

# Complaints Policy

## 1. Purpose

The purpose of this policy is to set out the process by which the RACGP manages complaints, in a timely manner, fairly and impartially.

## 2. Application

This policy applies to all volunteers, employees and contractors of the RACGP collectively referred to as Staff, and members of the RACGP.

This policy does not apply to:

- any grievance brought under the *Grievance Policy* (whether the grievance has been successful or not). This policy does apply to complaints regarding employment decisions affecting applicants who are not Staff;
- any disciplinary proceeding brought under the *Disciplinary Policy*;
- complaints against the CEO or Board members. These complaints are to be directed to the Chair who will determine accordingly;
- complaints by the Board. These complaints are to be raised with the Chair who will determine accordingly;
- any appeal under the *Reconsiderations and Appeals Policy*, *AGPT Appeals Policy* or *AGPT Program Appeals Policy 2020*;
- any complaint under Appendix 5 of the *Elections Policy* (which are dealt with under the *Elections Policy*);
- any proceeding under the *Academic Misconduct Policy*;
- any application for special consideration under the *RACGP Assessments and Examinations Special Arrangements Policy*;
- any complaint under the *AGPT Program Complaints Policy 2020*;
- any complaint which is the subject of a proceeding in another body or the content of which is the subject of current legal action; or
- any disclosure under the *Whistleblower Policy*.

This policy does **not** apply to complaints against individual GPs. Complaints against individual GPs should be brought to the attention of the relevant state regulatory agency or the Australian Health Practitioner Regulation Agency (AHPRA). AHPRA can be contacted on 1300 419 495 or at [www.ahpra.gov.au](http://www.ahpra.gov.au).

This policy is to be read in conjunction with the *Grievance Policy*, *Whistleblower Policy*, *Assessment and Examinations Special Arrangements Policy*, *Conflict of Interest Policy*, *Exam Fees Refund Policy*, *Academic Misconduct Policy*, *Elections Policy*, *Reconsideration and Appeals Policy*, *AGPT Appeals Policy*, *AGPT Program Appeals Policy 2020*, *AGPT Program Complaints Policy*, *Membership Fees Refund Policy*, *Privacy Policy*, *Disciplinary Policy*, *Member Code of Conduct* and *Staff Code of Conduct*.

This policy may cease to apply to a complaint at any stage of the complaints handling process where a complaint is redirected in accordance with clause 4.4.

### 3. Principles for Complaint Handling

This policy complies with the relevant parts of ISO 10002:2018 *Quality management — Customer satisfaction — Guidelines for complaints handling in organizations*. The following principles underpin the complaints handling process under this policy:

#### 3.1 Visibility

Information on how to make a complaint is available on the RACGP website.

#### 3.2 Accessibility

This *Complaints Policy* and associated procedures are easily accessible, simple to understand and well published to ensure ease of implementation. Selected Staff of the RACGP have been trained to receive and deal with complaints. All Staff are required to familiarise themselves with this policy.

#### 3.3 Responsiveness

Each complaint is received by mail, email or phone and acknowledged as received at that time. Each complaint is assigned a case number using the case management system and the case number is provided to the complainant. Expectations of complaint resolution timelines are provided to the complainant at the time the complaint is acknowledged and recorded.

#### 3.4 Objectivity and No Detriment

Each complaint will be handled in an objective and impartial manner.

All parties will be afforded natural justice and procedural fairness in the handling of complaints by the RACGP including:

- ensuring all parties to the complaint know what to expect during the complaint handling process;
- carrying out the complaint handling process in a transparent but confidential manner;
- providing all parties with equal opportunity to participate in the process;
- treating all parties in a respectful manner; and
- providing reasons for decisions made.

Complainants will be treated respectfully and will not be disadvantaged or suffer detriment through lodging a complaint in good faith, regardless of the outcome. The RACGP will not tolerate reprisals against complainants.

Reprisals will be met against perpetrators with appropriate action under the relevant Code of Conduct (Staff and Members) or referral to an external investigative agency such as the police where applicable (the general public).

Complainants and respondents will be entitled to be assisted by a support person who may be a member of the person's family, carer or other person.

Staff members involved in the handling of a complaint, investigation or adjudicating on a complaint, must not act in any complaint in which they have a conflict of interest and must comply with the *Conflict of Interest Policy*. The RACGP is committed to managing complaints promptly, fairly, confidentially, impartially and with a view to ensuring the safety and wellbeing of all parties.

### 3.5 Confidentiality and Anonymity

The privacy and confidentiality of parties will be respected to the extent practicable and appropriate. Accurate records will be kept by each staff member dealing with the complaint. The RACGP will comply with the *Privacy Act 1988* (C'th) and the *Privacy Policy*. Confidentiality and privacy are however subject to overriding processes of law (for example, information is subpoenaed as part of litigation).

A complainant has the option of making a complaint anonymously. Where an anonymous complaint is received, the complainant's anonymity will be preserved insofar as is possible. The RACGP may however be unable to act on a complaint where the complainant is anonymous.

### 3.6 Accountability

Accountability for receiving complaints resides with the Executive Leadership Team (ELT) member allocated the complaint according to the process and the Responsible Officer or Appeal Officer allocated the complaint by that ELT member (see below).

### 3.7 Capacity

Complaints will be handled in a timely manner, taking into account the complexity and seriousness of issues raised, to ensure all parties have access to an appropriate resolution and that opportunities for further concerns to arise are minimised.

### 3.8 Authority

The ELT member to whom a complaint is allocated will ensure Staff involved in handling complaints have the necessary authority and management support to carry out the process effectively, make decisions and have (where specific skills are required, such as mediation) access to appropriate training and resources to fulfil their role.

### 3.9 Outcomes

All members and staff of the RACGP will be supported in trying to resolve complaints where appropriate to promote and support timely and efficient complaints handling.

The operation of the complaints handling process and findings will be reported to ELT and to the Board. Preventative and corrective action can be taken to address the causes of complaints and to improve the quality of the RACGP's policies and services.

## 4. Complaint Handling Process

### 4.1 What is a Complaint?

A complaint is an expression of concern, dissatisfaction or frustration that considers the quality or delivery of service, the need to reconsider a decision, a policy or procedure, or where the conduct of another person is unsatisfactory or unacceptable.

A complaint might include a:

- request to replace faulty goods;
- case where incorrect advice has been provided;
- situation where an incorrect policy has been applied; or
- concern raised about the time taken to provide a good or service.

A complaint is **not**:

- a request for information;
- a compliment or expression of satisfaction;
- an explanation of a decision or policy; or
- a request for a refund.

#### **4.2 Receipt of a Complaint**

A complaint may be made by phone, email, normal mail or through the complaints portal on the RACGP website. All complaints must be in writing; phone complaints must be transcribed by the staff member receiving the call.

There is no charge for making a complaint.

A complaint may be made anonymously. Anonymous complaints will be treated in the same way as identified complaints and follow the same process subject to any necessary modifications resulting from the anonymous nature of the complaint. For example, it may not be possible to notify the complainant of progress if no contact details have been provided. In some cases, it may not be practical to investigate the complaint if vital additional information cannot be obtained because the complainant cannot be contacted.

Members and Staff of the RACGP are entitled at all times to be treated with respect and courtesy when handling complaints.

Where a person involved in a complaint behaves in a threatening, rude or harassing manner toward Staff, the CEO or the Compliance Manager (see below) may decline to further consider the complaint. The CEO may also institute proceedings for misconduct against the person (if a staff member) under applicable codes or policies of the RACGP, or refer the matter to an external agency such as the Police.

If a recipient of a complaint can resolve a complaint quickly and efficiently whilst on the phone or by email without the need to refer to the Compliance Manager then the person may do so. The person must however still log the complaint in the case management system.

Any complaint which cannot be resolved at first instance is to be allocated by the Compliance Manager in the Legal Unit unless the Compliance Manager is the subject of the complaint.

Where the Compliance Manager is the subject of the complaint, the complaint is to be allocated to the relevant ELT member. The ELT member must then proceed according to this policy.

Complaints:

- in writing are to be forwarded by the recipient to the Compliance Manager. This includes any complaints directed to the CEO or ELT members or any complaints received at a Staff RACGP email address;
- made directly to any Board member by email or other means are to be forwarded to the Company Secretary who will forward them to the Compliance Manager;
- via form submitted on the [RACGP](#) website are directly accessed by the Compliance Manager;
- by phone are to be transcribed and forwarded to the Compliance Manager.

All complaints, upon receipt are to be logged by the initial recipient in the case management system.

In the case of complaints in writing or phone calls, the Compliance Manager will send acknowledgement of receipt of the complaint to the complainant along with a unique identifier for the complaint within 72 hours of receipt.

In the case of complaints via email, the system sends an automatic acknowledgement along with a unique identifier to the complainant.

### 4.3 Refusal of Complaints

The Compliance Manager may refuse a complaint where, in their opinion:

- the complaint is false, frivolous, vexatious or lacking in substance;
- is outside the jurisdiction of this Policy under clause 2;
- the complaint is malicious or not made in good faith;
- a significant period of time has elapsed since the conduct in question has taken place such that any complaint would be futile;
- the complaint is substantially the same as a previous complaint between the parties which has already been the subject of a determination under a proceeding;
- in the case of an anonymous complaint, it is not possible to obtain information from the complainant to properly determine whether the complaint is likely to be substantiated or not;
- the complaint is the subject of existing legal proceedings or other forms of review or appeal; or
- the complainant does not have a sufficient interest in the matter.

The Compliance Manager may refuse an appeal which:

- is lodged later than 14 days after the complainant being notified of the decision in the original complaint;
- does not fall within the grounds for an appeal as described in clause 4.8 (e.g. is an appeal on the merits); or
- has no or little new information upon which to base an appeal.

The Compliance Manager may split or limit a complaint to particular issues in order to avoid refusing the complaint.

Where the Compliance Manager proposes to split or limit a complaint, the Compliance Manager may discuss the proposal with the complainant to reach an alternative arrangement. If the complainant refuses to accept the Compliance Manager's proposal or an alternative arrangement cannot be reached, then the Compliance Manager may still refuse the complaint.

### 4.4 Redirection of a Complaint

The Compliance Manager may at any time decide that a complaint is better dealt with under an alternative policy.

For example, a complaint may be made which the Compliance Manager identifies as a complaint which qualifies as a protected disclosure under the *Whistleblower Policy*. The Compliance Manager then refers the complaint to the Whistleblower Officer under the *Whistleblower Policy*.

The Compliance Manager may direct any person dealing with a complaint to:

- continue dealing with the complaint under a different policy specified by the Compliance Manager;
- cease dealing with the complaint and forward all documentation back to the Compliance Manager; or
- cease dealing with the complaint and reallocate the complaint under a different policy specified by the Compliance Manager to the most appropriate person.

Where the Compliance Manager redirects a complaint, the person dealing with the complaint must, when notified by the Compliance Manager, forward all relevant information to the staff member to

whom the complaint has been redirected.

In some instances, following discussion with General Counsel, the Compliance Manager may refer the complaint directly to an external investigatory body such as Victoria Police, WorkSafe or other agency.

#### **4.5 Withdrawal of a Complaint**

A complainant may withdraw a complaint at any time by notifying the RACGP in writing. The withdrawal of a complaint does not prevent the RACGP from continuing to investigate or otherwise act on the complaint.

#### **4.6 Complaint Process**

The Compliance Manager may allocate any complaint to the most appropriate ELT Member unless the complaint is about an ELT member. The ELT member may delegate the complaint to the most appropriate officer (the Responsible Officer).

The ELT member to whom a complaint has been allocated must not delegate the complaint to any officer who is the subject of the complaint.

If an ELT member is the subject of a complaint, the Compliance Manager must allocate the complaint to the CEO who becomes the Responsible Officer.

Within ten business days from the acknowledgement of the receipt of the complaint, the Responsible Officer must:

- review the complaint documentation;
- seek any additional information from the complainant within a specified time;
- provide both parties with the opportunity to make submissions regarding the complaint within a specified time;
- discuss the complaint with both parties if necessary;
- seek to mediate or determine the complaint as necessary; and
- otherwise investigate the complaint as they see fit.

If a complainant fails to respond to a request for information within the time specified by the Responsible Officer, the Responsible Officer may continue to determine the complaint on the available evidence.

Having considered all the evidence, the Responsible Officer must decide whether the complaint is substantiated, partially substantiated or not substantiated.

If the Responsible Officer finds that the complaint is not substantiated, then they must inform the parties accordingly.

If the Responsible Officer finds the complaint to be fully or partially substantiated, then the Responsible Officer must make a recommendation to their ELT member detailing the results of the investigation, their rationale for the decision along with any proposed actions.

The Responsible Officer must notify the parties of their decision once their ELT member has been advised of the outcome of the investigation. The Responsible Officer must provide the parties with basic reasons for the decision reached.

The Responsible Officer is responsible for ensuring implementation of the outcome of the investigation within a reasonable time.

Board members must **not** become involved in the complaints process at any point as this represents a legal risk to the organisation and is inconsistent with good independent decision making and the international standard on complaints handling upon which this policy is based (ISO 10002: 2018).

#### **4.7 Possible Outcomes**

Outcomes from complaints may include:

- written or verbal partial or full apologies;
- monetary compensation or refund;
- provision of documents;
- reprovision of a service or good at no or discounted charge;
- commitment to change procedures or processes in response to the complaint;
- commitment to refer a matter to an external agency; or
- any other appropriate action.

#### **4.8 Appeals Process**

A complainant may appeal the results of a decision or an investigation by submitting a fresh complaint using the means described in clause 4.2 referring to the same identifier as the original complaint and outlining the grounds for appeal. The appeal is to follow the process in clause 4.2.

An appeal must be made within seven days of the complainant being notified of the decision in the original complaint.

Appeals cannot be made on the merits of the decision. An appeal can only be made on the basis that the original complaints handling process was flawed in some way.

There is no charge for appeals unless specified in Appendix 2. Appendix 2 lists appeals against decisions which attract a fee.

Once an appeal is received by the Compliance Manager, the Compliance Manager may refuse or split the appeal in accordance with clauses 4.3 and 4.4.

The Compliance Manager must:

- allocate the appeal to an ELT Member other than the ELT Member whose area was allocated the original complaint; and
- notify the Responsible Officer for the original complaint that an appeal has been received.

Upon receipt of an appeal, a Responsible Officer who is implementing an outcome from the decision on the original complaint must suspend any action to implement that outcome.

The ELT member must:

- not allocate the appeal to the Responsible Officer who dealt with the initial complaint;
- allocate the appeal to an appropriate officer (the Appeal Officer) who is more senior than the Responsible Officer who dealt with the original complaint; and
- if the only officer more senior than the Responsible Officer is the ELT member themselves, then the ELT member must act as the Appeal Officer.

Within ten business days from receipt of the appeal, the Appeal Officer must:

- consider all the information from the original complaint investigation;

- consider the new or additional information provided with the appeal; and
- otherwise investigate the appeal as they see fit.

Having considered all the evidence, the Appeal Officer must decide whether the appeal is substantiated, partially substantiated or not substantiated.

If the Appeal Officer finds that the appeal is not substantiated, then they must inform the parties accordingly.

If the Appeal Officer finds the complaint to be fully or partially substantiated, then the Appeal Officer must make a recommendation to their ELT member detailing the results of the investigation along with any proposed sanctions or other outcome.

The Appeal Officer must notify the parties of their decision once their ELT member has been advised of the outcome of the investigation.

The Responsible Officer remains responsible for ensuring implementation of the outcome of the investigation within a reasonable time.

#### **4.9 Appeals Principles**

The appeal process must adhere to the following principles:

- Decision makers must:
  - ensure that an appellant has adequate opportunity to put their case;
  - ensure that the appeal is not being decided by the person who made the original decision;
  - have no conflict of interest in the subject of the appeal;
  - hear the appeal in an expedient manner;
  - ensure that all relevant information is considered in making a decision; and
  - make decisions in writing, which are appropriately recorded and communicated to appellants within a reasonable time of determination.
- Appellants must:
  - only bring appeals when other avenues for dispute resolution have been exhausted;
  - not bring appeals which are false, frivolous, vexatious or lacking in substance;
  - provide information requested for by an appeal panel; and
  - not seek to obstruct or otherwise abuse the appeals process.

#### **4.10 Further Appeals**

There are no further appeals. Any decision on an appeal is final.

#### **4.11 Record Keeping**

The Responsible Officer and Appeal Officer must log all relevant details of the complaint and appeal in RM and the case management system including as a minimum:

- how and when the complaint or appeal was received;
- a description of the complaint or appeal and supporting information;

- the RACGP service being complained about or decision being appealed;
- any immediate action taken;
- dates of decisions including notification to relevant ELT members and parties to the complaint or appeal, and date of completion of investigation activities;
- records of outcomes;
- names and contact details of complainants and where possible, persons the subject of the complaint;
- the outcome (if any) sought by the complainant; and
- any other relevant information.

## 5. Reports and Monitoring

### 5.1 Reports

The Compliance Manager must compile a report for ELT each month which contains:

- the total number of cases and appeals logged year to date and the number logged on a monthly basis;
- the time taken to resolve complaints and appeals which have been finalised in the last 12 months on a rolling basis, including the average time;
- the number of open cases and appeals at the current time;
- the numbers of complaints and appeals refused;
- sufficient details of any individual complaints (excluding whistleblower disclosures) which in the opinion of the Compliance Manager expose the RACGP to a significant risk;
- the length of time elapsed on current open cases and appeals;
- the number and type of complaints referred to external agencies, and what agencies received referrals;
- the number of open cases and appeals per ELT member;
- any other data which the Compliance Manager believes would inform the ELT; and
- any data specifically requested by any ELT member.

The Report is to be provided on a quarterly basis to ELT, the FARM and the Board. The report is to be presented by the Compliance Manager's ELT member.

### 5.2 Monitoring

The Compliance Manager must monitor the progress of investigations and maintain the data relating to complaints. Responsibility for progress and finalisation for complaints lies with the ELT member to whom the complaint has been allocated. The Compliance Manager will however monitor progress on complaints and may raise specific issues regarding individual complaints with relevant ELT members. As a general guide, the Compliance Manager will:

- for complaints older than ten working days, perform follow-up action; such as status/progress checking with the Responsible Officer the complaint was referred to;

- for complaints older than 15 working days, report and escalate the status/progress check to the Responsible Officer's ELT member; and
- for complaints older than 20 days, report and escalate the status/progress check to the CEO.

The target for resolution of all complaints is 30 days.

An overview of the complaints process and its relation to ISO 10002:2018 is found in Appendix 1.

### 5.3 Audit

The Compliance Manager must periodically, but no less frequently than once a year, carry out a random audit of responses to complaints. The audit is to be carried out by selecting a sample at random of at least 5% of finalised complaints in the current year spanning at least a three month period to examine compliance with this policy and effectiveness of this policy.

On completion of the audit, the Compliance Manager must report the results to their ELT member.

### 5.4 Satisfaction

The Compliance Manager must, no less frequently than once a year, carry out a random survey of parties to complaints in the current year to gauge satisfaction with the process. Any survey must have at least 30 complainants with a representative sample of each type of complaint.

On completion of the survey, the Compliance Manager must report the results to their ELT member.

## 6. Amendment of this Policy

General Counsel may, without the consent of the CEO, make Minor Amendments to this policy at any time.

If General Counsel makes Minor Amendments, he/she must advise the CEO of those amendments as soon as practicable.

The CEO may make Major Amendments to this policy at any time.

## 7. Responsibilities

Appeal Officer	Receives allocated appeal from Compliance Manager. Cannot be Responsible Officer for the complaint which is being appealed.
CEO	Responsible for approval of policy and Major Amendments.
Compliance Manager	Receives all complaints and appeals and allocates them to appropriate ELT member or diverts them to another process. Accesses complaints data to compile periodical reports for ELT and the Board.
Executive Leadership Team Member	Responsible for allocating complaints and appeals to the most appropriate officer.
General Counsel	Responsible for Minor Amendments.
Responsible Officer	Receives allocated complaint from ELT member. Responsible for investigation, recommendation of decision to ELT member, record keeping, notifying parties to the complaint and implementing outcomes.

## 8. Glossary

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Major Amendment	An amendment which materially changes the operation of the policy which is not otherwise a Minor Amendment.
Minor Amendment	An amendment to style, to correct grammatical mistakes, to change overall formatting, to make updates which do not materially change meaning, or any other amendment, which in the opinion of General Counsel, does not materially alter the operation of the policy.

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## 9. Related Documents, Legislation and Policies

[Academic Misconduct Policy](#)

[AGPT Appeals Policy](#)

[AGPT Program Appeals Policy 2020](#)

[AGPT Program Complaints Policy](#)

[Assessment and Examinations Special Arrangements Policy](#)

[Conflict of Interest Policy](#)

[Disciplinary Policy](#)

[Elections Policy](#)

[Exam Fees Refunds Policy](#)

[Fellowship Pathways Reconsideration and Appeals Policy](#)

[Grievance Policy](#)

[ISO 10002:2018 Guidelines for Complaints Handling in Organizations](#)

[Member Code of Conduct](#)

[Membership Fees Refund Policy](#)

[Privacy Policy](#)

[Staff Code of Conduct](#)

[Whistleblower Policy](#)

### **Compliance**

This policy complies with:

*ISO 10002:2018 Guidelines for Complaints Handling in Organizations*

### **Guidance**

*Victorian Ombudsman: Complaints: Good practice Guide for Public Sector Agencies September 2016*

## 10. Policy Review and Currency

This policy will be reviewed every three years from the last approval date, or when there is a significant change in the intent of the policy. This policy remains valid and applicable notwithstanding if it is overdue for review.

## Version History

**Release Notice**

<b>Version</b>	<b>Date of effect</b>	<b>Amendment details</b>	<b>Amended by</b>
1.0		Initial release	

Record no.:

Policy owner: General Counsel

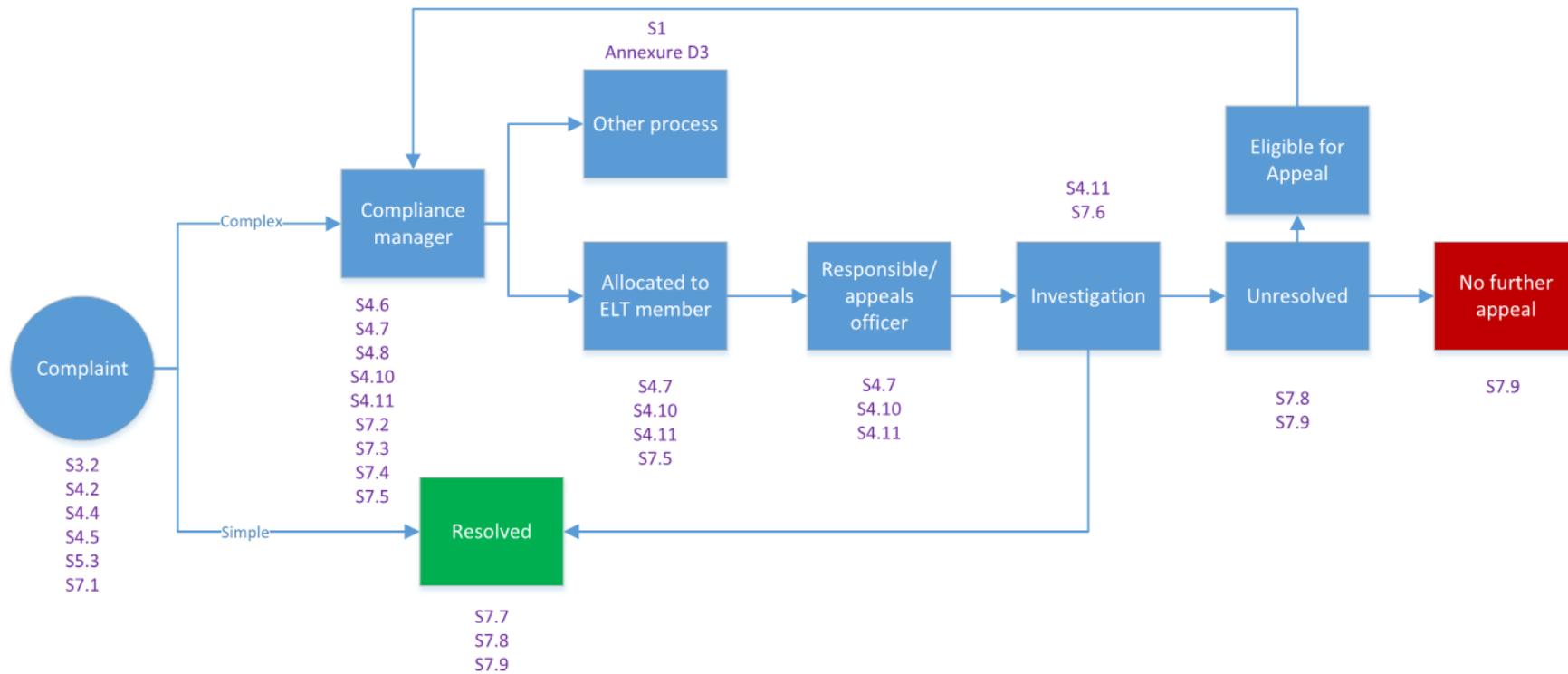
Approved by: CEO

Approved on: 24 Jun 2020

Next Review Due: June 2023

# APPENDIX 1

## Overview of complaints process ISO 10002:2018 Complaints handling



## **APPENDIX 2**

### Schedule of Fees