

APAC CORPORATE GOVERNANCE POLICIES & PROCEDURES

SECTION E	Corporate Policies		
E4	Complaints Handling		
CONSTITUTIONAL REFERENCE	n/a		
DATE	14 August 2017	REVIEW DATE	August 2022

1. Background

APAC has an obligation under the *National Law* to abide by Guidelines issued by Ahpra. One such guideline deals with procedures to be followed on receipt of complaints: *Management of complaints relating to accreditation functions under the National Law*. (Ahpra, May 2015)

The Ahpra guidance note in turn reflects best practice, as set out in, for example Australian Standard ISO 10002:2006.¹ APAC's Policy and Processes conform with both the Ahpra Guidance Note and the Standard.

In interpreting and applying the Guidance Note it is important to distinguish between different kinds of complaints:

- 1.1 A complaint by a HEP about the outcome of an accreditation assessment. This would be the subject of an Internal Review, the procedure for which is set out in *APAC Rule B7*.
- 1.2 A systemic complaint from a student, a staff member, a placement supervisor or an officer of a HEP or an external party which may evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards.
- 1.3 A complaint relating to APAC's practice, which could include a complaint about the process of accreditation or the conduct of a site visit, or the conduct of an individual assessor or staff member.

¹ Australian Standard: *Customer Satisfaction – Guidelines for Complaints Handling in Organizations* (ISO10002:2004, MOD), Standards Australia, 2006.

- 1.4 A personal complaint from a student, in which the complainant seeks to have a matter investigated and addressed so as to bring about a change to their personal situation. This would include, for example, matters such as selection, recognition of prior learning/experience, placement allocation, assessment outcomes, or dismissal from training.

Complaints which cannot be addressed by APAC

1. Personal Complaints

In many instances APAC is not the appropriate body to investigate a complaint or grievance, and complainants are advised to use the formal grievance procedures established by a HEP, or they are referred to Ahpra for complaints relating to registration.

If APAC wishes to treat the complaint as a notification of a possible breach in standards, the complainant is asked to make a written notification, and the complaint then is treated as a systemic complaint.

APAC will not investigate an unsigned complaint, but may respect a request for confidentiality if one is made at the time of the notification, insofar as is possible given the requirements of the law relating to procedural fairness. If it appears confidentiality may be breached the notifier is advised.

2. Complaints about Registered Health Practitioners

These are referred to the Health Services Commissioner in Victoria, or equivalent bodies in other states.

2. Principles for Handling Complaints (from Ahpra Guidance Note)

2.1 The complaints management processes of the Accreditation Authority will clearly reflect the following elements:

- 2.1.1 Protection of the community.
- 2.1.2 The approved program or education provider meets and continues to meet the accreditation standards during the accreditation period. When the program or education provider does not meet the standards, conditions are applied to the accreditation.
- 2.1.3 Natural justice – fair and proper procedures are used in decision-making.
- 2.1.4 Evidence-informed decision-making – decisions are founded on reliable, relevant and appropriate evidence.
- 2.1.5 Effective communication – clear articulation of the roles and responsibilities of all entities involved.
- 2.1.6 The system processes and decision-making responsibilities are:
 - transparent
 - fair
 - timely
 - clearly articulated, and
 - in line with the *National Law*.

- 2.2 Active assessment, management and resolution of a complaint using a valid methodology to determine any real and potential risks to providing high quality education for health professionals and to the registration or endorsement of health practitioners by the National Board, against approved accreditation standards.
- 2.3 An 'immediate action' response system for complaints that indicate a potential high risk to public safety.
- 2.4 A standardised process for referring complaints between organisations and for sharing appropriate information (within a framework of confidentiality) with other organisations.
- 2.5 A clear strategy for the management of anonymous complaints.

3. Complaints Management Processes

- 3.1 Complaints addressed to APAC concerning:
 - 3.1.1 Complaint about accreditation outcome
 - 3.1.2 Systemic Complaint
 - 3.1.3 Complaint about APAC
- 3.2 APAC requires that complaints be made in writing, generally addressed to the CEO.
- 3.3 APAC acknowledges receipt of the complaint within 7 days and provides the complainant with information regarding the process to be followed, and an indication of the likely timeframe for resolution.
- 3.4 APAC makes a record of the complaint in a confidential and secure manner. All Complaints and Notifications and investigations arising, are treated as confidential, and staff are mindful of the laws relating to Privacy if any sensitive information is imparted, and the laws of Defamation if anything published about an individual could damage their reputation.
- 3.5 APAC assesses the complaint, in order to identify the type of complaint and the next steps.
 - 3.5.1 A complaint about an accreditation outcome is processed according to the Internal Review Process (Rule B7).
 - 3.5.2 A systemic complaint may be identified as potentially generating a high or extreme risk to the safety of the community, in which case APAC is required to provide early notice of the issue to the PsyBA, in accordance with the monitoring requirements of the *National Law*.
 - 3.5.3 A complaint about APAC is investigated by the CEO if the complaint concerns an APAC employee or APAC process.
- 3.6 The CEO deals with minor matters by acknowledging the complaint and providing an apology, a remedy and/or a rebuttal.
- 3.7 More significant matters are escalated to the Chair and/or the Chair of the AAC for a decision on action. Directors are advised as appropriate, and if necessary are provided with a full brief and talking points (see Corporate Policy E3, Stakeholder Relations, Communications & Media).
- 3.8 The Chair of the AAC deals with complaints about an assessor or assessment team.

3.9 In the case a defect in the conduct of a site visit, the Chair of the AAC counsels the Team Leader, and/or the Team Leader counsels individual assessors.

3.10 The CEO or the Accreditation Services Manager counsels APAC staff members.

3.11 A response is sent to the HEP outlining the process, the outcome and remedies, if applicable.

3.12 In the case of a significant defect in the process, the Chair of the AAC may arrange for a review by another assessor/s of the relevant part of the process.

3.13 APAC provides a response to the complainant upon completion of the investigation. This may include the particulars of the investigation, any findings and the decision reached.

3.14 APAC may make a recommendation to a provider or the Ahpra if any remedy or action is indicated.

4. Implementation

Ongoing compliance with this policy

Review every 5 years, or on amendment of the Ahpra Guidance Note on Complaints Management

5. Related Policies

APAC Rule B7: *Internal Review Process*

Corporate Policy E3, *Stakeholder Relations, Communications & Media*