

Letters

▶ *BMJ* 2002;324:167 (19 January)

GMC must recognise and deal with vexatious complaints fast

EDITOR — A letter in *GMC News* asked what the General Medical Council's strategy was for dealing with frivolous complaints.¹ It generated a far from reassuring reply² that is at odds with what the NHS ombudsman believes is needed.³ The time taken for most complaints to be dealt with is already a matter for concern, and doctors increasingly face suspension by their employer when under investigation.⁴

A recent ruling by the Privy Council⁵ is likely to exacerbate these delays further despite the best efforts of the GMC to recruit more panellists to its professional conduct committee by reducing the role of the preliminary screeners.¹ In addition, since the media can make known the names of those under investigation, even a simple factual statement saying that someone is under investigation can be enough to damage a doctor's reputation.

We accept that a complaint can often be classified as frivolous only after careful scrutiny. However, multiple complaints by a small vocal pressure group are vexatious rather than frivolous, so more easily recognised; the law has long known how to deal with vexatious litigants, but, unfortunately, the GMC seems to lack any such mechanism.

According to a widely accessed website (MAMA (Mothers against Munchausen syndrome by proxy allegations) www.msbp.com), the 18 authors of this letter have all been reported by the same small group of people, although attempts to clarify the situation with the GMC have been unsuccessful. One formal letter from a defence society merely generated (after five months' delay) a reply that the person in question was not "currently" under investigation. One of us used the Data Protection Act to obtain material held on file about him by the council and was disturbed to find that members of the council's staff and a regular complainant were on first name terms.

Were we the only people so targeted we might have accepted this as the price for our involvement in child protection work or our support for those who are. However, we know nurses who have been reported to the United Kingdom Central Council for Nursing, Midwifery and Health Visiting by the same small group. We invited them to sign this letter, but they declined on the advice of their college, fearing that this would provoke further adverse publicity, with the media judging them guilty until proved innocent. Such pressure makes it all the more important for the GMC and UK Central Council for Nursing, Midwifery and Health Visiting to develop a joint strategy for recognising frivolous and vexatious complaints, identifying them publicly and rejecting them promptly.

Harvey Marcovitch, *editor*.

The following 17 people are cosignatories of this letter: Frank Bamford, retired consultant paediatrician, University of Manchester; Arnon Bentovim, honorary consultant child psychiatrist, Child and Family Consultation Service, London; Elaine Carter, consultant paediatrician, Leicester Royal Infirmary; Iain Chalmers, director, UK Cochrane Centre, NHS R&D programme, Oxford; Paul Davis, consultant paediatrician, Cardiff and Vale NHS Trust; Dewi R Evans, consultant paediatrician, Singleton Hospital, Swansea; David Foreman, consultant child and adolescent psychiatrist, South Derbyshire Health Authority; Danya Glaser, consultant child psychiatrist, Great Ormond Street Hospital, London; Edmund Hey, retired consultant paediatrician, Newcastle upon Tyne; Michael Lowry, consultant paediatrician, Sunderland Royal Hospital; Roy Meadow, emeritus professor of paediatrics and child health, University of Leeds; Peter Milla, professor of paediatric gastroenterology and nutrition, Institute of Child Health, London; James Paton, senior lecturer in paediatric respiratory disease, Royal Hospital for Sick Children, Glasgow; Martin Samuels, consultant paediatrician, North Staffordshire Hospital; Jo Sibert, professor of community child health, University of Wales, Cardiff; David Southall, consultant paediatrician, North Staffordshire Hospital; John Stephenson, retired consultant in paediatric neurology, University of Glasgow.