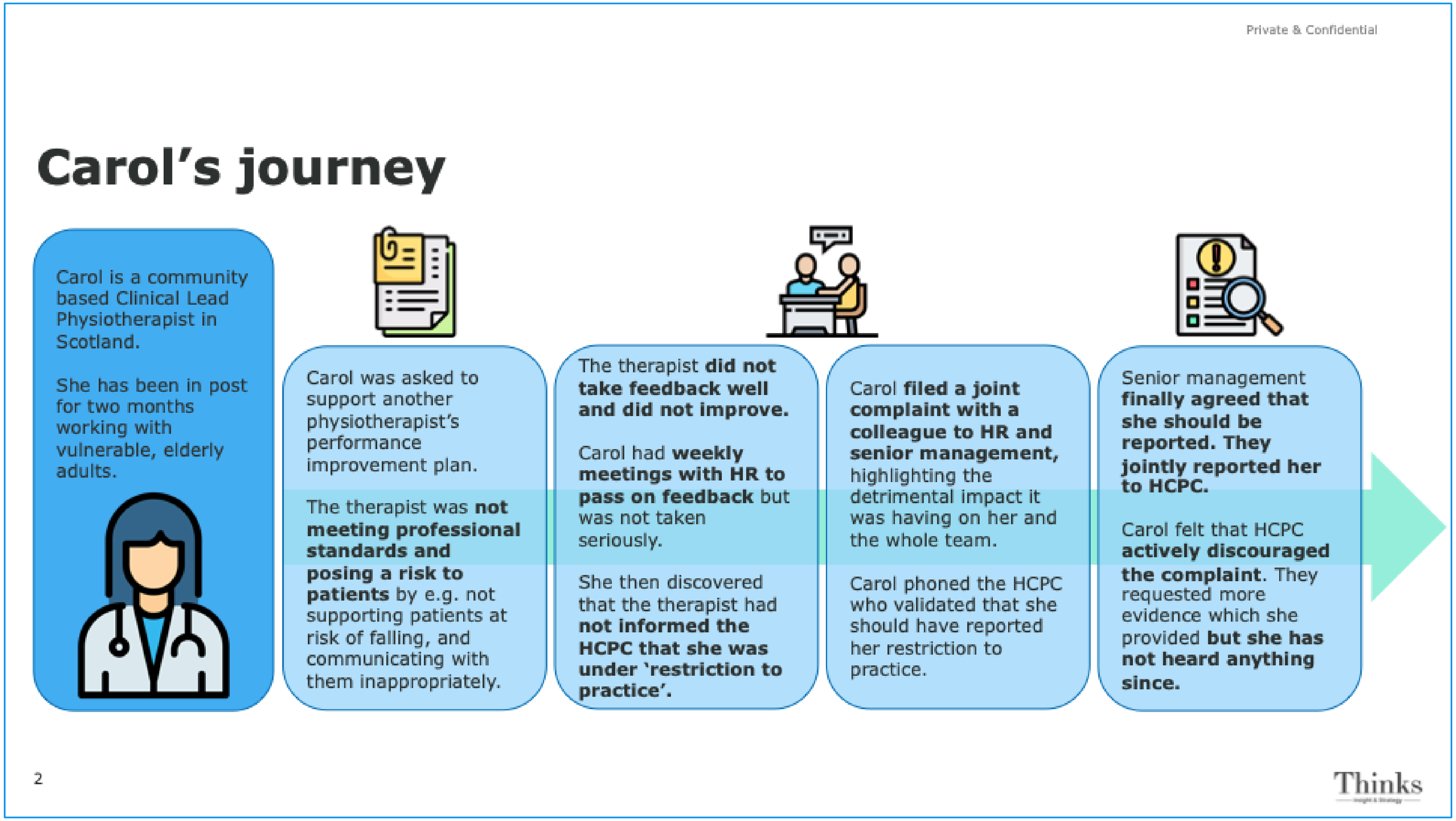
3.3. Why HCPs complain to regulators

Inaction by senior management (Material): Often HCPs decide to turn to the regulator or accredited register when raising a concern with senior colleagues does not result in appropriate action. They will often exhaust all available avenues within their workplace before contemplating complaining to a regulator or accredited register. In some cases, in the course of raising concerns internally, HCPs are actively discouraged from taking the concern further. *See figure 3 for case study.*

> *"It felt like they didn't care... I said that I have several team members who are going to go off sick with stress because of this situation… It was almost like they were protecting the individual, not protecting the rest of us who work there."*
>
> Physiotherapist, Complained, Community based

Upholding professional standards and accountability (Individual): In some cases, complaining to the regulator or register is simply seen as the ethical thing to do. HCPs do not want to turn a blind eye to conduct that could result in patient harm and this eventually overrides any concerns over repercussions for colleagues or themselves, such as loss of career or livelihood. Some HCPs use their profession’s code of conduct as guidance on their ethical obligations.

> *"It's part of the role. I mean, we are all registered, I'm registered with HCPC and I have to follow the guidelines and obviously practise in a safe way that doesn't endanger the public. So we are all constantly aware that we have to abide by the Code of Conduct."*
>
> Therapist / Counsellor, Complained, Community based



Private & Confidential

Carol’s journey

Carol is a community based Clinical Lead Physiotherapist in Scotland.

She has been in post for two months working with vulnerable, elderly adults.

Carol was asked to support another physiotherapist’s performance improvement plan.

The therapist was **not meeting professional standards and posing a risk to patients** by e.g. not supporting patients at risk of falling, and communicating with them inappropriately.

The therapist **did not take feedback well and did not improve.**

Carol had **weekly meetings with HR to pass on feedback** but was not taken seriously.

She then discovered that the therapist had **not informed the HCPC that she was under ‘restriction to practice’.**

Carol **filed a joint complaint with a colleague to HR and senior management,** highlighting the detrimental impact it was having on her and the whole team.

Carol phoned the HCPC who validated that she should have reported her restriction to practice.

Senior management **finally agreed that she should be reported. They jointly reported her to HCPC.**

Carol felt that HCPC **actively discouraged the complaint**. They requested more evidence which she provided **but she has not heard anything since.**

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Figure 3: Case study - Carol

3.4. Why service users complain to regulators

Inaction and failure to address the issue using other channels (Individual/Material): Service users who complain describe repeated failures over a prolonged period of time and a sense of frustration that they were not being taken seriously. Even though they might be sceptical of the outcome, they have often exhausted other options or have been told to try the regulator as a next step.

John has been experiencing ongoing issues with the repeat prescription of his medication at a hospital pharmacy since 2019. He regularly has to chase up his prescription, which at times has caused him to run dangerously low on his medication, putting him at risk of serious consequences to his health. He eventually felt he had no choice but to complain to a regulator after years of issues.

> *"I didn't get the medication because it's supposed to come every two months, supposed to get it delivered and each time I was having to phone up because one of them hadn't done anything… That happened three or four times in the previous months… And then I was getting right down to this vital bit of medication… So phoned the pharmacy up and they'd done nothing, not done a prescription at all… they'd just not done their job again after having issues for years and especially the previous few months."*
>
> Service user, Complained

Patient safety (Social): Service users often feel strongly that others should not have to go through what they have, even when their experience is perceived as less serious, such as struggling to get medication, or a GP appointment. For more serious experiences, often in hospital settings where experiences have resulted in serious harm participants describe a strong sense of duty and responsibility for the safety of others. These service users feel the only way to protect others is to have the practitioner struck off the register.

> *"We lost our sixth child as a result of medical negligence... she died of a bowel obstruction at the age of five... All they needed to have done was a CT scan or a barium meal and they would have found what she actually had wrong with her."*
>
> Service user, Complained

Seeking justice (Individual): Like HCPs, service users often refer to making a complaint as 'the right thing to do'. They want justice for wrongdoing. Justice, in these cases, is often described as wanting the practitioner in question to be held accountable. Service users feel most strongly about this after attempts to have the practitioner be held accountable within the health care setting have failed. This need for justice and accountability is motivated both by the personal damage for which they seek retribution, as well as by the desire for the safety of others.

Often, what they want to see is confirmation and evidence that concrete action has been taken that will improve patient care and minimise the chances of this happening again. For some, there is a perceived lack of accountability and responsibility in the healthcare sector as a whole.

This need for accountability tends to be much stronger than any desire for compensation, financial or otherwise, as most feel it is too late for them. While monetary considerations are mentioned, participants are more likely to emphasise moral principles and systemic improvements over financial compensation.

> *"I made my complaint very clear. I want action, not words, not... I don't want even the word compensation mentioned. I don't want any of that. I want someone else to get a better standard of care."*
>
> Service user, Complained

> *"I absolutely advocate for people to speak up, but not enough people do... I'm going to be fighting probably for the rest of my life… unless more people are willing to actually say stuff about their GP… Nothing actually happens."*
>
> Service user, Complained

Key takeaways

- The key motivating factors for complaining to the regulator are **patient safety, accountability, and a desire to do the right thing**.
- However, **most do not turn to the regulator or accredited register immediately**, instead they explore other avenues, usually starting with whatever feels most easy or intuitive.
- Among HCPs, there is a strong theme of a **failure of in-house disciplinary and escalation procedures** which leads practitioners to complain about a colleague to a regulator. Often they would have preferred to resolve the issue internally.

4. Current barriers to complaining to regulators or accredited registers

4.1. Overview

For both HCPs and service users, there are significant **individual** barriers to complaining. Participants describe a complaints system they perceive as almost ‘hostile’, with a sense that regulators – and, to some extent, workplaces – seek to discourage complaints. This environment implicitly communicates that complaining, particularly to a regulator is a significant escalation that service users and HCPs alike should be discouraged from taking.

Across the board, participants describe a lack of information about the most appropriate place to report specific complaints and, in some cases, this is despite a high level of awareness of independent regulatory bodies. This adds to a sense of overwhelm for both cohorts.

Social barriers exist for both cohorts but particularly HCPs. They feel worried about the potential repercussions of complaining on themselves, for example being seen as a troublemaker. They also worry that a complaint could result in a loss of livelihood for the practitioner in question and reputational damage to the wider organisation.

Both cohorts experience significant **material** barriers. They both describe being unsure if their issue is serious enough to warrant a complaint, particularly to a regulator or accredited register, and find it hard to get adequate support to assess this. There is a lack of services and guidance to help them assess the seriousness of their concern and how/when to act. The complexity of the system and lack of time for both service users and HCPs both add to this barrier.

Barrier	**HCPs**	**Service users**
Individual (ordered most to least prominent)		
Complaining to a regulator is perceived to be a significant escalation	🟩	🟩
Lack of knowledge of which organisation to complain to		🟩
Process feels emotionally burdensome/overwhelming	🟩	🟩
Worry about pressure on the NHS		🟩
Social (ordered most to least prominent)		

Fear of repercussions for practitioner	🟩	
Fear of repercussions for themselves	🟩	🟩
Concern for colleague’s livelihood and reputation	🟩	
Potential impact on business reputation	🟩	
Material (ordered most to least prominent)		
Unsure if concern is serious enough due to lack of guidance and tools	🟩	🟩
Lack of support from senior figures	🟩	🟩
Complexity of the regulatory system	🟩	🟩
Lack of time	🟩	🟩
Availability and collection of evidence	🟩	🟩

4.2. Barriers to complaining for HCPs

HCPs consistently describe feeling concern for the reputation and livelihood of fellow practitioners, as well as a system that does not encourage speaking out. Coupled with the expectation that the complaint process will be drawn out and onerous, there are significant barriers to complaining.

Fear of repercussions (Social) and lack of support from senior figures (Material): Some participants describe a culture of fear where they feel there could be serious repercussions for them professionally should they make a formal complaint. For example, damage to professional relationships with senior colleagues as well as those at a similar level, carrying the stigma of someone who has complained about a colleague or being actively discouraged from making a formal complaint by senior colleagues. This sentiment is particularly strong for participants in hospital settings, where participants describe more entrenched hierarchies and ‘cliques’ of individuals.

> *“There’s actually a worrying trend about doctors being victimised for raising concerns... There might be retaliation by my employers.”*
>
> *HCP, Complained*

Dan works as a therapist in the NHS. He experienced concerning behaviour from one of his colleagues, including substance abuse and threats. Dan raised the issue with his manager but felt there was an avoidance of responsibility. He felt hesitant to take the concern further, as he would now have to complain not just about his colleague but also the lack of action from his manager. He strongly felt that his concern would not be taken seriously due to the power dynamics and existing relationships in the working environment.

"Like I say, the power dynamics are such that I just didn't feel protected and you know, regardless of what it is, you know, she'd been there a very long time. She has very deep roots in the organisation, really good relationships with the higher bosses. I didn't have any of that."

Therapist/Counsellor, Did not complain, Hospital based

Concern for a colleague's livelihood and wellbeing (Social): Some HCPs have concern for the loss of livelihood for the clinician in question and that they may carry the burden of having been complained about throughout their career. Again, this is particularly true in hospital settings where there is an understanding that more specialised staff in particular have trained for a long time to be where they are. A few worry about the organisation's reputation within the health sector and how this may impact aspects such as recruitment.

"We all know it's going to be a traumatic process if you find that someone's made a complaint or there's been a concern risen against you."
Pharmacist / Pharmacy technician, Complained, Community based

"If that gets out that we've been, you know, overzealous in reporting someone, it doesn't really look good for future people to come and work for us. So, yeah, we obviously didn't want to jump the gun from that point of view as well."

Consultant, Complained, Community based

4.3. Why HCPs don’t complain to regulators

Lack of certainty about the seriousness of their concern (Material): There is a lack of open conversation and information about how and when it is appropriate to make formal complaints, leading clinicians to feel unsure of how to proceed with a concern. This is most often around the severity of the problem. HCPs describe not knowing the ‘line’ where an issue would warrant a complaint to a regulator or accredited register. *See figure 4 for case study.*

> *“I think being able to speak to a person, a representative of those bodies, similar to how I spoke with sort of the middle grade doctor in my experience, having someone actually you can say, you know, is this a valid complaint or am I being perhaps misguided or am I being a bit sensitive or whatever it might be.”*
>
> Junior Doctor, Did not complain, Hospital based

Complexity of the regulatory system (Material): Some HCPs describe feeling uncertain which specific regulator would be suitable for their complaint, especially where the clinician in question works in a different role. They describe a diverse and fragmented regulatory landscape, with each body focussed on a very specific area of health and social care regulation.

> *“As a doctor, I know the process of when a patient complains if they're not happy with the treatment, I know the clinical side of it, but the management and the infrastructure side of it, none of us had any experience.”*
>
> GP, Did not complain, Community based

Lack of time and difficulty collecting evidence (Material): HCPs are also significantly concerned about the prospect of how to record and submit evidence and the time it would take, especially for instances that are smaller but more frequent and continuous. Whilst used to extensive documentation, they feel that this could quickly become overwhelming alongside their job.

> *“Something easy. I think it just needs to be easy at that time, really, because if you are struggling with something anyway and under stress, it needs to be like, easy, straightforward. Point of call”.*
>
> Social worker, Did not complain, Community based

Not feeling up to the task for mental health reasons (Individual): With the process seen as time-consuming and potentially strenuous, those who have had experiences that negatively affected them personally (rather than escalating a concern about observed behaviour), may feel that complaining could negatively impact their mental health.

> *"My own mental health at the time was a significant barrier, as I wasn't feeling well and felt unsupported. I believed I lacked sufficient evidence to make a formal complaint... making a complaint could worsen my situation, especially since I would still have to work with my line manager."…*
>
> *"I didn't feel mentally right at the time to be able to start challenging people about how I was feeling at work."*
>
> Social worker, Did not complain, Community based

A more positive 'barrier' to complaining is the **internal resolution of issues:** In ideal scenarios, the need to make a formal complaint is mitigated by a robust 'in-house' procedure. These participants describe an appropriate response to concerns characterised by timely actions, and support and reassurance that they had done the right thing. In some cases this action included a programme of support for the practitioner in question involving the whole team, actively supporting team cohesion.

Case study

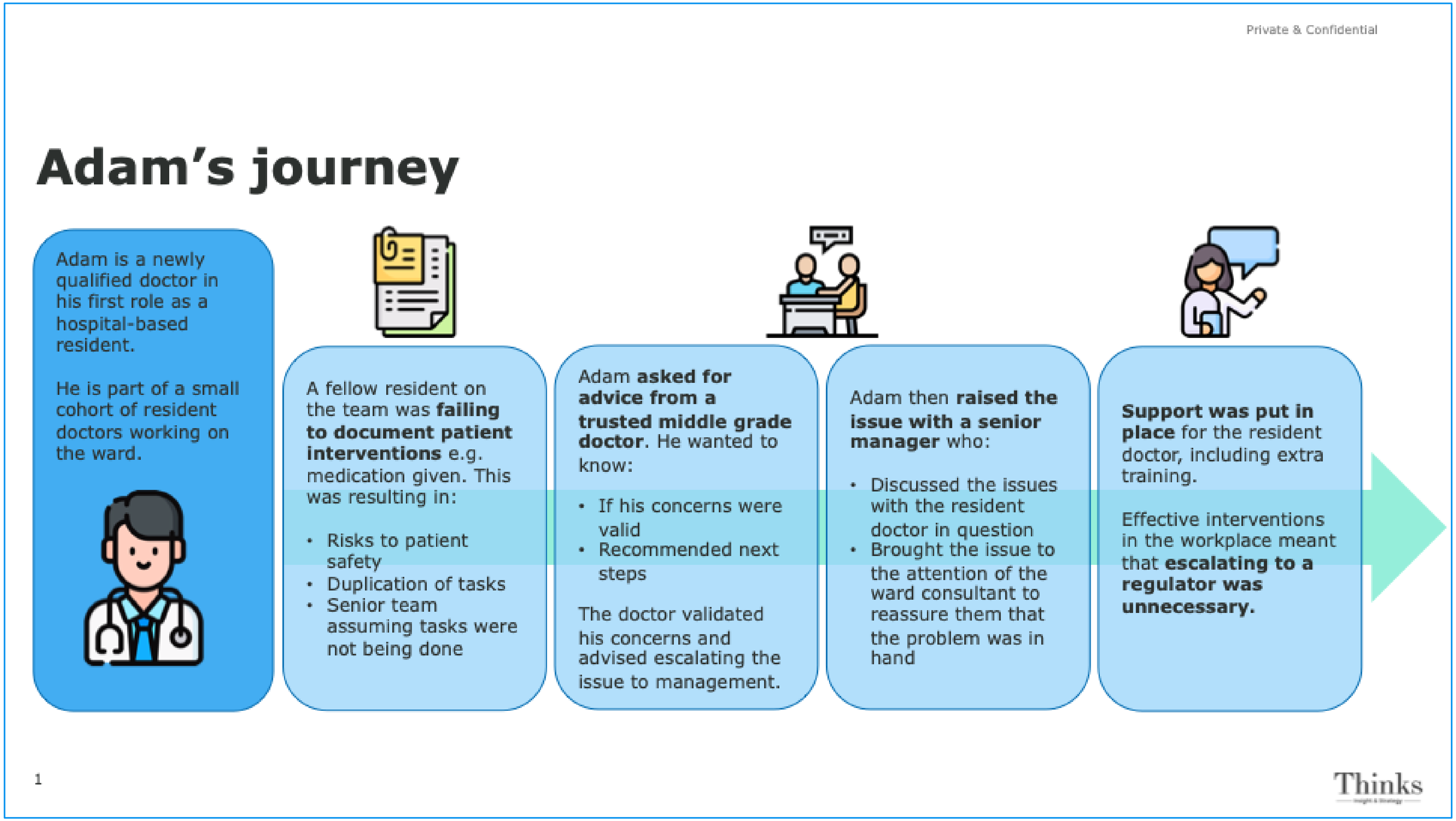
Rose is a nurse on a cancer ward. She noticed that one of the newly qualified nurses was routinely forgetting to get sign-off for certain elements of care and repeatedly making the same mistakes. Rose knew that the nurse was still being monitored by a teaching nurse – and decided to speak to them about her concerns. The teaching nurse told Rose to email the ward manager with all the details of the incidents she had witnessed. A few members of staff had written in concerns, meaning the nurse was placed on supervision and is required to complete more training. Rose feels confident that her seniors are keeping an eye on the staff member and will escalate the issue if they need to. Rose feels comfortable that she took the right steps, and feels that the department handled the situation well by taking action to preserve patient safety, while also continuing to encourage and support the member of staff in question.

> *"I think it's gone the way it should have gone because as a newly qualified, you are still learning and mistakes are possible. I think it's kind of like the livelihood at the end of the day and I think rather than maybe being suspended from the*

register, maybe just to transfer to a less complex ward will be better for her."

"Everyone was aware of the situation. No one made her feel excluded or like she wasn't good enough from what I'm aware of. But it was also our chance to teach and support at the same time. It gave her the chance to ask questions where she might not have been taught what this certain drug's for or should she be able to give it – that kind of thing."

Nurse, Did not complain, Hospital based



Private & Confidential

Adam’s journey

Adam is a newly qualified doctor in his first role as a hospital-based resident.

He is part of a small cohort of resident doctors working on the ward.

A fellow resident on the team was **failing to document patient interventions** e.g. medication given. This was resulting in:

- Risks to patient safety
- Duplication of tasks
- Senior team assuming tasks were not being done

Adam **asked for advice from a trusted middle grade doctor**. He wanted to know:

- If his concerns were valid
- Recommended next steps

The doctor validated his concerns and advised escalating the issue to management.

Adam then **raised the issue with a senior manager** who:

- Discussed the issues with the resident doctor in question
- Brought the issue to the attention of the ward consultant to reassure them that the problem was in hand

Support was put in place for the resident doctor, including extra training.

Effective interventions in the workplace meant that **escalating to a regulator was unnecessary.**

1

Thinks

Figure 4: Case study - Adam

4.4. Barriers to complaining for service users

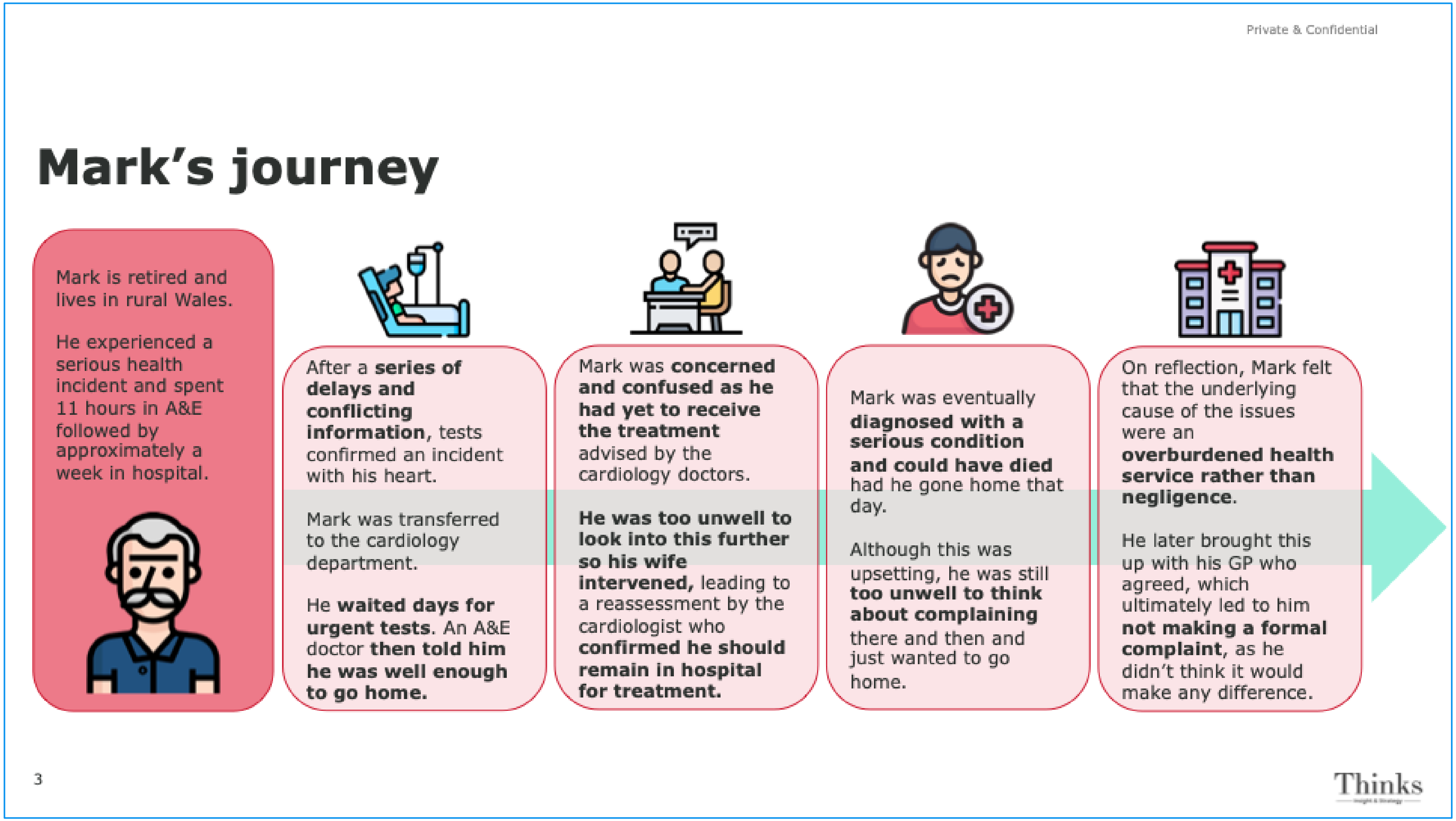
For service users, a fear of the consequences of complaining and a lack of confidence in whether their experience is serious enough often discourages them from making any kind of complaint.

Fear of repercussions for themselves (Social): Service users often worry about retaliation to making a complaint. In a general practice setting, these concerns include being taken off their local GP practice patient list or not given appointments. In more serious cases in hospital settings, they worry that lifesaving care might be withdrawn.

> *"Patients should be kept anonymous and when they make a complaint so that things could be looked into and that patient isn't targeted... if I was to make a complaint and that GP had it in for me... they'd probably treat me differently in terms of getting appointments etc."*
>
> Service user, Did not complain, English as a second language

Uncertainty if complaint is serious enough (Material): Much like HCPs, service users feel unsure of how to assess if their complaint is serious enough and feel there is not enough guidance. This is often compounded by views of an NHS in crisis, where participants feel it is important to accurately assess whether an incident is the result of individual negligence and/or incompetence (which they feel would warrant a complaint) or a result of an overburdened workforce which would feel unfair on the individual in question. *See figure 5 for case study*

> *"I think I've not really officially decided to officially complain yet, I keep giving them another chance."*
> Service user, Did not complain, English as a second language



Private & Confidential

Mark's journey

Mark is retired and lives in rural Wales.

He experienced a serious health incident and spent 11 hours in A&E followed by approximately a week in hospital.

After a **series of delays and conflicting information**, tests confirmed an incident with his heart.

Mark was transferred to the cardiology department.

He **waited days for urgent tests.** An A&E doctor **then told him he was well enough to go home.**

Mark was **concerned and confused as he had yet to receive the treatment** advised by the cardiology doctors.

He was too unwell to look into this further so his wife intervened, leading to a reassessment by the cardiologist who **confirmed he should remain in hospital for treatment.**

Mark was eventually **diagnosed with a serious condition and could have died** had he gone home that day.

Although this was upsetting, he was still **too unwell to think about complaining** there and then and just wanted to go home.

On reflection, Mark felt that the underlying cause of the issues were an **overburdened health service rather than negligence**.

He later brought this up with his GP who agreed, which ultimately led to him **not making a formal complaint**, as he didn't think it would make any difference.

3

Thinks

Figure 5: Case study - Mark

4.5. Why service users don’t complain to regulators

Participants’ lack of knowledge of the complaints process, particularly regulatory bodies, as well as a lack of support, are key barriers to complaining to a regulator or accredited register. However, it is often the individual circumstances and emotional toll of the experience that end up being a deciding factor.

Lack of knowledge of what organisation to complain to (Individual) and the complexity of the system (Material): Many service users are not sure of where to complain. They most often explore avenues within the immediate health care setting. A few, particularly those who have previous experience with making a complaint (often for a relative) approach avenues such as local health boards or PALS. They are not made aware of regulators and accredited registers, and even where they are, they do not necessarily see these organisations as independent from the healthcare setting. A minority don’t know they are entitled to complain at all.

Mary had a negative experience when she experienced gallbladder pain, including a misdiagnosis by her GP and multiple A&E visits after healthcare providers failed to provide necessary information about her condition, including dietary triggers and the urgency of her situation. She feels uncertain of how to initiate a complaint and where to go for information.

During the interview, it became clear that Mary was not aware of independent regulators but thought that there *should* be an external organisation overseeing health practitioners, while also working hand in hand with the NHS.

> *“I think if someone is going to help with concerns or if there is going to be a regulatory body, if they're outside of the institute they're regulating, it would make you a lot more comfortable. I think one of the things that would have put me off complaining was if I had a complained during the whole process, then would I have been treated worse because of it?”*
>
> *“Tell me who the regulators are. You know, us mere mortals, we don't know who that is. "*
>
> Service user, Did not complain

Lack of support from senior figures (Material): Like HCPs, service users don’t often complain to a regulator or accredited register until they have exhausted other options, or the severity of the situation increases. By this point they have often lost trust that action will be taken, having been ignored several times previously.

> *"I had multiple issues with him, you know, he, tried to tell me that, you know, I have chronic migraine because my hormones and if I had a baby, it would fix everything…He just came out with all sorts…I don't see him anymore. But I had to put in like three more complaints, including to the trust itself that investigate, so they would agree to let me see another neurologist…"*
>
> Service User, Complained

Process feels emotionally burdensome/overwhelming and fear of re-traumatisation (Individual): Though lack of knowledge and confidence are key barriers for service users, they also explain that they feel their ability to raise a complaint is compromised by the negative experience itself. Receiving poor health care is extremely stressful, as it tends to coincide with ill health and can be particularly traumatising as a result. This creates some very specific barriers:

- **Fragmented experiences:** Service users that have had more complex journeys through the health care system, for example multiple referrals to different departments and specialists, feel particularly overwhelmed by the thought of making a formal complaint and having to remember and recount their experience accurately.

> *"To be honest, there's no way of complaining without you doing loads of work... And if you need your records to make the complaint, that can take a year."*
>
> Service user, Complained

- **Ill health:** Some service users describe feeling too ill to make a formal complaint themselves and a desire to move on after they feel better. A number of participants describe having significant support from relatives/friends and this being the only reason they were able to complain. In the case of severe illness, if a complaint is raised it is often handled by a loved one.

> *"I was still suffering with the headache or with the head spinning…I can't drive, you know, I was scared to drive as well…So obviously I go with not complaining because I want to solve my, my problem."*
>
> Service user, Did not complain, English as a second language

- **Loss and grief:** In cases where there has been loss of life, service users describe an inability to 'go back there'. They are aware that their experience warrants a formal complaint but do not want to revisit such a traumatic experience.

> *"There was a time that I did want to complain and that was when we came home and I did speak to someone at the time. It was the head consultant at the hospital that my little girl was at…And then when I did come home, after a couple of months…I didn't really grieve properly for my son. So to come home, it kind of hit me really hard."*
>
> Service user, Did not complain

Digital disengagement (Individual/Material): Some service users are less confident using digital channels to engage with healthcare providers and other services. If they do not have support from a friend or family member, they are much less likely to even look into the process of complaining because they would not carry out the initial research online.

Susan is a woman in her 50s who lives alone. She has autism and ADHD and, for the most part, does not use the internet or computers. While she is able to write and respond to emails, she does not feel comfortable doing anything else online, including looking up information and completing administrative tasks.

Her experiences with healthcare practitioners have been largely negative, including dismissive attitudes from GPs, difficulties during her autism and ADHD assessments, and a lack of support from mental health services. Despite seeking help for years, she was often told to go private for diagnoses. When she finally received a diagnosis privately, the response from her GP was dismissive, leaving her feeling frustrated and overwhelmed.

> *"I haven't got the spoons to start complaining. I just… I'm too overwhelmed to think about doing that and I just get the distinct impression that nobody's really going to give a damn."*
>
> Service user, Did not complain, Digitally disengaged

Key takeaways

Some of the barriers to complaining will not be within the PSA's influence. However, the following could present some 'quick wins' for the improvement of the process:

- **Awareness raising**: Especially for service users, an awareness raising campaign may help them come forward, and it may also direct them to the right place for their specific complaint. Participants are very supportive of the idea of information about regulators being provided in healthcare settings (e.g. in the form of a poster or leaflet, as tested in this research).
- **Clear information and guidance**: Regulators could do more to help service users and professionals understand what does and does not constitute a serious complaint and what they would investigate as part of a Fitness to Practice procedure.
- **Effective signposting**: Supporting the above, a better system for directing complaints to the appropriate channel may not only help complainers but may also reduce the volume of invalid complaints that currently reach regulators.
- **Increased transparency**: Publication of statistics and facts about complaints may help to demystify and destigmatise the process while also affirming whether concerns are valid.

The above may help to do a number of things:

- Reduce the number of unwarranted referrals and complaints while helping those with legitimate complaints to come forward.
- Signal that workplaces are interested in working with regulators to ensure effective oversight of professionals, thus potentially helping to reduce the social barriers to complaining (e.g. fear of repercussions) within health and care settings.

5. Enablers to complaining to a regulator

5.1. Overview

For both groups, **social** factors are key in enabling complaints. Practical and emotional support from others play an important role for both cohorts. The complaints process is seen as a significant undertaking and those who have emotional and practical support are more likely to submit a complaint to a regulator. For HCPs this is often professional support from peers or a senior member of staff who can provide encouragement and practical advice on the start of the process, while service users often cite practical help with forms and remembering information as well as emotional support throughout the process.

Individual factors are similarly important enablers for both groups. Most HCPs have some understanding of the role of regulators because of their training, but as discussed in section 4.3, service users have a much lower base knowledge of regulators. Knowledge of the regulators in service users is a key enabler as it reduces friction at the beginning of the complaints journey when service users are researching where to complain. For HCPs, knowledge about the complaints process acts as an individual enabling factor as it means they have realistic expectation of the process and outcomes.

Material enablers are mostly down to individual regulators having implemented more user-friendly complaints processes or support in submitting a complaint, for example the option to complain anonymously, or have a call to get advice beforehand.

Enabler	HCPs	Service users
Individual (ordered most to least prominent)		
Knowledge of the complaints process	🟩	🟩
Knowledge of appropriate standards of care		🟩
Social (ordered most to least prominent)		
Support from friends and family		🟩
Support from colleagues	🟩	
Distance from the complaint	🟩	
Encouragement from an HCP		🟩
Material (ordered most to least prominent)		

Collecting evidence	🟩	🟩
Healthcare hierarchy setting	🟩	
Anonymity	🟩	

5.2. Enablers for HCPs

Previous experience and knowledge of the complaints process (Individual): HCPs' knowledge of the complaints process varies by profession. Most HCPs are aware of the regulators and registers, especially through the registration process, however if they haven't had previous experience of submitting a complaint, their knowledge of the complaints process specifically is low. HCPs who have previously been through the process, or know a colleague or manager who has, experience less friction placing a complaint and are better prepared for the initial stages of a complaint. In addition, those with a broader range of experience have a greater awareness of the variety of regulators or registers who can help with concerns in healthcare settings where a variety of HCPs are working together.

> *"I think it should be part of the curriculum for GPs, to understand these processes and protocols for raising a concern."*
>
> GP, Did not complain, Community based

Support and encouragement from other members of staff (Social): HCPs with a strong relationship with a senior member of staff or management often go to them before placing a complaint. This 'check in' with a senior member of staff acts as an enabler, as the senior staff member often confirms the HCP's observations or confirms a support process for making a complaint. HCPs also often seek confirmation from peers where possible to 'double check' their own observations. This less formal support from peers acts as a 'sense check' to assure the HCP the issue is significant enough to make a formal complaint to a regulator or accredited register.

Sometimes this leads to a short period of more keen observation from the HCP to confirm that their suspicions are correct.

Gina, a practice manager and nurse practitioner noticed another nurse practitioner was booking in patients for unnecessary follow-up appointments she would then cancel. After observing for a short while, Gina realised some were completely fake appointments, which the nurse was using to create additional breaks during the day. She flagged it with a senior GP partner and together they took it to the managing partner and came up with a plan to observe the practitioner. At the end of the week, they confirmed the nurse in question had indeed been booking fake appointments and confronted her. They then realised the practitioner had also gone back and falsified records – which Gina knew had to be reported to the NMC.

> *"So I flagged it with the GP, flagged it with the practice lead and they both came to the same consensus of opinion. We all sort of monitored it for a week or so and then we spoke to her and she denied it… Thankfully I had the support of the two other individuals, two other GPs too. I think if I'd done it on my own, then that fear factor would have been heightened."*
>
> Nurse, Complained, Community based

Anonymity (Social/Material): This is a significant enabler for HCPs, with some stating without anonymity they would not have taken their concerns to the regulator but continued trying to escalate the issue internally. There is significant concern from HCPs that their identity could be leaked, that they might lose the trust of colleagues and be ostracised or even made redundant. Anonymity is extremely important for preserving workplace dynamics and specifically for HCPs raising complaints about senior members of staff.

Samantha had noticed for some time that one of the staff nurses on her ward was not following proper procedure and protocol. One day, Samantha noted that her colleague had administered medication to a patient without doing the correct observations and then tried to cover up their mistake.

Samantha took it to their matron immediately and filled in an incident form. However, there did not seem to be any consequence. Samantha decided to take her concerns to the clinical governance manager. When there was still no action, Samantha felt she had raised it as far as she possibly could in her own organisation. She googled 'complaining to the NMC anonymously' and found that it was possible to complain without revealing her identity. She felt this was incredibly important to help professionals come forward, even though she feels that her colleagues would likely know it was her who escalated the concern.

> *"I looked online first and I saw that you could anonymously email the NMC, because I didn't want to put my job in jeopardy as well. I emailed the NMC and said, look, I'm concerned. This is a background of what's happened. But I was so concerned about my job that I used an anonymous email address, changed my name and, yeah, just sent it. But usually if I'm going to send something like that, I'll take like a deep breath and then really think about it."*
>
> *Nurse / Nursing associate, Complained, Hospital based*

Professional distance from the issue (Social): Professionals in temporary positions e.g. on rotation through a department or brought into a department as an additional consultant– are often more comfortable raising a complaint or providing evidence for a complaint. HCPs recognise that a lack of personal connection to a team or knowing they won't have to work with that colleague for a significant period of time, make the process much easier.

> *"I had to do an audit on this other sonographer's work that was insourced to help with waiting lists and things. And it became very clear that, as I was going through this audit of the images that were taken and the reports, that there were lots of things missing which were quite concerning… I think if I was working with this sonographer, if I knew them really well and had to do the audit, that would be a lot more awkward."*
>
> Radiographer, Did not complain, Hospital based

Availability of evidence (Individual/Material): Once professionals realise something isn't right, they often begin to keep records or compile evidence to make sure they have incidents logged before raising a complaint. Due to the perception of complaining to the regulator or register as an extreme action, having a strong collection of evidence or proof is something HCPs feel they need before embarking on the process. This is an especially important enabler for HCPs complaining about multiple misconduct issues that might be difficult to prove.

Daniel is a therapist who worked in a very small triage clinic with one other staff member. Although they got on well, Daniel started to suspect the other practitioner was drinking alcohol at work. After considering what action to take, Daniel took it to his line manager who was resistant to help and didn't provide any support. His line manager also mentioned that the colleague in question was related to someone on the health board, suggesting nothing would come of complaining.

After this Daniel felt deflated but decided to keep an eye on the situation and noticed the other HCP had appointments in her diary that no one was turning up for – after confirming on the booking system he realised she was booking follow-up appointments and then cancelling them last minute – wasting clinical time.

This time Daniel didn't feel comfortable going to his line manager, so went directly to the British Association for Counselling and Psychotherapy

instead.

"So really, really difficult to obviously prove that she was consuming alcohol at work because as I said, it was just my word against her. So that didn't really go very far. But I think the other thing I mentioned, that she was coming up with some appointments, you know, I think she had some warning about that."

Therapist / Counsellor, Complained, Community based

Larger organisations and hospitals (Social/Material): HCPs remark that differing structures, as well as attitudes across healthcare settings can put junior members of staff at an advantage or disadvantage depending on their placement. For example, in hospitals the hierarchy is perceived as more structured than in community settings, meaning it is easier to understand where you can take concerns and seek guidance.

"I know in hospitals, they do have a process, and there's a hierarchy, and there's always a line manager or someone you can contact who will know, and there's a human resources team, whereas a small GP surgery like us… we don't have a human resources team, we don't have an HR company behind us or anything like that. So, there's nowhere that comes to mind to go to for guidance."

GP, Did not complain, Community based

5.3. Enablers for service users

Knowledge is a key enabler for service users, and whilst the following enablers all have their own nuance, each enabling factor increases knowledge in service users even if accidentally.

Previous experience or knowledge of the complaints process (Individual): Service users who have complained before are more confident placing a complaint even if the previous complaint was through a different avenue. These service users often have higher knowledge of the process generally and some feel that their complaint wasn't dealt with sufficiently well through the previous avenue. This can act as an enabler for those looking to escalate concerns as well as those with previous experience bring a new complaint.

Antony is on a regular prescription for a long-term health condition. During 2020, it became increasingly difficult for him to get a hold of his prescription, with delays, miscommunication and, ultimately, he had to resort to getting an emergency prescription multiple times.

After the pandemic, he hoped the service would go back to normal, but it remained difficult. In 2024 he had to get an emergency prescription 4 times and after ringing the pharmacy a final time he found they hadn't renewed the medication which is essential for him.

After this call he decided to place a complaint, and having complained to PALS a few years before and not receiving any communication back, he decided to go straight to the regulator.

> *"And I know of PALS at the hospitals, but I've complained to them at this hospital many years ago about something else, but I heard nothing back, So I thought, well, might as well send it [the complaint] to, a more official place where it's on the record of what's going on at the hospital."*
>
> Service user, Complained

Professional experience/knowledge of the health care sector (Individual): When service users have a connection to the health or social care sector, either being an ex-employee of the sector or working in a related profession, they are often more aware of the complaints process. Service users are also more aware of the standard of care they should be receiving and therefore feel more confident when they have witnessed or experienced care below that standard and are more confident challenging it.

> *"Because I can take bloods myself. I know the proper process for doing that. And one of the nurses tried to go back in with the same needle after not getting my bloods the first time, which you're not meant to do. Which I had to stop. I think I annoyed him when I did that, but I said, no, no, please don't do that. You're not meant to do that. You need to go and get a clean needle. And he said, ah, no, it's okay. And then that's when I said, I'm a nurse. And he was like, oh, okay. And then went and got another needle."*
>
> Service user, Complained

Having support from a relative, friend or community (Social): As awareness of the regulators is much lower among service users, having a friend or relative who has complained before can act as a significant enabler. Service users are made aware of these organisations by someone in their network who can then encourage them to complain. This ranges from family members who witnessed the treatment, to online communities who suffer from chronic conditions.

In addition, this support often continues into the complaints process. Support can include researching medical practice guidelines and staff who were on duty, helping to remember details for the complaint such as dates and times, and emotional support when complaints are progressed.

Multiple service users stated that without the support of a partner or family member they would not have been able to shoulder the emotional burden of the complaints process.

After a fall Jenny was in a lot of pain and her front tooth was loose – she went to see an emergency dentist who was able to secure the tooth and told her to book an appointment with her regular dentist as soon as possible.

The dentist refused to offer an NHS emergency appointment before her next regular check-up and so Jenny paid privately to go. All the elements of the process were charged as private even though Jenny is an NHS patient, but she was in too much pain at the time to argue and paid and went home. Her husband felt something wasn’t correct and went to the local health board for advice for her where they found out she should have been offered a free emergency appointment and received some of the treatment on the NHS. Jenny tried to speak to the practice manager to raise concerns and was ignored, her husband then followed up with the local health board.

The whole family were taken off the dentist register as the practice felt there was a breakdown of trust leaving them with no dental care as there is no other NHS dentist in the area with space. They have since complained to the public service ombudsman for Wales, the dental complaints service and finally the GDC.

> *“I haven't done anything wrong. I've gone to the dentist with a problem and I'm left now with no dentist at all. Not a private one, not an NHS one. And like I said, and then all these letters we do in all this time and having to go through everything all over again and it's just so. It's so traumatic, to be honest….it has been hard. This is why I've had my husband to help me, because I couldn't, there's no way I could do this on my own. There's no way. This is why he’s done a lot of everything for me because I would have had to just let it go. I couldn't physically carry this out myself. I just couldn't.”*
>
> *Service user, Complained*

Being encouraged to complain by a health care practitioner (Social): Service users who are directly told by a member of staff that they should place a complaint may find this unsettling initially, but it affirms any concerns they might have had about their care and gives them confidence that the complaint will be considered valid. This interaction also provides service users with an HCP they can ask about the complaints pathways and helps service users find the complaints pathway.

> *"Everything with my mum was so horrific that I knew that wasn't okay. And I didn't complain while she was still in there. I didn't want it to cause issues. But as soon as she was out of there and it was safe to complain and, to be honest, I had a nurse the first time I went to visit my mum, I literally was about to go in and they pulled me to one side, said, oh, who are you going to visit? Just making conversation. And I said, oh. I said my mum's name. She pulled me to one side, and she went, do you know what's happened? And then she said, when she gets out of here, you need to make complaint, that shouldn't have happened. And that's what a nurse said to me. So you can imagine what fear that puts in me but, you know, she said that to me, so that already put it into my head, I think she, in a way, probably validated things without even realising she was doing it."*
>
> Service user, Complained

Key takeaways

The findings suggest that knowledge and confidence, as well as regulators providing a clear and streamlined complaints experience are key enablers.

The following could help to boost enabling factors:

Increasing knowledge of the regulators and their role amongst service users: Knowledge of the regulators is a key enabler for those putting in complaints. Most current service users don't know these organisations exist unless they have been through the process before. Advertising these organisations so there is recognition before service users need them could help increase appropriate complaints.

Identifying at-risk groups: Service users are much more likely to place a complaint if they have emotional support through the process. There could be a gap of vulnerable people / those without support networks who aren't placing complaints because of the emotional toil. Understanding and identifying this cohort could be helpful to finding an alternative way to hear their complaints.

Signposting support for HCPs: Being able to access some type of practical support is important for HCPs to feel confident in their decision to submit a complaint. It is much easier for them to do when they feel they have support from another member of staff.

Encouraging learning from best practice: Some regulators (e.g. the NMC) already offer a relatively quick process for anonymous complaints, as well as an advice phone line. Replicating this across other regulators would likely improve outcomes across health care professions.

6. Outcomes and experiences of complaining

6.1. Overview

For both HCPs and service users the complaints process is unpleasant and often results in a negative experience. For many, their experience confirms the fears or expectations they had before starting the process. Service users find regulators difficult to identify and communicate with which enforces the **individual barriers** of regulator knowledge and confidence. In addition, they often find the regulators unempathetic and find the process re-traumatising which reinforces the **social barriers** of low trust in the system and personal belief in the seriousness of their complaint.

For HCPs a combination of slow processing speeds, minimal communication and lack of trust can mean they're left feeling vulnerable or in uncomfortable situations at work. HCPs report the **social** impact of complaining, with changing work dynamics and including feelings of being ostracised.

Outcomes from the experience	**HCPs**	**Service users**
Individual (ordered most to least prominent)		
Uncertainty as a result of slow communication	🟩	🟩
Stress and vulnerability as a result of lack of empathy from regulators		🟩
Feelings of guilt or conflicted emotions	🟩	
Social (ordered most to least prominent)		
Disruption to the workplace	🟩	
Material (ordered most to least prominent)		
Friction during the complaints process	🟩	
Significant gaps in communication	🟩	🟩
Struggle to provide information required		🟩

6.2. Experiences of the complaints process for HCPs

For HCPs, the complaints process can lead to feelings of guilt – or at least emotional conflict – and the outcome is not always seen as worth the effort of going through the complaints process.

HCPs don't tend to find the process difficult but do experience friction: Although HCPs are often confident filling in the information required, some report being consistently required to evaluate if the complaint was valid or put information into the system multiple times through multiple channels. This is frustrating to HCPs who feel they aren't being treated as professionals by their own regulator, and as if their judgement was being questioned at every step of the way.

For example, submitting a complaint to the HCPC, one physiotherapist describes the experience of using the online form as making her doubt herself, as she was asked several times whether she was absolutely certain that her complaint was serious.

> *"I don't know whether it's just they just didn't want a lot of people complaining about basic stuff, but I think as professionals were clever enough to know when it's a serious issue. But you had to go through four pages… before eventually filling the form out. It was like do you still think it's a complaint? Yeah, I thought it was a complaint at the first page. You know, I'm capable enough to know if this is a complaint. This is your job to deem as to whether this is a complaint or not. You know, we're coming to you with what we feel is a valid concern, therefore you should treat it as such. It was almost like they said, don't give it to us if it's something minor. We're not going to deal with that, and we pay a huge amount in professional fees."*
>
> Physiotherapist, Complained, Community based

Significant gaps in communication: Communication throughout the process can vary significantly. Communication at the start of the process often works well, but after initial evidence collection from the regulator updates become a lot less frequent, and communication drops off. This can be difficult for a complainer who is waiting for a resolution. Lack of communication made some HCPs doubt the validity of their complaint and multiple HCPs stated some kind of update of the outcome from the complaint would be valuable.

In some cases, HCPs never found out if their complaint was being investigated, or they only found out when the person in question left the job (and even then it is not always clear whether they decided to 'jump before they were pushed').

> *"They obviously took the details, but then they kind of just took it away and did whatever they needed to do. We didn't get much*

> *feedback back about anything that had happened, that the particular member of staff was quite unhappy, so left the practise. So we didn't really know what had happened."*
>
> GP, Complained, Community based

6.3. Outcomes and consequences of complaining for HCPs

While in an ideal scenario, the complaint leads to improvements in the workplace, this experience is not always smooth.

Those whose complaints end in a dismissal often feel conflicted: When disciplinary action takes place, HCPs ultimately feel validated in their complaint and pleased that their concerns have been taken seriously. However, some HCPs describe a sense of guilt that a staff member has lost their job expressing concern for their wellbeing.

> *"[on putting in a complaint] Practically fine. Easy because it's just like, you know, straightforward, but mentally. Very difficult. Mainly because you're potentially taking away someone's livelihood and you don't want to be the cause of that."*
>
> Nurse, Complained, Hospital based

Disruption to the workplace and feeling ostracised: When a complaint has been submitted it can lead to disruption at work for the HCP. For example, if a staff member is temporarily suspended it can lead to an increased workload for the rest of the team. In addition, HCPs are often sceptical about how anonymous the system is and can feel exposed at work while a complaint is being resolved, with some reporting a change in attitudes towards them at work, especially from colleagues who are friendly with the practitioner under investigation.

> *"Also in the back of your mind is, I can't lose this person, we need them to work. And it was a first offence, kind of like you maybe just giving him them the benefit of the doubt that a warning, you know, it could have been a genuine mistake."*
>
> Pharmacist, Did not complain, Community based

> *"I always feel like I've got a target on my back. It's little things like that the other matron in the office is constantly pulling me up for things that I haven't done. Or the matron is constantly, like, if I escalate something to her, she just de-escalates it back to me so that I have to deal with it."*
>
> Nurse, Complained, Hospital based

The task can feel 'thankless' and sometimes there is no clear conclusion: The process has often been long and exhausting for HCPs. While many express relief that the process is over, they are often frustrated that the process is so difficult. In some cases, there is also disappointment at a perceived lack of (immediate) action or consequence for the practitioner in question, with some HCPs having to continue to work with them for a significant period of time.

In some cases, HCPs feel they have not been informed of the outcome of an investigation, or indeed if one took place at all. This can put them off complaining again and erodes trust in the regulator.

> *"But then, I mean, there's obviously the effort that you've gone through as well, of making the complaint. So I think just having some kind of acknowledgment of that, and also that because we were an employer is knowing whether we, you know, whether we had kind of overreacted or, you know, because that would have been useful to know as well, just to get some kind of feedback on whether the appropriateness of what we'd. Whether it was appropriate,"*
>
> GP, Complained, Community based

6.4. Experiences of the complaints process for service users

The complaints process can be quite gruelling and emotionally draining for service users, especially while unwell. The outcomes can feel anti-climactic.

Service users find the level of information required to place a complaint challenging: Service users are often intimidated at the detail they are required to provide to place a complaint. Many service users remarked how time consuming the process of gathering all the data was and expressed concerns that other more vulnerable people, or those with limited time wouldn't be able to place a complaint due to the admin time required.

Slow communication leaves service users feeling that their experiences are not significant enough: Long investigation times coupled with poor communication can leave service users feeling like their complaints are not considered urgent and can compound the worry that their complaint is invalid. Generic replies without any indication of a reply window are frustrating and demotivating for service users who have made a complaint.

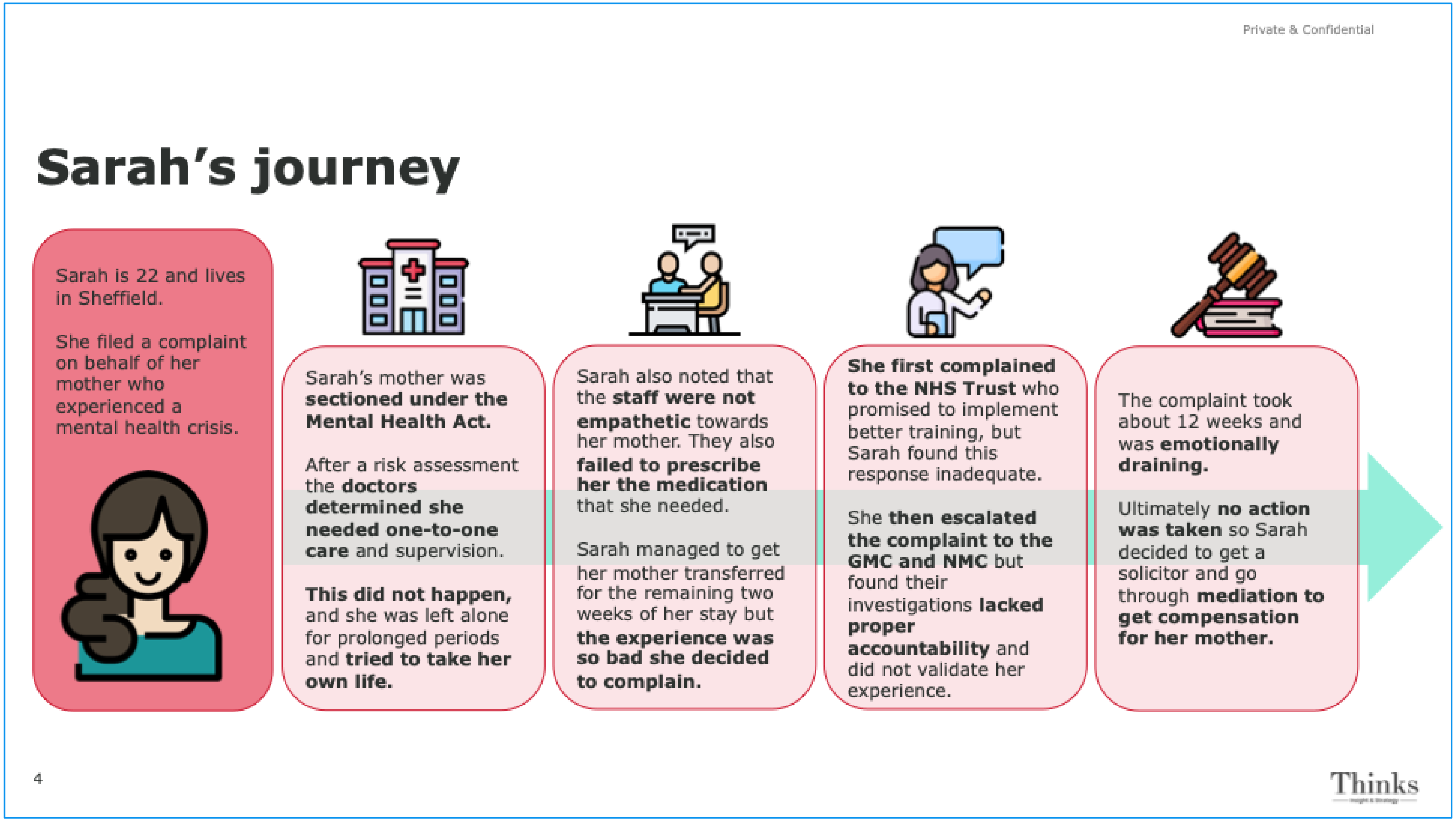
> *"I think clear time frames, consequences if those time frames aren't met, some kind of transparency from the start of what kind of powers these regulators really have and what outcomes look like from these people."*

Service user, Complained

"Just something to give you some feeling at the end of the day that they've actually done something about it, rather than just log it."

Service user, Complained

The lack of empathy from regulators makes the process harder for service users: Service users felt a lack of empathy from the regulators which contributed to a feeling that HCPs were being protected by the regulators. Service users didn't feel they were being advocated for throughout the process. This treatment especially if coupled with an unsatisfactory outcome makes service users feel that regulators are just another part of the 'broken healthcare system' and for some, legal action is the only remaining course of action to ensure non-bias and a 'fair' outcome*. See figure 6 for case study.*



Sarah’s journey

Sarah is 22 and lives in Sheffield.

She filed a complaint on behalf of her mother who experienced a mental health crisis.

Sarah’s mother was **sectioned under the Mental Health Act.**

After a risk assessment the **doctors determined she needed one-to-one care** and supervision.

This did not happen, and she was left alone for prolonged periods and **tried to take her own life.**

Sarah also noted that the **staff were not empathetic** towards her mother. They also **failed to prescribe her the medication** that she needed.

Sarah managed to get her mother transferred for the remaining two weeks of her stay but **the experience was so bad she decided to complain.**

She first complained to the NHS Trust who promised to implement better training, but Sarah found this response inadequate.

She **then escalated the complaint to the GMC and NMC** but found their investigations **lacked proper accountability** and did not validate her experience.

The complaint took about 12 weeks and was **emotionally draining.**

Ultimately **no action was taken** so Sarah decided to get a solicitor and go through **mediation to get compensation for her mother.**

Figure 6: Case study - Sarah

6.5. Outcomes and consequences of complaining for service users

Disappointment is the most common feeling among service users who have complained.

- Disappointment at a lack of follow-up or information about whether an investigation is taking place, whether any action is being taken, or the impact of their complaint on the practitioner in question.
- In some cases, disappointment at their case being dismissed, leading them to seek legal advice for their issues. This ranged from legal advice reviewing a partnership agreement to prove breach of contract to filing a medical negligence claim.

> *"I want to know what they've [the regulator] said to the pharmacy or what the pharmacist said back to them and what's going to change going forward."*
>
> Service user, Complained

Key takeaways

- **The complaints process is largely seen as unpleasant and often demoralising:** The negative experiences HCPs and service users have when placing a complaint compound existing preconceptions about the process and reduce trust in regulatory bodies.
- **Regulators fail to effectively communicate with complainants:** There is little expectation management at the start (e.g. setting out timeframes or expected correspondence), complainants do not feel that they are being kept in the loop as the investigation proceeds (and often they do not know if an investigation is taking place), and they do not feel that they are being told of the outcome of their complaint (in some cases, they continue to work with colleagues who they have complained about, in other cases the colleague 'disappears' but there is no official resolution for the complainer.
- **The amount of information required to place a complaint is time consuming at best, and prohibitive at worst:** For many complainers the regulator will be the third or fourth time they have recounted these details. Finding a system to help combat the admin fatigue and ensure complaints end up in the right place will help reduce the daunting nature of making a complaint.

7. Addressing barriers to complaining

7.1. Reflections on barriers to complaining

In the co-creative workshop, Phase 3 of the research, participants were asked to reflect on the most common barriers to complaining that had emerged from the in-depth interviews in Phase 2.

We introduced the following as part of the stimulus for discussion

Main barriers for HCPs:

- Workplace culture and structures, which act as a deterrent to speak out against colleagues
- Worry about potentially destroying someone's livelihood
- Knowing that complaining could be a very long, involved, draining process

Main barriers for service users:

- Lack of awareness of regulators and accredited registers
- Fear of re-traumatisation as a result of recounting events
- Lack of confidence in whether their concern warrants an investigation
- Feeling overwhelmed by the administrative task of complaining
- Fear of the consequences of “kicking up a fuss”

Both HCPs and service users recognised the barriers outlined as most significant. However, one HCP pointed out that it is not so much “knowing” as “fearing” that the process would be long and drawn out.

However, across the board there is a strong sense that going through the complaints process is currently a negative experience (regardless of outcome). It can feel like quite a ‘thankless’ task, with all the onus on the complainant and no reassurance that it will be worth their while or that any action will be taken. This feeling is especially strong for HCPs who may have to continue to work with the person they have complained about during the investigation.

7.2. Reflections on potential interventions to reduce barriers to complaining

Prior to the workshop, in each interview, we prompted participants with stimulus developed on the basis of the evidence review carried out at the beginning of the project.

7.2.1. HCPs

In HCP interviews, we prompted participants with two pieces of stimulus:

- A mocked-up poster (left) highlighting different channels for raising a complaint.

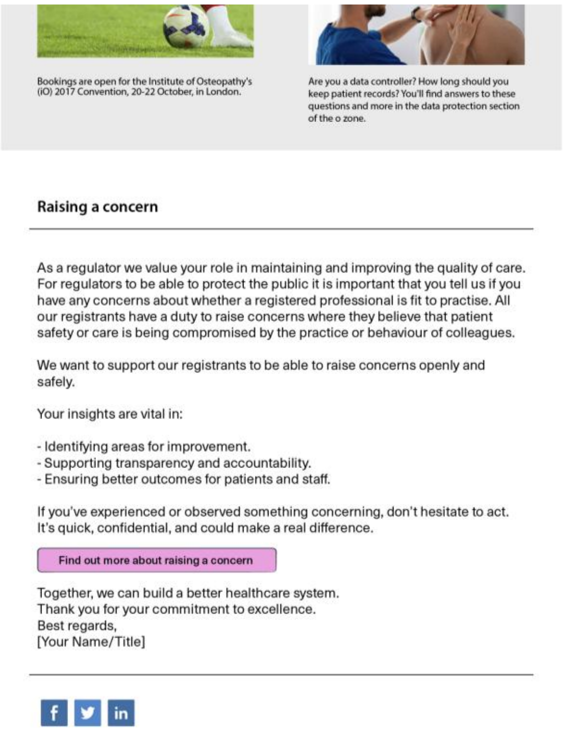
- A mocked-up email newsletter from a generic “regulator” which reminds recipients of the complaints process

Do you have a concern?

There are different ways to raise concerns about healthcare professionals.

Employer	If you can, you should speak to your line manager, another colleague or HR department.
Freedom to speak up Guardian	Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to in other ways.
Professional regulator	Regulators investigate serious concerns about professionals on their register.
Professional bodies	Bodies such as the British Medical Association can advise you through the process of raising a concern.
Trade unions	Your rep can help you make a complaint or raise a concern.
Charities	Support organisations such as Speak Up Direct offer free, independent, confidential advice on the speaking up process.

If you have a concern about a professional, **scan here** to find out what to do next and who can help.



Bookings are open for the Institute of Osteopathy's (iO) 2017 Convention, 20-22 October, in London.

Are you a data controller? How long should you keep patient records? You'll find answers to these questions and more in the data protection section of the o zone.

Raising a concern

As a regulator we value your role in maintaining and improving the quality of care. For regulators to be able to protect the public it is important that you tell us if you have any concerns about whether a registered professional is fit to practise. All our registrants have a duty to raise concerns where they believe that patient safety or care is being compromised by the practice or behaviour of colleagues.

We want to support our registrants to be able to raise concerns openly and safely.

Your insights are vital in:

- Identifying areas for improvement.
- Supporting transparency and accountability.
- Ensuring better outcomes for patients and staff.

If you've experienced or observed something concerning, don't hesitate to act. It's quick, confidential, and could make a real difference.

Together, we can build a better healthcare system.
Thank you for your commitment to excellence.
Best regards,
[Your Name/Title]

Both pieces of stimulus are felt to address some of the existing issues with the complaints process by raising awareness of different routes to complaining and reminding and reassuring HCPs that regulators are there for exactly these situations. Overall, HCPs would welcome clear, concise instructions embedded in regular professional communications to help better understand steps for raising a complaint. However, some, who have had negative experiences complaining feel that communications can only go so far. One doctor felt that the examples risk overpromising about the complaints process and that underlying issues, such as the power hierarchy within the sector, need to be addressed first.

> *"I think that's a really useful reminder for people, you know, as part of the regular communication, as you said, just to know how to raise a concern and where to go for that. Like I said, I'm aware of a process with HCPC, but I wouldn't know precisely where to go unless I was digging around on the website to take things a bit further."*
>
> Radiographer, Did not complain, Hospital based

7.2.2. Service users

In service user interviews, we prompted participants with two pieces of stimulus:

- A mocked-up poster (left) informing the reader that regulators can investigate concerns
- A mocked-up "triage" website, which helps to direct users to the right place for their concern

Do you have a concern?

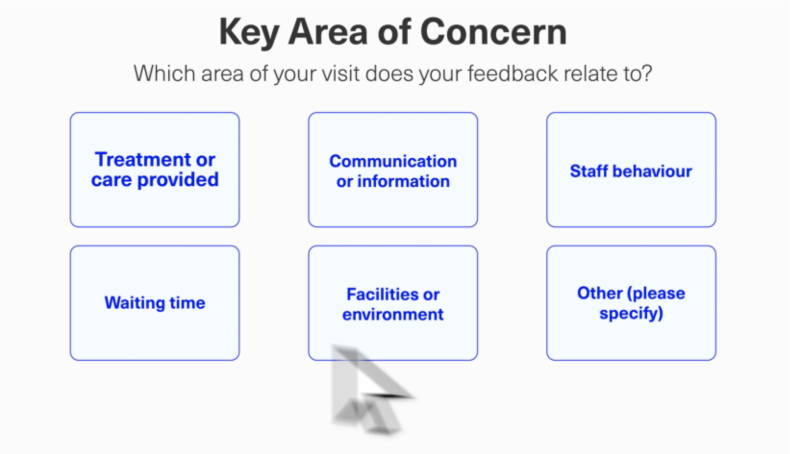
Regulators can help with serious concerns about healthcare professionals.

Regulators maintain a register of health and care professionals that anyone can search.

They set standards of competence and conduct for health and care professionals.

And **investigate concerns** about professionals on their register.

If you have a concern about a professional, **scan here** to find out what to do next and who can help.



Key Area of Concern

Which area of your visit does your feedback relate to?

Service users similarly feel that the suggested interventions may help address some of the barriers to complaining, by helping to nudge people towards the right option for their concern. Some service users spontaneously suggest that posters or leaflets in healthcare settings would help raise awareness of regulators and their responsibilities. The mocked-up poster is felt to do that, though service users worry that stressing regulators only investigate "serious concerns" may put service users off complaining entirely.

> *"We don't have an online opportunity, so the poster while I'm in there [the healthcare setting]. If it was in the surgery or it was in the pharmacy where you go to collect your prescriptions, those are the places where I think an advert like that could pop up."*
>
> Service user, Did not complain, English as a second language

They also stress that it will be important not to rely on digital means alone – for example, while most expect the QR code on the poster to take them to a version of the online signposting form (which they think would be helpful), there are many who would not scan a QR code in the first place.

> *"I'd be thinking, 'do they want all my personal details?' I wouldn't trust that. Not that I would do a QR code anyway… I can't use a QR code and I'm pretty sure there's a lot of people that would want an alternative. I think that would make quite a big barrier, especially to older people."*

Service user, Did not complain, digitally disengaged

7.2.3. Co-creation of interventions

In the workshop, we also introduced a longlist of potential interventions or solutions aimed at reducing barriers to complaining. Participants reviewed the longlist, carrying out a “hearts and minds” exercise. They were asked first which solutions appealed from a ‘heart’ perspective, which included their positive emotional reaction to them, and secondly from a ‘mind’ perspective, which included their practical value.

We introduced the following longlist:

- Confidential advice line for HCPs and the public, advising them on how to proceed with their concern/complaint
- Anonymous complaints mechanisms
- Regulators or the PSA to carry out audits of complaints handling
- Regulators to publish complaints data
- Testimonials and case studies publicised
- Anonymised collective complaints
- Regulator awareness raising (this could include campaigns, posters, improved web presence, e.g. through search engine optimisation)
- Pre-complaint triage service for service users to direct them to the right place (e.g. through an independent website)
- Simplified complaints processes and clear guidance on what does and does not meet regulators’ definition of seriousness
- Regulators to keep people better updated on the progress of their case
- Regulators to introduce alternative ways to complain (e.g. on the phone)
- Regular regulator check-ins (or MoTs), e.g. through reminders to professionals on their register
- Shift the narrative from “blame” to “patient safety”
- Cross-regulator learning forums
- Regulators to provide support or advocacy services (either internal or external) to support people to raise their complaint

There was support for all of the interventions tested, but the interventions that resonated most strongly were:

- Awareness raising campaigns
- Confidential advice line for HCPs and the public

- Shifting the narrative from "blame" to "patient safety" (especially for HCPs)
- Anonymous complaint mechanisms
- Regular updates throughout the complaints process

These were seen to address some key barriers to complaining, as well as offering crucial improvements to the process of complaining itself:

- **Knowledge gap:** Both awareness raising campaigns and a confidential phoneline were seen to address the issue of (service users in particular) not knowing where and how to complain. Both may also help those with a concern understand if an issue is sufficiently serious to make a complaint, and reassure about the impact of making a complaint.
- **Social factors:** Shifting the narrative from blame to patient safety, as well as offering anonymous complaint mechanisms were seen as potentially helpful steps in creating an environment in which HCPs could feel more empowered to come forward.
- **Lack of transparency and communication:** Regular updates were seen as a key measure to improve the perceived lack of communication that can follow the submission of a complaint.

When examining three of these favoured solutions in detail and building them out, some additional key themes emerged:

Regular updates (covered in detail by both HCPs and service users)

As well as regular updates, participants felt it would be helpful to be provided with a clear timeline upfront, giving a sense of how long it might take until a resolution is likely to be reached and what the steps of the investigation are and how long they take, on average.

They suggested it would be helpful if there were flexible mechanisms for receiving updates, including:

- "Self-serve" portals
- Email
- Letters
- Telephone

Updates should then come through whenever a step or stage of the process has been completed.

If the process takes longer than set out, participants would prefer to receive an email to acknowledge this.

Anonymous complaints (covered in detail by HCPs)

HCPs felt particularly strongly about the option to complain anonymously and wanted to see a variety of options for this (e.g. over the telephone, web-forms and anonymous email inboxes).

When publicising this service, they wanted to see consistent, non-pejorative language (with “whistleblowing” seen as a negative) – making sure that the language of “speaking up” and “patient safety” are used throughout and that “whistleblowing” doesn’t sneak back in. This reflected the desire for a shift in narrative towards patient safety.

For the process to feel truly anonymous, there must be properly independent options for people to speak to outside of the workplace.

Confidential advice line (covered in detail by service users)

Service users suggested an advice line could be promoted as part of the wider awareness raising campaign. However, they strongly felt that the phone line would need to be free of charge and that it would have to be completely confidential, with no commitment to taking the complaint further. They also expressed the need for being able to involve an advocate, especially for those with accessibility needs.

This advice line was seen by many as an opportunity for early-stage triaging of complaints, helping individuals to identify the correct organisation a complaint should be directed to.

8. Implications and recommendations

While experiences of and barriers to complaining differ across and within cohorts, there are two key areas where improvements may lead to better outcomes for service users, HCPs, and regulators.

Process-related improvements	**Awareness raising and guidance**

In combination, these changes may lead to:

- An increase in legitimate complaints
- A decrease in unwarranted complaints to regulators (but potentially a more effective signposting to other organisations)
- An increase in trust in the complaints process and in regulators' independence
- A more pleasant and satisfying complaints experience

Process-related improvements

There are four key areas where the current complaints process is seen to fall short:

- Setting expectations and explaining the process
- Communications throughout the process
- Speed of response and action
- Accessibility and support, especially for at-risk groups

Setting expectations

Regulators and accredited registers could do more to clearly set out what will happen when they receive a complaint, including an indication of the timeframes for each stage of the process. This may help to increase trust in the process, while also managing expectations for a quick resolution and/or compensation.

Communicating clearly

Once the process has started, complainants feel that communication from regulators is very poor, to the point where they are not sure if any action is being taken, or what the result of any action has been. Better communication, e.g. in the form of regular updates (even if those are automated acknowledgement or 'holding' messages), could be key in strengthening trust and adding transparency to a process that can seem opaque to both HCPs and service users.

Speed of response

Many would like to see a speedier response and/or action following their complaint. While it may not be possible to speed up the process, expectation setting and improved communication will help complainants feel that their complaint is being taken seriously and looked into.

Accessibility and support

In addition, the research has indicated a need for regulators to maintain (or improve) different channels for complaining, as well as support for those who may struggle to access a process that is felt to be quite difficult to navigate for those who are less digitally confident, or who due to age or neurodiversity would struggle to engage with it on their own.

Different types of support may be needed to help overcome audience-specific barriers, such as:

Cohort	**Barrier**	**Type of measure/support**
Service users	Digital disengagement	Maintaining different channels for getting in touch as well as offering or signposting to relevant support in navigating the process.
	Neurodiversity and ability to engage with the process	Offering or signposting to relevant support in navigating the process, e.g. one-on-one advice.
	Fear of impact on care	Reassurance of the independence of regulators vis a vis health and care providers, explanation of how the process works.
Both	Re-traumatisation	A trauma-informed approach to communicating with complainants, particularly when it comes to giving evidence.
	Uncertainty about the legitimacy of the complaint	Better guidance on what does and does not constitute a Fitness to Practice concern, including tangible examples, e.g. case studies or testimony of previous complainants, or a helpline offering advice on whether a complaint to a regulator is warranted and direct to alternative channels where more appropriate.
	Collating evidence	There are many, mostly service users, who struggle to gather the evidence required to make a case. They are unfamiliar with the type of paperwork required and feel intimidated by the prospect of having to do this. There would be value in additional guidance on what type of evidence will be

		required, how best to collect and collate this, as well as an offer of support for those who are unable to either do this for themselves or rely on a friend or relative.
HCPs	Career repercussions	Supporting HCPs to make a complaint anonymously and working with employers to ensure there are no negative repercussions for speaking up.
	Workplace culture and navigating the impact of effectively denouncing a colleague	Reminding HCPs in routine communications of the importance of complaints, focussing on patient safety, rather than blame. After a complaint has been made, providing reassurance to HCPs that they have made the right decision and thanking them for coming forward, acknowledging that this is a difficult decision for them.

Awareness raising and guidance

Two key barriers to complaining – lack of awareness of regulators and lack of confidence in the seriousness of one's claim – could be addressed through better communication and awareness raising.

There is support across both audiences for more visible reminders of the role of regulators and accredited registers, particularly in healthcare settings (such as the posters and leaflets tested in interviews). These communications should do a number of things:

- Stress the status of regulators as independent from the healthcare setting
- Make it clear that regulators investigate only serious complaints and signpost to alternative routes for other complaints
- Contribute to a normalisation of speaking up in workplaces by signalling that employers support accountability

Any awareness raising activity should be strengthened by improved guidance from regulators on what they do and do not consider for investigation. In an ideal world, there would be a central resource or hub which helps to triage potential complainants and signposts them to the right place for their particular concern. In absence of that, it may help to:

- Not only describe the types of complaints regulators investigate in abstract terms but provide case studies and testimonies which complainants can relate and compare their experiences to

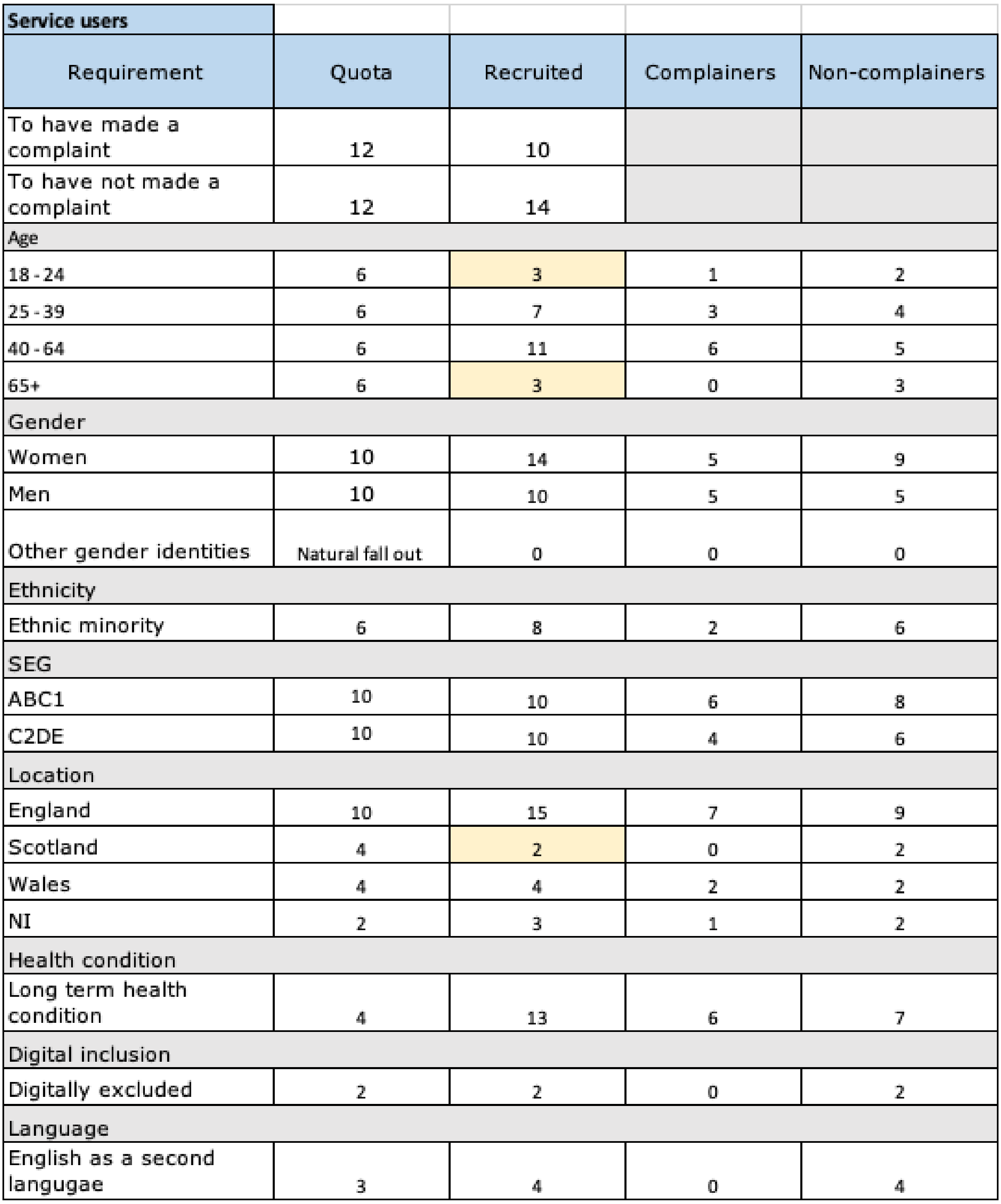
- Offer confidential advice on the best course of action, e.g. over the phone or webchat
- List and signpost other, potentially more suitable, organisations that may be able to help

In addition, regulators may want to consider working more closely with employers to help shift the narrative on complaining from one of blame and shame, to one that is focussed on patient safety and standards of care – particularly when everybody agrees that the NHS and social care system are under immense pressure.

9. Appendix

9.1 Detailed sample overview

HCPs				
Requirement	Quota	Recruited	Complainers	Non-complainers
To have made a complaint	9	9		
To have not made a complaint	9	9		
Profession:				
Resident (junior) doctor	2	2	1	1
GP or consultant	2	4	3	1
Nurse, nursing associate or midwife	2	3	2	1
Pharmacist or pharmacy technician	2	2	1	1
Optometrist or dispensing optician	2	1	0	1
Dentist, dental technician, dental hygienist, dental nurse	2	1	0	1
Allied Health Professional (provided they hold HCPC registration)	2	2	1	1
Social Worker	2	1	0	1
Therapist/Counsellor	2	2	1	1
Setting				
Community based	6	7	3	4
Hospital	6	11	6	5
Length of service				
Longer than 10 years	8	10	6	4
Less than 10 years	8	8	3	5
Gender				
Women	8	7	3	4
Men	8	10	5	5
Other gender identities	Natural fall out	1	1	0
Ethnicity				
Ethnic minority	4	7	4	3
Location				
England	6	12	5	7
Scotland	2	2	2	0
Wales	2	2	1	1
NI	2	2	1	1



Service users				
Requirement	Quota	Recruited	Complainers	Non-complainers
To have made a complaint	12	10		
To have not made a complaint	12	14		
Age				
18 - 24	6	3	1	2
25 - 39	6	7	3	4
40 - 64	6	11	6	5
65+	6	3	0	3
Gender				
Women	10	14	5	9
Men	10	10	5	5
Other gender identities	Natural fall out	0	0	0
Ethnicity				
Ethnic minority	6	8	2	6
SEG				
ABC1	10	10	6	8
C2DE	10	10	4	6
Location				
England	10	15	7	9
Scotland	4	2	0	2
Wales	4	4	2	2
NI	2	3	1	2
Health condition				
Long term health condition	4	13	6	7
Digital inclusion				
Digitally excluded	2	2	0	2
Language				
English as a second langugae	3	4	0	4

9.2 Bibliography

Organisation	Publication	Date	Link
Healthwatch	A pain to complain - Why it's time to fix the NHS complaints process	Jan 2025	Here
Wallace, L.M Greenfield, M	Employer support for health and social care registered professionals, their patients and service users involved in regulatory fitness to practise regulatory proceedings	Oct 2024	Here
Ryan-Blackwell, G Wallace, L.M	Witness to Harm; Holding to Account: What Is the Importance of Information for Members of the Public Who Give Evidence and May Be Witness in a Regulatory Hearing of a Health or Care Professional?	Oct 2024	Here
Pivotal Research, Inc. *for* College of Occupational Therapists of British Co- lumbia; College of Opticians of British Columbia; College of Physical Therapists of British Columbia; ect,.	Complaints Management Process Evaluation	Mar 2021	
ICE *for* the General Medical Council	Why Do Many Public Concerns That Would Be Better Directed to Another Organisation Come to the GMC?	Feb 2019	Here
Community Research *for* the General Dental Council	GDC 'Raising Concerns' Research Final Research Report	Feb 2015	Here
Care Quality Commission	Complaints Matter	Dec 2014	Here

ESRO Ltd. For The Parliamentary and Health Service Ombudsman	My expectations for raising concerns and complaints	Nov 2014	Here
Professional Standards Authority for Health and Social Care	Candour, disclosure and openness Learning from academic research to support advice to the Secretary of State	Oct 2013	Here
ICM Research report *for* the Care Quality Commission	Fear of raising concerns about care	Apr 2013	Here
Health Professionals Council	Scoping report on existing research on complaints mechanisms	Sep 2009	Here

9.3 Behavioural maps

Figure 3. Behavioural map for complaints journey – Healthcare user

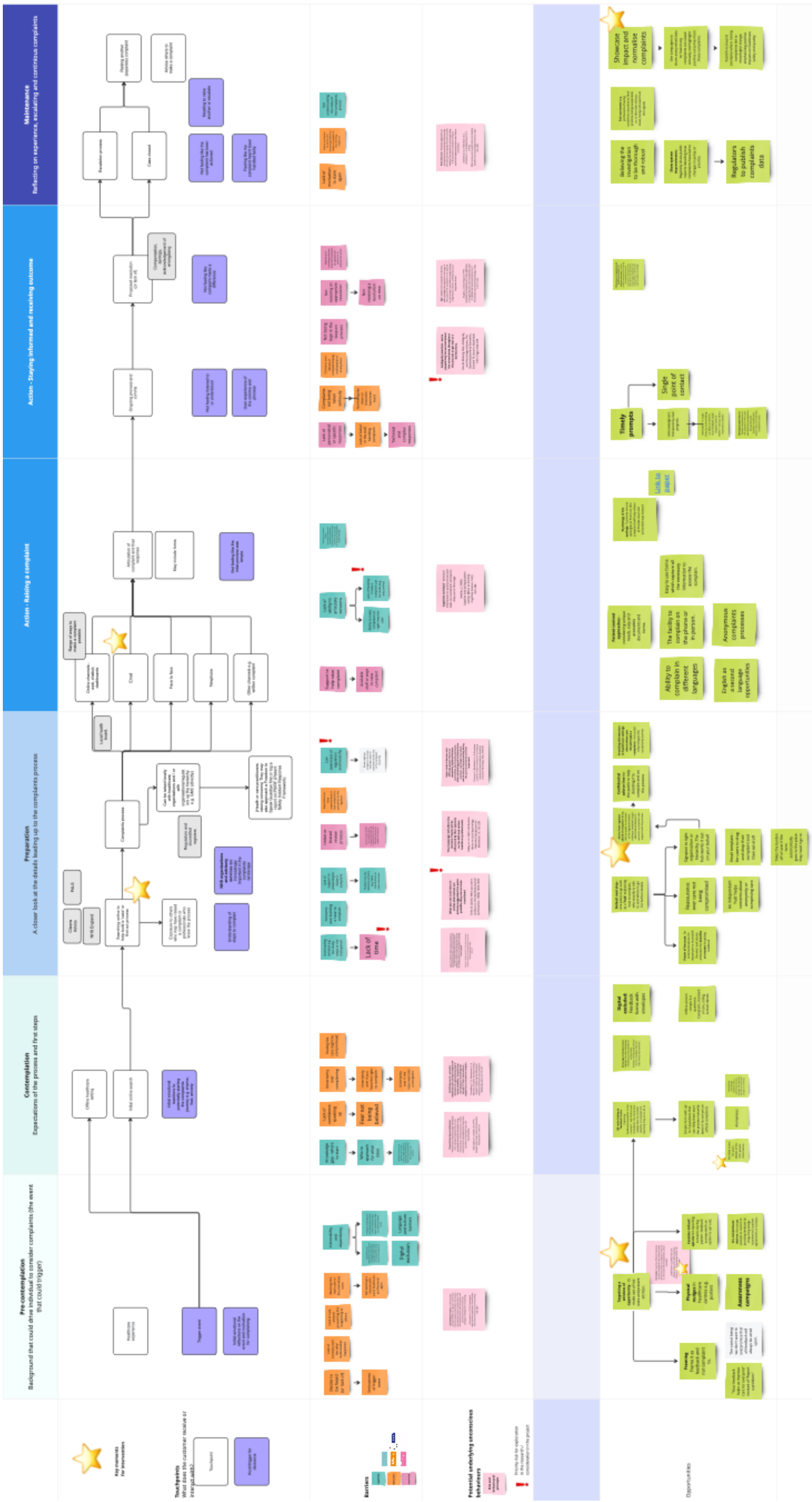


Figure 4. Behavioural map for complaints journey – Healthcare professional