

Name of Document	Managing Complaints – Postgraduate Medical and Dental Education (PGMDE)
Category	Standard Operating Procedure (SOP) This SOP is applicable to doctors and dentists in training within NHS England.
Purpose	This document is one of a suite of Standard Operating Procedures to support the management of trainees across England. This SOP is aligned to the principles of 'A Reference Guide for Postgraduate Foundation and Specialty Training in the UK' (The Gold Guide) and 'A Reference Guide for Postgraduate Dental Foundation, Core and Specialty Training' (The Dental Gold Guide). Please refer to the most recent versions. Since 2020, Foundation Training is embedded within the Gold Guide. Therefore, the NHS England suite of SOPs applies to all doctors in training, including Foundation, unless specified otherwise. Within the SOP, whenever reference is made to the Postgraduate Dean, it refers to the Postgraduate Dean or their nominated representative who will be responsible for managing the process on their behalf. Throughout the document, unless otherwise stated, the term 'trainee' refers to postgraduate doctors in training and also applies to postgraduate dentists in training and public health trainees with a medical or non-medical qualification. Within this SOP whenever reference is made to ARCP, in relation to dentistry this also refers to Review of Competency Progression (RCP). This SOP is intended to be a guide to encourage consistency of practice across England. Due to the complex nature of training, there will be occasions where Postgraduate Deans will apply their discretion in enacting this SOP to take account of individual circumstances and varying local structures (e.g. Lead Employer). Local offices should ensure they review the associated Process Alignment Group (PAG) document with regards to Trainee Information System (TIS) implications. English Deans are committed to equality, diversity and inclusion (EDI), with a duty to eliminate discrimination, promote equality and ensure inclusive opportunities are available to all with regards to age, disability, gender, ethnicity, sexual orientation, religion or belief in the design and delivery of all our services. English Deans aim to meet and exceed their statutory obligations under the Equality Act 2010 by adopting a continuous improvement approach.

	This suite of SOPs will be routinely screened against relevant Equality and Diversity documentation.		
Authorised by	English Deans		
Date Authorised	28/04/2021		
Implementation Date (current version)	01/10/2025		
Next Review Date	SOP to be reviewed in line with any future Gold Guide revisions		
Document Author	English Deans and Senior Managers Group		
Version	Date	Author	Notes Reason for Change, what has changed, etc
1	28/04/2021	HEED / SMG	Initial document
2	11/10/2022	HEED	Document signed off at HEED
3	19/07/2023	HEED	Document signed off at PGMDE Operational Oversight Group
4	17/10/2024	English Deans	Document signed off at PGMDE Operational Oversight Group
5	23/09/2025	English Deans	Document signed off at PGMDE Operational Oversight Group

Related Documents

- *Complaints section of website* <https://www.hee.nhs.uk/our-work/doctors-training/raising-concerns-about-training-revalidation-including-complaints>
Includes link to two separate policies:
- PGMDE Complaints Policy
- Managing Complaints: The Responsible Officer Role of Postgraduate Deans
- *Gold Guide 10th Edition: A Reference Guide for Postgraduate Foundation and Specialty Training in the UK:*
<https://www.copmed.org.uk/publications/gold-guide>
- *Dental Gold Guide: A Reference Guide for Postgraduate Dental Foundation, Core and Specialty Training in the UK:*
<https://copdend.org/wp-content/uploads/2025/09/DGG5-2025-v5.pdf>
- *Standard Operating Procedure – Annual Review of Competence Progression (ARCP) Appeals*

1. Introduction and background

This document aims to provide an overarching SOP for NHS England in relation to management of complaints in postgraduate medical and dental education (PGMDE) and training. It should be considered in conjunction with the NHS England Complaints Policy for PGMDE (see Related Documents).

The purpose of the Complaints SOP is to provide a consistent approach to handling complaints across NHS England local offices in accordance with national guidance and standards.

2. Definitions

A complaint or concern is an expression of dissatisfaction about an act, omission or decision, either verbal or written, and whether justified or not, which requires a response.

Complaint Manager: a nominated single point of contact (normally a senior member of training programme management administrative staff) responsible for operational management and administration of the complaint process.

Case Manager: a senior officer, normally the Postgraduate Dean or their nominated deputy, with governance responsibility and oversight of the complaint, i.e., the case manager will appoint a case investigator, set terms of reference for the investigation, receive reports from the case investigator, and make a final determination with recommendations (where appropriate).

Case Investigator: a senior officer appointed by the Case Manager to gather information and investigate the complaint against the agreed terms of reference, providing a report to the Case Manager.

Throughout this document **MUST** is used to indicate a mandatory requirement, **SHOULD** is used to describe an advisory recommendation.

WILL is used to indicate a directive to implement a mandatory requirement.

3. Timescales and management of complaints

Complaints should normally be submitted in writing to the Postgraduate Dean, using an appropriate complaints form (see Appendix 1).

The complainant should be given a named contact who should be their point of contact throughout the complaints process, this would normally be the Complaint Manager.

Care should be taken that both the complainant and individuals named within the complaint or interviewed as part of any investigation are appropriately supported throughout the process.

The individuals named in a complaint should be informed of this as soon as possible and prior to any interview in a supportive manner.

It is the line manager's responsibility to ensure that any individual that is the subject of a complaint has the appropriate support in place.

The line manager of the individual should decide how much detail from the terms of reference, and the content of the complaint is appropriate to share with any individual named in the complaint.

The Case Manager and Case Investigator must be suitably experienced and appropriately trained individuals to fulfil their role with no conflict of interest as agreed by all parties. They must capture relevant information about the complaint and ensure this is accurately recorded.

Case Managers and Case Investigators would usually be at peer level or above of the individual(s) being investigated.

Where the complaint relates to the Postgraduate Dean, the case should normally be referred to the Dean's line manager to identify an appropriate Case Manager and Case Investigator. This should normally include both line management and professional accountability.

Where the complaint relates to the Responsible Officer (RO) function of the Postgraduate Dean, then the Case Manager must ensure that the Case Investigator is familiar with RO and revalidation governance regulations and procedures for managing ROs. In addition, the Case Manager should liaise with the Postgraduate Dean's RO.

Where a complaint about a Postgraduate Dean includes aspects relating to the RO function, the Case Manager (normally the Postgraduate Dean's line manager) must liaise with the Postgraduate Dean's RO and the senior Workforce Training and Education (WT&E) directorate medical director. There is a separate policy 'Managing Complaints: The Responsible Officer Role of Postgraduate Deans' which should be read for further detail ([link in Related Documents section](#)).

The following complaints will not be dealt with under this SOP (mirrored in Complaints Policy):

- a complaint in relation to Medical and Dental Recruitment and Selection.

- a complaint relating to Annual Review of Competency Progression (ARCP) process that may be addressed under the appeal process detailed in the 'Gold Guide' and/or other specific guidance relating to Foundation, Medical and Dental specialty trainees.
- the decision by a Postgraduate Dean to remove a trainee from foundation training or the withdrawal of the training number (NTN)/contract by the Postgraduate Dean under the Gold Guide.
- a complaint whereby an existing complaint or appeal mechanism is already published and in existence.
- a complaint made by an NHS organisation or private or independent provider or responsible body, or a complaint about the actions of another body such as an NHS organisation or private or independent provider or responsible body.
- a complaint made by an NHS England or other employee about any matter relating to their employment.
- a complaint which is made orally and resolved to the complainant's satisfaction no later than the next working day.
- a complaint about patient care.
- a complaint from a patient.
- a complaint that relates to a criminal, police investigation or case presented in front of a judicial court.
- a complaint whereby the subject matter of which has previously been investigated under this or any other complaint procedure.
- a complaint made more than 12 months after the date on which the matter which is the subject of the complaint occurred (see section 8 for more details).
- a complaint arising out of an NHS body's alleged failure to comply with a request for information under the Freedom of Information Act 2000.
- a complaint which relates to any scheme established under the Superannuation Act 1972 or to the administration of these schemes.

4. When a formal written complaint is received the following action will be taken:

- a) The complaint will be acknowledged in writing usually by the Complaint Manager within three working days of receipt of the complaint.
- b) The Complaint Manager will notify the Postgraduate Dean that a complaint has been received.

- c) The Complaint Manager will forward the complaint to the Postgraduate Dean who will assess the complaint and determine whether local resolution by a senior officer from the appropriate specialty/department is appropriate or:
- d) If local resolution is not possible the Postgraduate Dean (or nominated deputy) as Case Manager will appoint a Case Investigator and draft a terms of reference for the investigation. A sample terms of reference can be found in Appendix 2.
- e) The proposed terms of reference will be shared with the complainant to give them an opportunity to raise any concerns. If a response is not received to the proposed terms of reference within 28 days, the investigation will be paused. If no contact is made by the complainant within the subsequent 12 months, the complaint will be closed with no further action.
- f) Where appropriate, the Postgraduate Dean and/or Case Manager will inform any organisations or individuals named in the complaint, that the complaint has been received and how it will be managed.
- g) The Case Investigator will gather information and investigate the complaint against the agreed terms of reference within an appropriate and reasonable timescale, providing a report to the Case Manager.
- h) Upon receipt of the Case Investigation report, the Case Manager will consider and determine the outcome of the complaint (including recommendations where appropriate).
- i) The Case Manager will provide a written response to the complaint which might include a copy of the case investigation report.
- j) The Complaint Manager will notify the complainant of the outcome as soon as practically possible after receiving the outcome from the Case Manager.
- k) The response to the complaint may include:
 - i. an explanation of how the complaint has been considered.
 - ii. an explanation based on fact.
 - iii. an apology (if deemed appropriate).
 - iv. confirmation of whether the complaint in full or in part is upheld.
 - v. a summary of conclusions reached in relation to the complaint, including any remedial action.
 - vi. confirmation that the organisation is satisfied any action has been or will be actioned.

5. Vexatious Complaints

Where complainants have been identified as habitual, vexatious or unreasonably persistent, NHS England will notify complainants in writing of the reasons for this classification and the action to be taken.

Options for addressing vexatious complainants include one or more of the following ways:

- a) Try to resolve matters by drawing up a signed “agreement” with the complainant, which sets out a code of behaviour for the parties involved. If these terms were contravened, consideration would then be given to implementing other action as indicated in this section.
- b) Decline contact with the complainants either in person, by telephone, by email, by letter or any combination of these, provided that one form of contact is maintained or alternatively to restrict contact to liaison through a third party.
- c) Notify the complainants in writing that continuing contact on the matter will serve no useful purpose; that the correspondence is at an end and that further letters received will be acknowledged but not answered.
- d) In some cases, it may be appropriate to suggest that the complainant seeks advice in pursuing their complaints, e.g., through an advocacy service.
- e) Inform the complainants that in extreme circumstances NHS England reserves the right to pass unreasonable or vexatious complaints to NHS England’s solicitors for response.
- f) Temporarily suspend all contact with the complainants or investigation of a complaint whilst seeking legal advice or internal guidance, or other relevant agencies.

6. Learning

- a) English Deans collate complaints information and learning will be taken as appropriate.

- b) English Deans will also ensure learning from local complaints is taken, as appropriate.

APPENDIX 1: COMPLAINT FORM EXAMPLE

Full Name (Title, first name, surname)			
GMC/GDC/Public Health No			
Address			
Daytime telephone or mobile number		Email address	
Specialty (If applicable)			
Job Title (i.e. ST1, if applicable)			
Brief description of complaint (please include dates and supporting evidence, if applicable)			
What do you believe will resolve this complaint?			

Signed:

Dated:

Ref No: _____ (for office use only)

APPENDIX 2: TERMS OF REFERENCE EXAMPLE

Terms of Reference for Investigation of a Complaint raised by **X** on **[DATE]**

STRICTLY PRIVATE AND CONFIDENTIAL

NHS England

[DATE]

Introduction

An investigation is required under the NHS England complaints policy to establish the facts related to a complaint received by NHS England on **[DATE]**. These terms of reference (ToR) set out how the investigation will be conducted and how, and when, the report should be submitted. This ToR sets out the scope of the investigation and aims to ensure that the complaint is answered in full.

1. The Terms

These ToR are provided by NHS England, on the basis of the complainant's complaint, in order to outline the scope of the investigation, the issues to be investigated and the format in which to present findings.

In conducting this review, the complainant and NHS England agree to the following:

1.1 To provide the case investigator access to all the necessary information, data, files, people, premises and evidence required in order for them to conduct this investigation. Any delay in or failure to provide the same will necessarily impact upon the timeframe and the completeness of the review.

2. The Complaint

X raised the complaint via **[email/letter/other]** dated **[DATE]**. In this **[email/letter/other]**, included within the documents to be reviewed alongside these ToR, **X** raises several specific concerns.

Specifically:

- **XXX**
- **XXX**

[Continue as appropriate]

3. The Case Investigator

A suitable, trained investigator (with no conflict of interest agreed by all parties) will be appointed by the Case Manager. The role of the investigator will be to gather information and investigate the complaint against the agreed terms of reference, providing a report to the Case Manager.

The Case Investigator is instructed to:

- Investigate the above complaint in line with relevant complaints policy / Standard Operating Procedure within an appropriate and reasonable agreed projected timescale
- To interview all relevant people, if necessary, to consider all appropriate written and digital material and be able reach balanced conclusions based upon the facts /evidence found
- To review evidence in the form they were received, notes of telephone calls, meetings minutes/notes, digital visual evidence, correspondence, internet meta data. Additionally, the investigator may request documents that are applicable to this case as background, support or evidence
- To keep the case manager fully informed of progress, advising if a possible revised completion date is required
- To provide the case manager with a comprehensive investigation report

4. Case Manager

The Case Manager (PGD) has governance responsibility and oversight of the complaint, i.e. the case manager will appoint a case investigator, set terms of reference for the investigation, receive reports from the case investigator, and make a final determination with recommendations (where appropriate).

If the Case Investigator wishes to clarify aspects of the ToR or if additional issues are raised during the course of the investigation, they will revert to the Case Manager to review the ToR. It is for the Case Manager to determine how additional issues are to be determined.

The Case Manager has overall responsibility for decisions made in relation to further action taken following an investigation.

5. Complaint Manager

The Complaint Manager is a nominated single point of contact responsible for operational management and administration of the complaint process.

6. How the investigation will be conducted

This investigation will be conducted in a fair, impartial and timely way, and in line with the NHS England Complaints policy. The goal of the investigation will be to establish facts (fact finding) relevant to the content of the complaint made by the complainant, prepare an investigation report and advise the Case Manager of the results. The Case Manager will consider what further action may be taken.

7. Confidentiality

This investigation operates under a strict code of confidentiality within the requirements of the law. All information will be kept confidential and it may be appropriate to consider password protecting sensitive documents sent via email. However, all parties should be aware that the potential exists for claims made under this policy to lead to referral of findings to the GMC/GDC (regulating body) where it feels that this is relevant from the findings of the final report; or where, the investigator recommends that consideration of immediate action and in such instances witness statements and other information would need to be disclosed to a third party.

8. Scope of Investigation

The complaint is being investigated under the NHS England PGDME complaints policy. The investigator will, in completing this review, perform the following specific fact-finding activities:

1. To establish the facts surrounding a formalised complaint containing various allegations outlined in the Terms above.
2. To establish if the conduct of those named in the complaint was appropriate in the circumstances and in accordance with NHS Values.
3. To produce a written report following the investigation.

9. Exclusions

The Case Investigator will not investigate issues which are not disputed. NHS England has no statutory function for criminal, compliance or regulatory determination. The investigator will liaise with the case manager immediately if important issues become apparent from interviews or evidence that are outside the agreed scope of investigation.

A list of documents is attached (where required) to the ToR that will be provided to the Case Manager. Other documents may be identified and used by the Case Investigator during this investigation.

10. Timescales

It is anticipated that the Investigation will start week commencing [DATE] and should be completed as soon as possible. Every effort will be taken to expedite the process, however if delays prove unavoidable relevant parties must be kept informed on a weekly basis. It is expected that the investigation will be completed by [DATE]. This report will be provided to the Case Manager.

The Case Manager will make a decision as to whether any further investigation or action is necessary. The Outcome letter should be provided promptly.

Complaints are not normally subject to appeal or review. Whilst it acknowledged that complainants may be disappointed by an outcome and may disagree with it, it is not grounds for an appeal.

Where a complainant believes that the process has not been followed correctly, the Postgraduate Dean has discretion to review the complaint considering any new information, mitigation or exceptional circumstances.

11. The Format of the Investigation Report

The investigation report will comprise an overview of the facts that have been established and any that remain unclear. It is for the investigator to decide how to present their findings, but the report should set out the allegations made, findings in relation to these allegations and evidence considered.

List of Witnesses to Interview (non-exhaustive)

Dr A

Dr B

Dr X