Executive summary

My review of the complaint management policies and procedures of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (College) shows that they comply with the AS/NZS ISO 10002:2018 Guidelines for Complaint Management in Organizations (Standards). In my review, I noted areas of improvement # consideration, such as:

 I also consulted with the following references for practical tips in implementing the Standards:

1.

It encourages early acknowledgement of a complaint, preferably within three working days of receipt. It highlights the importance of assessing complaints and giving priority in accordance with the urgency of issues raised. It is important to inform the complainant as soon as practicable where the organisation is unable to deal with the complaint.

FINDINGS: I found that the College materials provided a fair and equitable process for complainants and respondents, by carefully setting out a responsive system and outlining the process to be heard (procedural fairness). For instance, the table on page 7 of the

I also recommend that the College reviews the College materials relating to false, frivolous and vexatious accusations/claims.

According to the Australian Health Practitioner Regulation Agency (AHPRA), identifying vexatious complaints because it rests on two elements: complainant veracity and complainant intent. AHPRA commissioned a research study on vexatious complaints **k**(AHPRA report).²

While the National Health Practitioner Ombudsman is currently reviewing "=hk" if ramework for identifying and dealing with vexatious notifications, there remains important practices relevant to complaint management. The AHPRA report notes:

..it is important to distinguish between veratious versus other sub-opt mal complaints, calculated versus unreasonable complainant conduct, and complaints about practit oners

(4) Accountability, learning and prevention - The Standards encourage setting out clearly the officers accountable for the operation of the complaint management system. It also encourages organisations to have systems and processes that facilitate learning from complaints and that prevents complaints escalating into ongoing disputes.

FINDINGS: I found that the College materials set out clearly the officers accountable for the complaints framework. The College materials encourages early resolution of complaints and allows for dispute resolution and the application of the Vanderbilt model. It also facilitates

escalated by a dissatisfied complainant to another person (usually at a more senior level) or area other than frontline staff. This model aims to address the majority of complaints at the frontline level and provides room for escalation.

The Standards point out the importance of continually reviewing the adequacy of resources provided to staff managing complaint, such as training, templates and any specialist support.

FINDINGS: The College could consider the best practice model of three levels of escalation. There are advantages to a three-tier escalation model, including being clear on who is conducting the investigation and providing an internal review process. The third level is an

indicate timeframes for updates, if awaiting investigations from external entities, such as training hospitals (tracking external investigations) the issues raised and the complexity of the complaint outcomes sought by the complainant