

# **Policy on dealing with unacceptable behaviour and unreasonably persistent contact**

## **GPhC0038 Version 1**

This policy sets out the approach we will take when we need to limit or control the contact we have with someone.



## Policy details

<b>Policy reference</b>	GPhC0038
<b>Version</b>	GPhC0038 Version 1
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<b>Approved for issue by</b>	Senior Leadership Group, 12 May 2020
<b>Effective from</b>	28 May 2020
<b>Next review</b>	01 October 2021

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## **1. Introduction**

- 1.1 This policy sets out the approach we will take on the rare occasions when we need to limit or control our contact with someone in the interests of our staff, other people who use our services and/or the individual themselves.
- 1.2 This ensures that each person is treated as fairly, and in a non-discriminatory way, and in the context of the specific facts and circumstances.
- 1.3 It has been designed in line with good practice guidance and aligns with other public bodies and regulators, including the PSA.

## **2. Purpose**

- 2.1 As an organisation, the GPhC is open to challenge and criticism and will seek to help people who contact us get the answers they need, whether that is via the Customer Contact Centre in response to queries or through the complaints and feedback process if something has gone wrong or the person is unhappy with the response or service they have received.
- 2.2 The GPhC aims to provide a good service to everyone who contacts us by whatever means. All our contacts are entitled to be treated with courtesy and respect and anyone who raises an issue with us has the right to expect us to deal with it fully and fairly.
- 2.3 Sometimes the best help that we can offer does not meet the needs of the person who has contacted us. For example, they may want advice that we are not in a position to give or they may want an outcome that we cannot provide. We will always try to point these people in a more useful direction, giving them information and contact details when we can. We will be open and transparent at all times, which can sometimes include giving someone unwelcome news.
- 2.4 We will not normally limit the contact a person has with us. However, our staff also have the right to be treated with respect and are not expected to tolerate abusive, offensive or threatening behaviour.
- 2.5 Our resources, including staff time, should be focused where they can do the most good and our staff should not be expected to deal with someone who, because of the frequency of their contact and/or the volume of their correspondence, takes up a disproportionate amount of staff time and hinders our other work.
- 2.6 Both sets of circumstances meant that there may come a point in our relationship with a person when we need to accept that the best we can do is to explain clearly that we cannot help them further and to limit or control our contact with them. This policy explains what we will do in those circumstances.

## **3. Scope**

- 3.1 This policy applies to all GPhC staff and those who work on our behalf. It also applies to the very small number of our contacts who behave in an abusive way or are unreasonably persistent in their dealings with us.
- 3.2 The policy is intended primarily for customer-facing staff. However, staff in other roles who may receive frequent correspondence or calls from customers about an issue which has already been

fully and appropriately considered and to which a full and final response has been issued may also find it useful.

## 4. Exclusions

- 4.1 No action taken under this policy should allow a serious concern or complaint to go un-investigated.
- 4.2 Notwithstanding this policy, we still have statutory obligations to deal with Freedom of Information Act and Data Protection Act requests, including subject access requests. Under this legislation, each request must be considered and responded to individually and within the statutory timeframes (20 working days and one month respectively).
- 4.3 If the correspondence contains a request for information or a complaint about the way that the person's personal information has been handled, you must send it to the Information Governance team via the FOI mailbox immediately

## 5. Responsibilities

### Senior Leadership Group

The SLG is responsible for approving the policy and overseeing its implementation. Individual directors are responsible for managing the implementation of the policy in their directorate.

### Staff and associates

Staff and associates are responsible for adhering to this policy when dealing with unacceptable behaviour or unreasonably persistent contact.

## 6. Policy

The policy is based on the following principles:

- Anyone who raises a concern or makes a complaint to the GPhC has the right to have the issue dealt with fully and fairly. The outcomes will vary and can range from a clear explanation that we cannot help, to an explanation and apology in response to a complaint or a formal public hearing arising from their concern;
- We will guide our contacts through our procedures, but we are not able to act as an advocate for them;
- A contact's personal views or behaviour are not relevant to our handling of their complaint or concern *unless* their actions:
  - compromise the wellbeing or safety of our staff; or
  - affect our capacity to offer an acceptable level of service to all our service users.
- Any action taken under this policy must not allow potentially serious complaints or concerns affecting patient safety or the wider public interest to go un-investigated.
- Any action taken under this policy will be fair and non-discriminatory.

### **Unacceptable behaviour**

- 6.1 We expect our staff to be treated with courtesy and respect. People can feel distressed, angry or under pressure when they are dealing with a regulator and staff need to be able to distinguish between upset, frustration, determination and behaviour which is unacceptable.
- 6.2 We also recognise that people may have a range of circumstances, including issues of health and disability, which may affect their behaviour.
- 6.3 A contact's behaviour is not unacceptable just because they are forceful or determined to pursue their complaint.
- 6.4 Actions which might be considered unacceptable behaviour and lead to action under this policy are those which may cause staff to feel afraid, abused or intimidated. These could include (but are not limited to):
  - aggressive language or insults;
  - threats of physical violence;
  - obscene language;
  - personal rudeness to a member of staff (this does not include being critical of the GPhC as an organisation);
  - discriminatory comments to or about a member of staff or others; and
  - unsubstantiated allegations about a member or members of staff or others.

### **Unreasonably persistent contact**

- 6.5 Unreasonably persistent contacts are those who, by the frequency or the nature of their contact with us, hinder our work. They may have justified complaints or concerns but pursue them in ways that are not appropriate or they may be pursuing complaints which have no clear substance or which have been investigated and on which a decision has already been made.
- 6.6 Our resources, including staff time, need to be used where they can provide the most value. This can mean that we cannot deal with every complaint or concern made by a contact in the way that the person would like.
- 6.7 Examples of when this policy might be used include (but are not limited to) contacts who:
  - i. make excessive demands on staff time or other resources while a complaint is being investigated – for example, excessive telephoning or email contact, sending emails to numerous staff members, writing lengthy or complex emails or letters every few days and expecting immediate responses;
  - ii. submit repeated complaints after the complaints process has been completed, essentially about the same issue but with additions or variations which they insist make it a new complaint which should go through the whole process.
  - iii. persistently refuse to take advantage of constructive guidance about ways forward, alternative options or other sources of help.
  - iv. making unjustified complaints about staff who are trying to deal with the issues and seeking to have them replaced.

- v. refuse to accept a decision or outcome, repeatedly arguing with and complaining about the decision.

### **How we will deal with these behaviours**

- 6.8 If unacceptable behaviour occurs during a telephone call, the member of staff should explain to the caller why their behaviour is unacceptable and ask them to stop. If the behaviour continues, the member of staff should explain that if the behaviour does not stop, the call will be ended. If the behaviour still continues, the member of staff should explain politely that they are now going to end the call and should put the telephone down. They should then make a note of the call, including the reasons for ending it, and share this with their line manager.
- 6.9 The line manager should give the staff member the chance to talk about the call and offer any other support necessary to ensure their wellbeing, including reminding them about the Employee Assistance programme and the availability of counselling if the staff member feels it would be helpful.
- 6.10 If a contact behaves unacceptably or is unreasonably persistent, the staff member(s) affected should discuss the matter with their line manager and try to find ways to help the contact without having to use this policy – using it should not normally be the first resort.
- 6.11 If the member of staff and the line manager agree that action is necessary, they should speak to the relevant Director, providing him or her with the background information to help them to decide whether action is necessary. A note should be made of the conversation.
- 6.12 If the Director agrees that action is necessary, they must check with the Information Governance team whether there are any live Freedom of Information or Subject Access Requests in relation to the contact. If so, these must be exempted from any action which the organisation takes under this policy. The Director should also notify the Governance team about the proposed next steps.
- 6.13 The Director will write to the contact explaining the situation, enclosing a copy of this policy and warning them that they are behaving unacceptably or being unreasonably persistent. The warning should include the reasons why the behaviour is seen as unacceptable or unreasonably persistent and an explanation of what will happen if the behaviour does not change. This should be copied to the Governance team.
- 6.14 If a satisfactory reply is received, no further action under this policy should be taken.
- 6.15 If an unsatisfactory reply is received or the contact does not reply, the Director will decide what further action should be taken and inform the contact (in writing) and the member/s of staff concerned. The contact should be told that they can appeal to the Chief Executive if they are not happy with the action being taken.
- 6.16 Any action taken will be reasonable, proportionate and will balance the interests of the contact with the health and wellbeing of staff and the need to make the best use of our resources. Actions which may be taken include:
  - Restricting contact to one method (e.g. email only) and/or to named members of staff;
  - In extreme cases, accepting contact only via a third party;
  - Giving the contact “read-only” status – this means that correspondence will be read and filed, but not responded to (unless new information is presented which has

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implications  
for patient safety).

6.17 If the contact appeals but the CE&R supports the decision of the Director, there is no further course of appeal.

#### **How decisions made under this policy will be communicated**

6.18 Any decision taken under this policy will be communicated to the contact in writing (which may include email), setting out clearly the behaviour which has been deemed unacceptable or unreasonably persistent and the action that the GPhC has decided to take. If the decision is subject to review, the contact will be told when that review will take place. The letter or email will be accompanied by a copy of this policy. The contact will be told that they can appeal the decision by contacting the Chief Executive.

#### **How decisions taken under this policy will be reviewed**

6.19 Six months after the decision to apply the policy is taken, we will carry out a review to decide whether it should still apply.

6.20 If the contact has changed their behaviour to the extent that staff believe that restrictions could be removed, they should discuss this with their Director who will make a recommendation to the Chief Executive about removing any restrictions.

6.21 If the contact has continued to behave in an unacceptable or unreasonably persistent way, we may decide to continue to restrict access. This could involve extending an existing restriction and/or imposing a different one.

6.22 Any decision on lifting, extending or changing restrictions will be communicated to the contact by the Chief Executive where appropriate.

#### **When actions may be taken that do not follow this policy**

6.23 We will make reasonable adjustments to these processes in cases where disability may be affecting the behaviour of the contact.

6.24 If the behaviour or actions of the contact have been particularly egregious (for example, threatening violence against a member of staff or abusing staff on the basis of a protected characteristic such as race or sexuality), the Director may decide to restrict contact without giving the person the opportunity to change their approach. In these cases, appeal to the Chief Executive will still be available.

#### **Action in extreme cases**

6.25 In extreme cases where the behaviour of a contact may pose an immediate threat to the health, safety or well-being of themselves, the public or GPhC staff, the Chief Executive (or a Director acting under the instruction of the Chief Executive) may, without informing the person, refer the case to an outside body which may include the Police, the ambulance service, an employer or health or social services.

6.26 Any such decision will be taken with careful consideration of the contact's rights and will be recorded. The record will include details of why the decision was taken and by whom.



## 7. Monitoring and compliance

- 7.1 The Governance team will maintain a record of any contacts who are subject to this policy and will remind Directors when reviews are due.
- 7.2 The Governance Manager will report annually to the Senior Leadership Group on the use of this policy, including the number of contacts to whom it has been applied and the outcome of any reviews

