HEALTH ISSUES CENTRE

Victoria's Health Consumer Organisation

AHPRA

Aboriginal and Torres Strait Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Setting things right

Improving the consumer experience of AHPRA including the joint notification process between AHPRA and OHSC

FINAL REPORT

June 2014

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EXECUTIVE SUMMARY

The aim of this project is to provide recommendations to the Australian Health Practitioner Regulation Agency (AHPRA) on potential actions to increase public confidence in the organisation and, specifically, to improve the experience of consumers as notifiers. One important aspect of this project is to increase openness and communication about the organisation's processes. The willingness of members of the community to bring concerns about health practitioners to bodies like AHPRA is important so public confidence in the process is critical. Given the current legislative arrangements, this project focuses on practical proposals for improving consumer experiences of AHPRA and in the context of the joint consideration process between AHPRA and the Office of the Health Services Commissioner (OHSC). A range of parties notify AHPRA about concerns with health practitioners - other health practitioners, employers and organisations, as well as consumers. This report focuses on the experience of consumer notifiers. Feedback from consumers suggests that their experience as a notifier when their complaint is dealt with by health practitioner boards is not well understood and often unsatisfactory.

At the design stage of the project, the Community Reference Group identified the following issues:

- There needs to be more work on the communication with consumers about the outcomes of the notification process. Communication needs to be more informative and less bureaucratic in its language. There needs to be more consideration of what information is given to consumers about the reason for the decisions.
- The value of face to face, more personal and human contact
- The process can have a very bureaucratic feel.
- The value of simple and quick resolution.
- It would be valuable for consumers to have continuity of AHPRA staff and where appropriate a single caseworker

A review of relevant literature points to the following considerations:

- While it is tempting to focus on the management of complainant expectations, this is necessary but insufficient.
- The challenge is to reach an understanding of the range of complex factors in what complainants are seeking, even when the outcome for the health practitioner is at its most serious.
- The notion of "service recovery" may be useful and is reflected in the literature on open disclosure, both recovery in the person's sense of well-being and recovery of trust and other such factors. While AHPRA itself cannot achieve service recovery, the issue is how AHPRA processes play a role in restoring a sense of well-being and trust for consumer notifiers.
- How do consumer preferences for dialogue play out in the management of complaints and notifications?
- "I don't want it to happen to any-one else" – a public interest motivation – how do consumer complaints to the OHSC and AHPRA in their joint consideration inform system and practice improvement?

In establishing the issues, the methods were as follows:

- A targeted literature review
- A review of correspondence from approximately 90 Victorian consumers who complained during 2013 about their experience of being a notifier with AHPRA and one of the 14 the health practitioner boards.
- Focus groups with key stakeholders
- Selected interviews
- A stakeholder workshop to develop agreement and work on proposals for improvement

The project was not able within its short timeframe to get direct input from a sample of current consumers with experience of AHPRA or to develop informative consumer narratives on what made a good process as well as an unsatisfactory process, but sought to work with the best information available.

The starting point for establishing key themes was the Resolution Resource Network and Health Issues Centre 2004 study[1] based on interviews with consumers who had experience of making complaints to Victorian health professional registration boards. The themes emerging in 2004 focused on the consumer experience of the process and reflected:

- Lack of responsiveness
- Communication – not clear and timely
- Perceived lack of impartiality
- One quarter did not understand the reason for outcome
- Three-quarters did not agree with the outcome or think it reasonable
- The role of 'notifier' as experienced by consumers was not well understood and unsatisfactory for consumers

A review of consumer complaints to AHPRA from 2013 about their experience with AHPRA identified the following key themes:

- Communication
- Length of time the process took
- Impartiality of process
- Fairness of process
- People were unhappy with the decision and did not understand the reasons
- People didn't feeling their concerns were properly heard

It should be noted that nearly all of those who complained to AHPRA about the process were also unhappy with the outcome of the decision. The majority received a 'No Further Action' outcome at some stage (most after a preliminary assessment). This may be the bias of our sample; other research has highlighted that consumers who agree with the decision may also be unhappy with the process. Our assessment of the complaints found that there were other significant factors besides the decision that impacted on the level of satisfaction of consumers.

[1] Resolution Resource Network and Health Issues Centre, Bringing in the Consumer Perspective (Consumer Perspective), October 2004

The key themes that emerged from focus groups and interviews undertaken were:

- Being in the 'right place' – importance of the complaint being handled by the right agency (AHPRA or OHSC) based on the aim of the consumer and the nature of the complaint, including the risk to the public
- Scope – clear understanding of what the health practitioner boards and AHPRA are able to do and the criteria for their decision making
- The role of the notifier in AHPRA and health professional board processes
- Themes identified by consumers were also highlighted, in particular, issues around communication and timeliness

There is large degree of consensus across all sources of information about the consolidated themes of most concern, which form the basis of possible solutions.

- Communication and information
- Timeliness
- Impartiality and fairness of process
- Consumers do not understand the reasons for AHPRA decisions
- Consumers do not feel their concerns are properly heard
- Being in the 'right place' – importance of the complaint being handled by the right agency (AHPRA or OHSC) based on the aim of the consumer and the nature of the complaint
- A clear understanding of what AHPRA is able to do and the criteria for its decision making
- The role of the complainant as notifier

Concerns about impartiality were raised by consumers but not the other groups we spoke with, suggesting that impartiality – and the perception of impartiality, is a particular issue for consumers and affects their confidence in decisions.

The role of the consumer as notifier is a key structural issue for consumers and there was broad consensus that this was problematic. This goes to the reasons consumers feel 'I haven't had a chance to tell my story and give you all the information' and 'this isn't the type of process I was looking for'. AHPRA staff found it difficult to explain the role in a way consumers understood.

In focus groups and interviews, questions were asked about possible solutions. These are outlined in the report and became the basis for a workshop of the key stakeholder groups, with further input from the Project Reference Group, which developed the outline of a set of recommendations.

There is already very good collaboration between OHSC and the Victorian office of AHPRA that will address some of the issues identified. Our brief was to take a consumer perspective and we have sought to do that, while respecting the perspectives of other parties. Some of these recommendations can be acted on in the short term. Others will take some time and have a degree of difficulty. The issue of the role of the consumer as notifier is the most challenging of the issues and would require the most change. Some of the recommendations here relating to information, communication and process improvement will ameliorate this, but not necessarily

solve it. If the spell check in Microsoft does not recognize the word 'notifier', then many consumers also have trouble with it.

In articulating a consumer perspective, we try to start with the consumer, not the legislation as a principle of design, acknowledging the health practitioner perspective in this as well. Our expectation is that health practitioner organisations would agree with many of the issues we found. The legislation creates the context, the possibilities and the boundaries, but there are various ways of approaching the organisational and process design. This is not to discount the importance of the enabling legislation, and issues did arise in the project that relate to enabling legislative change.

The first contact with the notifier is the most important and influential, so getting the first contact right will address a number of issues, including listening to the consumer story and setting expectations. Being in the 'right place' is a key factor in having the consumer's issues addressed. The process redesign work being undertaken between OHSC and AHPRA will assist this and the project team strongly endorses the direction of this work, which should improve consumers' experiences through more timely management and being in the most appropriate place to have one's concerns addressed. However, this process redesign would be further enhanced by incorporating consumers in a co-design approach.

The following set of principles, based on research, the findings of the project and the group discussions have been used to frame the recommendations. A statement of the experience of the consumer with AHPRA and its health practitioner boards might look like this:

> *'The agency understood, heard me, believed me, responded ("took me seriously"), acted, kept me informed, explained reasons, I dealt with the same staff, who communicated with me in a personal way.'*

AHPRA:

- values and respects the role of all notifiers, including consumer notifiers, and conveys this to them, recognising that without notifiers, including consumer notifiers, AHPRA and the boards cannot protect the public
- designs systems that consider the wellbeing of notifiers as well as being fair to all parties
- seeks to actively engage notifiers throughout the process to the extent they wish to be engaged
- creates a seamless pathway between the OHSC or other health complaints entities and AHPRA to limit disruption and confusion to the notifier
- designs processes within and across the two organisations based on the 'consumer journey' and seeks to ensure that the full range of issues in the consumer's complaint are addressed in the most timely and complete manner
- uses plain English in communication with consumers, paying attention to their level of understanding and information needs, as well as language requirements
- feeds back information from complaints to improve the health system and ensures that notifiers are aware of these improvements

A wealth of ideas for improvement arose from all these conversations, some for the Victorian office of AHPRA and some for the national office. These are outlined in detail in the report and cluster around the following headings.

- Provide better information on the website, using professionals with skills in health communication with consumers in consultation with a consumer panel
- Develop more meaningful communication with consumers throughout the notification process
- Improve the initial contact and invest in skills and expertise at this first point of contact
- Build on current collaboration between AHPRA and the OHSC to develop seamless complaint management and resolution across the two organisations. This should be based on the 'consumer journey' and seeking to address the full range of issues in the consumer's complaint in the most timely and complete manner.
- Use process redesign and lean principles to explore options for swifter resolution and more timely management of notifications.
- Reconsider the role of the consumer as a notifier in the 'model of practice'
- Ensure that complaints and notifications contribute to systems change and that is demonstrated to the community and to health practitioners
- Consider measures to increase AHPRA's engagement with consumers and the community

The Health Issues Centre team wishes to acknowledge and thank AHPRA who commissioned the project and all those from AHPRA, the health practitioner boards, the Community Reference Group and the Acting Commissioner and staff from the OHSC who contributed so generously to the project as well as the expertise brought to the Project Reference Group. This report is a product of all their efforts and good will. There are some challenges here for AHPRA in particular. We fully acknowledge the challenges AHPRA and its staff face: to be a national body answerable to a group of Ministers and to be locally relevant and responsive; to develop better national consistency of approach and not to create bureaucratic bottlenecks in doing so; to uphold the public interest in protecting consumers and to be responsive to consumers who find themselves in a type of administrative legal process they don't expect or understand; to walk the line of fairness and responsiveness.

CHAPTER 1 BACKGROUND AND CONTEXT

When the experience of health care is not a positive one for consumers, they have a right to complain. For some, that complaint takes them to the door of the Australian Health Practitioner Regulation Agency (AHRPRA) as notifiers about their health practitioner. They may come direct to the door of AHPRA or they may make a complaint to the OHSC and be referred to AHPRA if the matter concerns a practitioner's conduct, performance or health. Feedback from consumers in the past has suggested that their experience as a notifier when their complaint is dealt with by health practitioner boards is not well understood and often unsatisfactory.

The aim of this project is to provide recommendations to AHPRA on potential actions it might take to increase public confidence in the organisation and, specifically, to improve the experience of consumers as notifiers. One important aspect of this project is to increase openness and communication about these processes. The willingness of members of the community to bring concerns about health practitioners to bodies like AHPRA is important so public confidence in the process is critical. Given the current legislative arrangements, this project focuses on practical proposals for improving consumer experiences of AHPRA and in the context of the joint consideration process between AHPRA and the OHSC.

APPROACH

The key to this project's aim is constructing a clear picture of the current consumer experience of AHPRA as the basis of feasibe but strong recommendations to improve the experience of consumers and increase the public's confidence in AHPRA and the joint consideration process between AHPRA and OHSC. The project commenced in February 2014. The project plan was developed in consultation with the Community Reference Group of AHPRA. An expert Project Reference Group provided advice and guidance about the project plan, particularly assuring that all key stakeholders were included and that the process was robust. The Project Reference Group met twice, 21 February and 18 March.

At the design stage of the project, the Community Reference Group identified the following issues:

- There needed to be more work on the communication with consumers about the outcomes of the notification process. Communication needs to be more informative and less bureaucratic in its language. There needs to be more consideration of what information is given to consumers about the reason for the decisions.
- The value of face to face, more personal and human contact
- The process can have a very bureaucratic feel.
- The value of simple and quick resolution.
- It would be valuable for consumers to have continuity of AHPRA staff and where appropriate a single caseworker

The project team first looked at a variety of written sources (previous research, annual reports, etc.). This body of work included a 2004 Victorian study 'Bringing in the Consumer Perspective'[2]. This study involved face-to-face interviews with a sample of sixty consumers who had made a complaint directly to one of five Victorian health practitioner boards; this was prior to the establishment of AHPRA. This provided a good starting point for understanding the issues that matter to consumers in their experiences with health practitioner boards in Victoria.

We studied the correspondence from approximately 90 Victorian consumers who complained during 2013 about their experience of being a notifier with AHPRA and one of the 14 the health profession boards. These complaints were categorised against a schema of 21 themes; these were compiled from previous research amongst complainants and from the current complaints.

Because one of the past themes of discontent has been the nature of communication with consumers, we also assessed 29 letters and email templates AHPRA uses in its correspondence with notifiers on behalf of the health profesional boards. We considered their level of user-friendliness based on principles of plain English (e.g., sentence length and structure, vocabulary chosen, use of acronyms).

To gain a good overview of the process and the potential problems for consumers engaging with AHPRA, we ran four focus groups with the following make-up:

- Practitioner members of health profession boards. There were eight attendees, representing seven boards.
- Community members of health practitioner boards. There were were five attendees, representing four boards (there were three apologies).
- Members of OHSC staff. There were nine attendees, including assessment officers, conciliators and a legal advisor.
- Members of AHPRA staff. There were seven attendees, including lodgement officers, investigators and legal officers.

We also conducted face-to-face interviews with another ten individuals who were considered to have essential knowledge about the process for notifiers. These included:

Luisa Inteligi – Project Coordinator at Health Services Commissioner
Grant Davies – Acting Health Services Commissioner
Lynn Griffin – Assessment Manager (OHSC)
Shiranee Sinnathamby – Registrar (OHSC)
Pauline Ireland – Acting National Health Practitioner Ombudsman & Privacy Commissioner
Kath Kelsey – Director of Notifications (AHPRA)
Jacqui Smith – Medical Advisor (OHSC)
Josh Bernshaw – Team Leader, Assessments (AHPRA)
Georgina Stant, Assessments (AHPRA)
Pam Moore – Consumer advocate

[2] Resolution Resource Network and Health Issues Centre, Bringing in the Consumer Perspective (Consumer Perspective), October 2004

LIMITATIONS OF THE PROJECT

The project was not able within its short timeframe to get direct input from consumers with current experience of the joint consideration processes and to develop informative consumer narratives on what made a good process as well as an unsatisfactory process. The project relied on previous research about consumer experiences of health profession boards and on the sense from other consultations, such as the Victorian Legal and Social Issues Legislation Committee of Parliament's Inquiry into the performance of the Australian Health Practitioner Regulation Agency, that the issues identified in that research remained relevant. Consumer experiences were tapped from a secondary source: consumer notifiers who had made a complaint about the AHPRA process, and what could be gleaned from their correspondence. This is clearly an important but skewed sample, most of whom had a 'No Further Action' decision.

The most critical public interest task for the Boards and key issue for consumers is to ensure that practitioners who are unfit or otherwise unsuitable to practise for a range of reasons do not do so and cannot shift between jurisdictions, and that decision making on this is appropriately prioritised. This project does not have detailed information about current consumer notifiers' experiences of issues that go to a formal hearing. In the 2004 study, these were the most satisfied but were still unhappy about apects of their experience. It would be a useful next step to explore this further.

RESEARCH SIGNPOSTS

This is a selective account of issues identified in research which may point to better understanding of consumer experiences of AHPRA and its health practitioner boards and areas for possible solutions. This body of research was largely identified by staff of the Department of Health in reviewing Victoria's complaints legislation.

While there is a body of research about the experiences of consumers who make a complaint about their health care, there is less research specifically on the experience of consumers who make a complaint to a health practitioner regulation board about the professional conduct of health practitioners. There is however, Victorian research undertaken by RNN and HIC in 2004 for the Department of Human Services as part of their review of the regulation of the health professions in Victoria. Through a sampling process, 60 consumers were interviewed across five health practitioner boards. Complaints varied in levels of seriousness; about half had their complaint closed after the preliminary investigation, while the remainder went to a formal or informal hearing.

Complainants whose complaints were closed at the preliminary investigation stage were least satisfied, while those going to formal hearing were most satisfied. However, nearly half of this group was still dissatisfied to some extent[3].

[3] Resolution Resource Network and Health Issues Centre (2004), *Bringing in the Consumer Perspective, Final Report. Consumer experiences of complaints processes in Victorian Health Practitioner Registration Boards*. Department of Human Services

The findings focused on disjunction between consumer expectations and outcomes delivered and tensions in the role of Professional Boards in dealing with what consumer might be thinking of as complaints. Regulation concerns itself with failures of professional standards of care and protection of the public interest, rather than complaint resolution. In this process, the role of the consumer becomes one of 'notifier' rather than a 'complainant'. Many consumers found this confusing and very unsatisfactory – "I never wanted to end up in an adversarial situation. " "Yes but the process was not what I wanted when I made the complaint[4]."

Consumer experiences of board processes highlighted the following issues[5] for them:

- Lack of responsiveness
- Clear and timely communication
- Perceived lack of impartiality
- One quarter did not understand reason for outcome
- Three quarters did not agree with outcome or think it reasonable

A study by Daniel et al (1999) in NSW found that a majority of complainants were dissatisfied with their outcome even when the practitioner was disciplined or counselled and that dissatisfaction mounted from point of lodgment onwards as result of unsatisfactory and protracted processes. The researchers concluded that what complainants want from these processes is complex[6].

The findings of these two studies in different states suggest some generic issues at play.

What do complainants want then?

This research raises issues about what consumers expect and what they want when they make complaints about health practitioners. There is a considerable body of research about health complaints more generally and only some aspects of that research are highlighted here. The research uses various frameworks, some using justice theories, others from the broader service complaints literature.

Research in the Netherlands over a series of studies by Friele and colleagues[7] of hospital level complaint processes found that 51% of the discrepancy between expectations and outcomes was explained by complainants' experience of the hospital committee with regard to:

- impartiality
- transparency
- swiftness of resolution
- willingness of the committee to listen to the complainant's story.

[4] Resolution Resource Network and Health Issues Centre,(2004)
[5] Resolution Resource Network and Health Issues Centre, (2004)
[6] Daniel, A., E. Burn, R. J., and Horarik, S. (1999) Patients' complaints about medical practice. MJA, Vol 170. June, 598-602.
[7] Friele, R. D., Sluijs, E. M. and Legemaate, J. (2008). Complaints handling in hospitals: an empirical study of discrepancies between patients' expectations and their experiences. *BMC Health Services Research,* 8(199), doi:10.1186/1472-6963-8-199.

Conclusions drawn from the research by Friele and colleagues[8] were that:

- Complaint committees need to be seen as impartial
- Effort needs to be invest up front and throughout in understanding and moderating consumer expectations
- Committees should offer apologies
- Complainants should be informed about the lessons learned from their complaint and the changes implemented.

Research across industries[9] couched in concepts of service recovery points to common features of what people want when they make complaints:

- Being treated with respect
- Receiving an apology
- An explanation
- Reparation
- Follow up

It is often not necessarily the service failure that is critical to consumers but the service provider's subsequent actions[10]. When people think about what seems a fair outcome, they might consider the value of their complaint in terms of the costs to them - which may be psychological as much as anything - of making a complaint and recovery of their psychological equity[11].

Friele's research also strongly supported a commonly heard motivation for people to put themselves to the trouble of making a complaint. In the research, 94 percent of complainants want to prevent the incident happening to others; 79 percent wanted to know that corrective measures have been taken, and 68 percent wanted to know which corrective measures were taken.[12]

Respondents' made the following comments on why they had made a complaint[13]:

- "My motive was to be taken seriously. I had suffered much pain and anxiety and the doctor had not taken it seriously."
- "My motive is to prevent it happening in the future. People should learn from it. Something must change."
- "It's your duty. This should not happen to any-one else. Something has to change."

[8] Friele, R. D. and Sluifs, E.M.(2006) Patient Expectations of fair complaint handling in hospitals: empirical data *BMC Health Services Research, 6:106*
[9] Dasu, S. and Rao, J. (1999). Nature and determinants of customer expectations of service recovery in health care. *Quality Management in Health Care*, 7940, 32-50, p. 44.
[10] Dasu & Rao, 1998
[11] Tax. S., Brown, S. and Chandrashekaran, M. (1998). Customer evaluations of service complaint experiences: Implications for relationship marketing, *Journal of Marketing*. 62 (April), pp. 60-76.
[12] Friele and Sluijs 2006
[13] Friele and Sluijs, 2006

A body of research that looks in a different way to the notion of service recovery is the literature on open disclosure following adverse events. A study based on interviews with patient and families who had taken part in open disclosure processes found that[14]:

- Patients want more information than is given.
- Providers over-estimate the amount of information they have provided.
- Many patients consider that open disclosure is not done promptly enough, is not conducted in a spirit of openness and transparency, and is performed in a one-directional manner.
- Consumers often have different perceptions of harm to health practitioners.
- Consumers value a range of factors in their experience of care (communication, information, being treated with dignity and respect as a person, empathy).
- Practitioners may see harm in bio-medical terms (physical harm).
- Consumers experience anger, distress, anxiety, depression, loss of trust and confidence (consumer experiences of harm)

Generally, interviewees felt that, in their experience, open disclosure:

- lacked a sincere apology
- lacked an ongoing care plan
- was not conducted as a dialogue
- did not contain enough information on how future incidents would be prevented[15].

One of the unspoken issues in looking at the experience of complainants is the question of the perceived and real power imbalances between professional parties and lay complainants. This is a landscape undergoing rapid and significant change but uneven in effect with mixed understanding of relationships between health professionals and consumers. Traditionally, there have been significant power imbalances in professional relationships as the philosopher McIntyre noted:

> *In our culture, only this kind of medical authority does not appear to us as odd and singular as it is, because we are familiarised with it from early childhood: but when we learn to notice it, its oddity is all the more obtrusive because it is so very nearly without parallel in the rest of our social experience* [16].

While organisations such as complaint resolution bodies and professional regulation bodies set out to establish processes that are impartial, Thomas notes that there are necessary recurrent relationships and transactions between regulation and complaint bodies with professional associations, insurers, health providers, which lead to the development of shared understandings that are necessary to achieve outcomes.[17] This is not a 'conspiracy against the laity' as George Bernard Shaw would have it, so much as it is the outcome of taken for granted organisational relationships which are not balanced by the types of relationships and

[14] Iedema R, Mallock N, Sorensen R, Manias E, Tuckett A, Williams A, et al.(2008) *Final report: Evaluation of the National Open Disclosure pilot program*. Sydney: The Australian Commission on Safety and Quality in Health Care (ACSQHC)
[15] Iedema et al 2008
[16] McIntyre A (1977) 'Patients as Agents' in Speicker, S and Englehardt, H Philosophical Medical Ethics – its Nature and Significance, Reidel Publishing co. Boston, p29
[17] Thomas, D. (2003-04). Walking through minefields: Health Complaints Commissions in Australia, *The Australian Health Consumer*,1, pp. 12-14.

transactions with consumers and consumer organisations that would lead to a deeper understanding of consumer perspectives.

Factors related to the complainant may also underline this power imbalance, for example, ill health or a lack of knowledge and language that would allow them to express their concerns adequately.

Part of a framework for categorising the issues arising from consumer experiences of compliant and professional regulation bodies might cluster around these commonly used categories[18] in the literature:

- Issues affecting outcomes
- Issues affecting processes
- Issues of interpersonal treatment

These may or may not be associated with a justice framework, respectively distributive justice, procedural justice, interaction justice.

Concluding thoughts from the research

- While it is tempting to focus on the management of complainant expectations, this is necessary but insufficient.
- The challenge is to reach an understanding of the range of complex factors complainants are seeking, even when the outcome for the health practitioner is at its most serious.
- The notion of "service recovery" may be useful and is reflected in the literature on open disclosure, both recovery in the person's sense of well-being and recovery of trust and other such factors.
- How do consumer preferences for dialogue play out in the management of complaints and notifications?
- "I don't want it to happen to any-one else" – a public interest motivation – how do consumer complaints to the OHSC and AHPRA in their joint consideration inform system and practice improvement?

[18] Bismark, M., Dauer, E., Paterson, R. and Studdert, D. (2006), Accountability sought by patients following adverse events from medical care: the New Zealand experience. *Canadian Medical Association Journal*, 175(8), pp. 889-894

CHAPTER 2 OUTLINE OF FINDINGS

COMMUNICATIONS REVIEW

As part of the project plan, AHPRA's communication with notifiers was assessed, based on letters and email templates AHPRA uses in its correspondence with notifiers on behalf of the Boards. We considered their level of user-friendliness based on principles of plain English (e.g., sentence length and structure, vocabulary chosen, use of acronyms).

This included:

- Review of twenty-three correspondence templates used by AHPRA to communicate with notifiers
- Review of bundles of correspondence involving 87 notifiers who complained about the AHPRA process in 2013
- Basic overview of notifier communications on website
- Review of correspondence templates

These were assessed by applying general health literacy and 'plain English' standards as listed below:

- Short sentences
- No acronyms
- Limited technical vocabulary
- Unclear or technical terms
- Use of first or second person
- Warm tone
- LOTE provided
- Process clearly defined
- Main points repeated
- Use of helpful visuals/tables
- Next steps or actions clearly explained

The results of this review are shown in the accompanying table.

Communications Review

Applying health literacy standards to the communications received from AHPRA

MEASURE	**Request for review of notification**			**Investigation responses**					
	Acknowledgment	Info sheet about notification process	NFA after prelim assessment	Do you have a concern about a HP?	Decision to investigate	Request for interview	Receipt of information	Notice of investigation progress	Advise notifier of action
Short sentences	**X**	**X**	**X**	√	√	√	√	√	**X**
No acronyms	**X**	**X**	**X**	√	√	√	√	√	?
Limited technical vocabulary	**X**	**X**	**X**	**X**	√	√	√	√	**Hard to tell**
Unclear or technical terms defined	**X**	**Yes and no**	**X**	√	√	**X**	**N/A**	**X**	**X**
Use of first or second person	√	**X**	√	√	√	√	√	√	√
Warm tone	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
LOTE Provided	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Process clearly defined	**X**	**X**	**X**	**X**	**X**	√	√	**X**	**Hard to tell**
Main points repeated	√	**X**	**X**	**X**	**X**	**X**	**X**	**X**	√
Use of helpful visuals/tables	**X**	**X**	**X**	√	**X**	**X**	**X**	**X**	**X**
Next steps or actions clearly explained	√	**X**	**X**	**X**	√	√	√	**Hard to tell**	√

MEASURE	Investigation responses						
	Advise notifier of action letter after assessment	Advise Notifier of action letter after health assessment	Advise notifier of action letter after performance assessment	Request complete notification form letter	Request further information letter	Request for consent authorisation	Enquiry Closure to Notifier no Practitioner Letter
Short sentences	**X**	**X**	**X**	**X**	**X (34 words)**	**X**	**X (34 words)**
No acronyms	√	√	√	√	√	√	√
Limited technical vocabulary	**Hard to tell**	**Hard to tell**	**Hard to tell**	√	√	√	√
Unclear or technical terms defined	**Hard to tell**	**Hard to tell**	**Hard to tell**	**X**	**Hard to tell**	√	**N/A**
Use of first or second person	√	√	√	√	√	√	√
Warm tone	**X**	**X**	**X**	**X**	**X**	**X**	**X**
LOTE Provided	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Process clearly defined	**Hard to tell**	**Hard to tell**	**Hard to tell**	√	**X**	**X**	**X**
Main points repeated	**X**	**X**	**X**	**X**	√	**X**	**X**
Use of helpful visuals/tables	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Next steps or actions clearly explained	**X**	**X**	**X**	**X**	**X**	**X**	**X**

FOCUS GROUPS

Four separate focus groups were conducted during the course of this project. The aim of the focus groups was to create a clear picture of the main issues surrounding the consumer experience of being a notifier with AHPRA. The hope was to assemble this picture by hearing the view from four distinct, yet integral, groups.

The focus groups were made up of:

1. Practitioner members of health practitioner boards. There were eight attendees, representing seven boards.
2. Community members of health practitioner boards. There were five attendees, representing four boards (there were three apologies).
3. Members of OHSC staff. There were nine attendees, including assessment officers, conciliators and a legal advisor.
4. Members of AHPRA staff. There were seven attendees, including lodgement officers, investigators and legal officers.

Each of the four sessions was two hours in duration and facilitated by a member of the HIC project team. They were all digitally recorded for accuracy of note-taking; a project member took notes simultaneously. All four of the groups were asked the same questions, apart from slight wording variations for the first question relating to their role in the joint consideration process (See Appendix Four for the complete list of questions).

FOCUS GROUP WITH PRACTITIONER MEMBERS OF HEALTH PROFESSIONAL BOARDS

Key problems or issues identified

- **Unclear and inaccessible process**

There was strong consensus that the notification process is still difficult for consumers to wade through. This was felt to be largely due to the nature of communications from AHPRA which were generally believed to be bureacratic, not always timely and not completely transparent about what should or shouldn't be expected.

> *'[consumer] confusion around where you enter with your complaint, how it's going and why you are where where you are.'*
>
> *'Making a complaint is hard…It can be quite confronting for a notifier…you do need a fair bit of resilience and an understanding of the system as a consumer.'*
>
> *'Not having a face-to-face presence certainly is a barrier for people. Sometimes, people just want to be heard.'*
>
> *'The notification forms themselves are very difficult to fill in.'*
>
> *'…The templates you [HIC]are reviewing probably do not hit the mark around explaining what is going on – which is a significant barrier for people.'*

- **Confusion about difference between AHPRA and the OHSC**

Another issue with strong agreement was about the differing roles and ability to act of AHPRA and the OHSC. The health practitioners felt that most consumers, despite the material explaining the differences, wouldn't understand why their complaint might be passed to AHPRA and what consequences that decision might have for their desired outcome.

> *'There needs to be greater clarity for the consumer in relation to the role and purpose of AHPRA and OHSC.'*

> *'The punter is completely confused about the various authorities. They receive some instruction, but really it's meaningless. They throw it [the complaint] in somewhere and hopefully they get somewhere. They do not understand the re-direction to another authority.'*

- **Timeliness of the notifications process**

There was consensus that the process of managing a notification must be improved in order to improve the consumer experience. The focus group didn't understand why the process sometimes takes over a year. Some were conscious that AHPRA was meeting many of its timeliness KPIs but thought those KPIs were meaningless to consumers waiting for an outcome.

> *'We have things on the books for 18 months plus with no idea why. We get told there is more work to be done, but that's not good enough. If I'm a punter sitting at the end of the 18 months, I would not be happy with the performance…'*

> *'I wonder if AHPRA has enough resources to deal with things…certainly the time it takes to close a case now is far too long.'*

> *'The time it takes depends on where you are in the system; 6-9 months is not acceptable.'*

- **Consumer expectations about notification outcomes**

There continues to be a mismatch between consumer expectations about outcomes and the reality of what is likely to be found to be unprofessional conduct. Board members are concerned about the lack of understanding of this by notifiers—despite acknowledged attempts by AHPRA staff to explain this in writing and over the phone.

> *'We have to reach certain levels of unprofessional conduct and certainly consumers may not agree with that. Consumers might consider rudeness as unprofessional conduct; however, that's not what the Boards are for. So, balancing that expectation is difficult.'*

> *'Consumers need to know what the thresholds are…We are a long way (away) because there remains a need for consumer and practitioner education around the complaints process.'*

Key areas for improvement/possibilities for change

> *'If they have the one person they could liaise with throughout the process…assurance(s) around how they will be supported, what can be expected.'*

'An office front to start with because from a really basic standpoint the consumer has to jump through many hoops to even speak to anyone at AHPRA…There are too many barriers before consumers can even speak to someone.'

- Better communication needed (timeliness, tone)
- Public and practitioner education
- Review of legislation

FOCUS GROUP WITH COMMUNITY MEMBERS OF HEALTH PRACTITIONER BOARDS

Key problems or issues identified

- **Lack of involvement of board members in the joint consideration process**

The board is no longer involved in the decisions about which notifications should stay with AHPRA and which are referred to the OHSC. This was a cause of great concern to community board members who feel that the community no longer has a voice in that decision.

'We tend to fly blindly really and assume AHPRA staff are making the right choices about which way to do it. We tend to just accept the commissioner's recommendation.'

'There needs to be clearer guidelines and awareness around the referral process.'

'Sometimes we send things back to OHSC and we never get any feedback or outcomes that arose – useful to understand the number that was sent back and what the determinations were. I have no idea what goes on at OHSC once AHPRA has referred it back. Not very comforting that we don't hear back.'

- **Unclear and inaccessible process**

There was consensus that consumers are confused, intimidated and fearful of the process – and of possible retributions that may occur as a result of making a complaint against a health professional. There was significant concern that the process was far more legalistic and bureacratic than necessary, often causing additional pain to consumers and leaving them damaged in the process.

'Very often people feel they haven't been heard or have been branded a liar, especially when the decision is an NFA.'

'I don't think we are seen as a human face at AHPRA – it's quite compliance-driven…There is very little room in the way we manage the business to show any sense of compassion. That's a shame…We are talking about people, about health care and human feelings and I just don't think we deliver that.'

'Consumers don't understand the process; they think it's some court-like arrangement or having to come face-to-face with the doctor they have complained about.'

- **Timeliness of the notifications process**

There was frustration at why notifications seem to take so long to be managed. There was a sense that the length of time involved made the situation worse for consumers and when it is appropriate for a lengthy process (e.g., complex investigation), the consumer needs to be kept much better informed.

> *'It seems to take six weeks from when the notification is lodged to when it is sent to the Board for decision. It's too long, I'm not sure why.'*

> *'It generally takes about six months to close a case even if we don't proceed. Sometimes it's warranted but the wait can't be good for the notifier.'*

Key areas for improvement/possibilities for change

- Improve the nature of communications with notifiers (more personalised, clearer, easier to understand)
- Educate public about the process, how to complain, what AHPRA can and can't do
- Make the system more notifier-friendly, including greater respect and compassion
- The focus of the current KPIs makes process dehumanising for notifiers
- Quality improvement loop does not happen. AHPRA needs to feedback patterns of behaviour into health system/universities
- Legislative changes to consider:
    - Provision of information to notifier on outcomes
    - Ensure that AHPRA is accountable to the boards (not other way around)

FOCUS GROUP WITH OFFICE OF HEALTH SERVICES COMMISSIONER STAFF MEMBERS

Key problems or issues identified

- **'Wrong place' decisions between AHPRA and the OHSC**

The overriding concern for this group was the experience of consumers who end up in the 'wrong place' to have their complaint addressed. It was primarily felt to be damaging when consumers ended up at AHPRA despite their wish for conciliation or compensation. Also, concerns were raised about the lack of transparency between organisations about why AHPRA chooses to keep some notifications, thus leaving OHSC unable to communicate helpfully with consumers.

> *'As a conciliator, my experience is that most practitioners come to conciliation quite adamant that what they did was absolutely right and then they sit in a room and they hear the other person's experience. Their perspective changes and they will say "I won't do it that way again, I will express it differently." They apologise, they learn and their practice is improved and the person is heard.'*

> *'The risk is when the complainant gets an NFA decision and we have to tell him/her that the Board has found no wrongdoing, and then they have lost that opportunity to be validated and heard.'*

'My experience over the years has been, even in serious complaints, if the complaint comes through our process first (depending on how the conciliation meeting goes), sometimes the complainant won't take the complaint any further.'

'Often the money is a high priority, matters more to the person but once it goes to AHPRA and they do not get a favourable outcome, they have no chance of getting any money back through OHSC. This concerns a lot of people.'

'OHSC often has no idea why they [AHPRA] want the complaint referred back to them. So we have no way of explaining to an angry complainant why it is being referred to AHPRA. I understand there are privacy issues for the practitioner but if we can have some idea of what's going on, we can at least know how to handle it better…'

- **Unclear, inaccessible process and perception of fair process**

There was consensus that the process could be improved and clarified for the consumer. Often the person doesn't understand how things work, timelines, what they can expect and that, in part, can lead to a sense that it's tipped in favour of the practitioner.

'…Sometimes the person doesn't understand what the difference between what they can claim within the Wrongs Act and what wrongdoing AHPRA has uncovered in relation to the practitioner…Doesn't make sense to a lot of people – they often will say, "But AHPRA made a finding against the practitioner, so why can't I make a claim?"'

'There needs to be a lot more transparency in the process. I have looked at AHPRA's website and I'm still not clear what the process is after a complaint is lodged.'

'There is this real perception talking to notifiers that AHPRA is working for the actual practitioner and not working for the notifier. The "us vs them" mentality of AHPRA and the practitioners sticking together.'

Timeliness of the notifications process and communication throughout

The group felt that the slowness of the notifications process is a big problem for consumers. Some of this results in increasing frustration and pain but for some it limits their ability to seek compensation. There was a feeling that improved communication about delays could overcome some, though not all, of this issue.

'If the complaint goes to AHPRA, they stay in there forever; that is the biggest problem for people. Particularly during that long period of waiting where they have no contact with AHPRA and if they do hear from AHPRA, it is very brief and doesn't give them any indication of what's happening.'

'The Limitations of Actions Act—you have three years maximum to seek compensation. So, if you spend 2.5 years in an AHPRA process, you may not have time to even consider seeking compensation.'

Key areas for improvement/possibilities for change:

- Clear and much more limited reasons for referral to AHPRA

- Attach a trigger when complainant is seeking compensation so that the time limits are carefully watched or process compensation claim in parallel with AHPRA process
- Reduce length of time while increasing and improving nature of communication
- Consider a case manager or single point of contact to improve understanding of process and overall communication
- Consider a conciliation role for AHPRA for those who want compensation at the end of an AHPRA process
- Improve communication about outcomes – between the two organisations and with notifiers. This is critical for fair process and transparency.

FOCUS GROUP WITH AHPRA STAFF MEMBERS

Key problems or issues identified

- **Confusion about difference between AHPRA and the OHSC; role of the notifier**

Staff acknowledge that, despite their best efforts, the notifier often is confused about the difference between a complaint and a notification and what can be achieved where. They are also aware that the notification process is not built around the needs of the notifier and, thus, it can be a frustrating and disappointing journey for them.

> *'The entire notifications versus complaints is challenging for consumers – not understanding the difference and pathways. I think that as a notifier—what we hear very often—is that they are frustrated because they feel powerless in the entire process. It is a notification process; it is about the practitioner going up against their professional board.'*
>
> *It's difficult for someone to hear and understand that even though their notification is sensitive, they are a mere witness to something having gone wrong.'*
>
> *'The public do not necessarily grasp the various things that can be done so I think from the notifier's point of view knowing exactly where to take their complaint and what they are going to get is something quite hard…'*

- **Unclear and inaccessible process**

Staff are aware that, despite their efforts, notifiers often find the notification process confusing and inaccessible. There is an understanding that the impersonal nature of the process can also make it more difficult.

> *'[We try] to minimise confusion for the notifier. Imagine receiving letters from OHSC about voluntary conciliation and then AHPRA letters coming in responding to a notification. It is confusing enough to make any complaint in any forum. We hear and see it [confusion] day in, day out.'*
>
> *'…Despite trying many ways to explain it to them [notifiers], it becomes clear when they get an unsatisfactory outcome, that they really didn't understand the process.'*

'Consumers have the deal with multiple people throughout the process and having to tell their story at every stage of the process. Quite a lot of them, no matter how they have been communicated with and how well they have been listened to, they just want to be heard.'

- **Consumer expectations about notification outcomes**

Staff were conscious that it is very difficult to manage consumer expectations about the outcomes that are possible, and likely, within the AHPRA process. Though staff feel they make a significant effort to explain what is possible, they hear from many notifiers who are dissatisfied and surprised by the outcome (decision).

'At the initial call, we try to find out what sort of outcome they expect and what we can deliver, so that down the line once they have lodged a notification, they don't get disappointed at the end.'

'They don't understand that a practitioner is not going to be deregistered because he/she was rude. Especially in a state of emotional damange, it is difficult for them to understand why the Board doesn't consider rudeness serious misconduct.'

'Even though you explain the process over and over again, once they have submitted the form, everything changes and they wait for something to happen.'

- **Timeliness of the notifications process**

Many consumers find the length of the process difficult and staff would acknowledge that this is an issue for notifiers. Staff felt that they try to make it very clear to notifiers how long it could take, but this is generally not enough to override the frustration at a slow process.

'In relation to how long it takes, they don't understand that things have to happen before a decision is made. For example, waiting for the next Board meeting to occur, etc. We can understand their frustration, but at the same time, things take time and it is difficult for notifiers to understand.'

- **Limitations of the legislation**

Staff expressed frustration with aspects of the legislation, particularly with regards to the time limits that make it difficult to allow the notifier to see practitioner's response, the ability of the notifier to be told the outcome and privacy aspects of the law. There was a feeling of being constrained by the law and its inability to meet the needs of the notifier.

'AHPRA is set up to deal with the more serious issues which are important to paitents but it is the less serious matters that perhaps the National Law doesn't do well. They are minor as far as AHPRA is concerned…but major for the person…That's where you are getting a lot of the dissatisfaction.'

Key areas for improvement/possibilities for change

- More resources required in order to deal with the timeliness issue

- Service level agreement between AHPRA and OHSC to open up communication and agree to better joint processes; more information-sharing between the two organisations
- Public and practitioner education about what AHPRA and OHSC do and don't do
- Improve communication (plain language), particularly involving outcomes
- Legislative changes
    - Some of the timeframes in legislation make it difficult to involve notifiers
    - Allow notifiers to be told all outcomes
    - Re-consider privacy aspects of legislation

INTERVIEWS

Ten separate interviews were conducted during the course of this project. These ten individuals are considered to have essential knowledge of the notifications process and the main issues surrounding the consumer experience of being a notifier with AHPRA.

The ten interviewees are:

1 Luisa Interligi – Project Coordinator, OHSC
2 Grant Davies – Acting Commissioner, OHSC
3 Lynn Griffin – Assessment Manager, OHSC
4 Shiranee Sinnathamby – Registrar, OHSC
5 Pauline Ireland – Acting Commissioner, NHPOPC
6 Kath Kelsey – Director of Notifications, AHPRA
7 Jacqui Smith – Medical Advisor, OHSC
8 Josh Bernshaw – Team Leader Assessments, AHPRA
9 Georgina Stant – Team Member Assessments, AHPRA
10 Pam Moore – Consumer Advocate

Each of the ten interviews lasted for an hour each and facilitated by a member of the HIC project team. Even though a project member took notes simultaneously, all interviews were digitally recorded for accuracy of note-taking. Each individual were asked the same questions, apart from slight wording variations for the first question relating to their role in the joint consideration process (See Appendix Five for the complete list of questions).

KEY PROBLEMS OR ISSUES IDENTIFIED

- **Appropriateness of referral to AHPRA or OHSC**

There was strong consensus that the decision to refer a notification or complaint to AHPRA and OHSC is a strong determinant of consumer satisfaction because of the many repercussions that could happen as a result of the decision to refer. These include consumer expectations not being met, the length of time the consumer may have to wait for an outcome, OHSC not being able to address other consumer issues (e.g. compensation) due to time limitations and challenges in re-engaging the practitioner.

" The bumpiness, the back and forth, being shuffled around a lot – calling OHSC with their complaint, then being referred back to the provider, then back to OHSC, then maybe referred to AHPRA."

"If OHSC had kept the 42 NFAs, most of the complainants would have got the outcome they were seeking. Less NFAs, maybe less consumer disappointment."

"AHPRA and OHSC really need to have early dialogue to decide who takes the notification/complaint before anything else happens (e.g. writing to the practitioner). Even complaints that go to AHPRA first, the discussion with OHSC must happen."

- **Confusion about difference between AHPRA and the OHSC**

Another issue with strong agreement was about the general community's lack of understanding of the role of AHPRA and OHSC. It is often a frustrating and confusing experience for consumers to understand why their complaint is being passed onto AHPRA and the potential consequences of that referral in relation to their expected outcome.

While staff at AHPRA and OHSC try very hard to get a sense of what the consumer wants from the phone conversation, consumers don't necessarily hear what is being explained to them especially when they are in an emotional state.

"I'm not sure if the public understands the difference between OHSC and AHPRA"

"They may not understand that they will not get compensation if they are referred to AHPRA because we don't outline that in the first letter. The first letter informs the consumer that we (OHSC) have sent their notification to AHPRA for discussion."

"Information on the OHSC website about AHPRA and OHSC is very limited. We really need to update our entire website and information sheets now that AHPRA is in existence."

- **Unclear process**

Interviewees also felt strongly that the notification process is challenging for consumers. Primarily due to the process and nature of communications received from AHPRA. There was suggestion around providing more information to consumers about the notification process and Board decisions, more face-to-face conversations with consumers, and regular feedback to consumers throughout the notification process.

Furthermore, interviewees felt that the term "notifier" took away the rights of the consumer. Consumers do not realise that they are witnesses ("notifiers") in AHPRA's process rather than central to the complaint.

"*Not enough information is sent to the complainant. Especially now with the new two day turn around for AHPRA and OHSC to discuss who keeps which complaint. It leaves little to no time to inform the consumer before it gets referred."*

"It would be helpful to bring them in early, have that conversation with them, explain what we and AHPRA can do, be realistic and understand where they are coming from. It would be a much better process for the consumer."

"All we can say is, the matter has been discussed with AHPRA and this is the decision. Person then rings up and wants more information but we can't give out any information on how AHPRA made the decision."

"Submitting complaints in written form is disempowering, especially someone who is not assertive, has low literacy and writing skills."

"For us the person is a complainant, for AHPRA the person is a notifier. Again, it is very confusing for the person."

- **Timeliness of the notification process**

Interviewees also identified the length of time it takes to address notifications as a critical issue for consumers. Having to wait so long, consumers end up spending more time firming up their expected outcomes, only to be disappointed by AHPRA's decision many months after lodging their notification.

"The delays – especially where matters have been referred to AHPRA. The discussions are done, all parties have been made aware of the referral, AHPRA has all the correspondences – and then of course it's a waiting game."

"I get calls from complainants asking – why is it taking so long, I thought you are there to help me, what is the government doing about it?"

"When a process is slow, cumbersome and drags out, they (consumers) don't have confidence in us or in AHPRA. It has to be a robust process where both parties are happy within a timeframe."

- **Consumer expectations about notification outcomes**

There continues to be a mismatch between consumer expectations about outcomes and the reality of what is likely to be found to be unprofessional conduct. Many felt that if consumers knew right from the start what OHSC and AHPRA can or cannot do, they would be less disappointed in the end.

Some raised the potential for OHSC to address consumer expectations first before the referral to AHPRA for further action. The only caveat is if the notification poses immediate risk to the public. This has to go hand in hand with early identification and dialogue between AHPRA and OHSC on who should keep the notification/complaint.

"AHPRA has fairly high thresholds – if a notification is not going to meet their thresholds then perhaps it can go to OHSC to address what the complainant wants."

"Process is too slow and people's expectations don't match what can be provided. They often are angry and want something to be achieved."

Key areas for improvement/possibilities for change

- **Public education around who AHPRA and OHSC are and what they do**

  "Yes complainants are receiving letters informing them about the referral to OHSC or AHPRA – but do they really understand what it means for them."

- **Additional resources and skill development so staff are able to carry out more face-to-face dialogue with consumers to hear their side of the story, what they hope to achieve from the process, explain who AHPRA is, what the notification process is and potential outcomes.**

  "[Ideally]… Consumers would lodge complaint, then meet the assessment officer in a safe environment, face to face. Then go through the full complaint. Then AHPRA would clearly tell them what they do and don't have jurisdiction about. Then send to investigator and give consumer copy of what doctor said. Consumer given chance to respond to it and prove any wrong comments (if there are any). Be totally transparent and inclusive."

  "Yes we give a lot of information in the attachments to the complaint form but there is so much we can say in person."

  "If people are taken aside, face-to-face mediation, people would feel they are heard by a real person (as oppose to letters) and cut off some complaints that are unrealistic which causes more harm than good."

  "Expertise of the person who picks up the phone is critical."

  "Tone of the officer in terms of setting expectations or putting people off – first conversation is so critical."

- **Review of legislation particularly around the term "notifier", the role of AHPRA, and its ability to share information with notifiers and OHSC**

  "AHPRA legislation is prescriptive, new legislation has impacted the way they interact with OHSC."

  "Even if they (AHPRA) sends us findings in relation to OHSC matter, we cannot share the findings with the person. Might be a legal interpretation of the National Law, but their hands are tied. In the same way, information collected during conciliation is privledged to OHSC and cannot be shared with AHPRA."

  "Part of the Act that talks about no joint handling needs to be reviewed. Also how the legislation is interpreted and applied."

  "People need closure. Information shared equally, transparent to both parties – practitioner and complainant."

  "Public has a right to know who is a risk and what the risks are. The onus is on people to have to search for these things. This isn't fair to consumers."

"Allow consumers the right to appeal decisions."

- **Early dialogue between AHPRA and OHSC to decide which organisation is best equipped to address notification/complaint first**

  "Clear guidelines around who deals with the notification – OHSC or AHPRA. It will speed up the process."

  "Need for criteria decision making tree guidelines around referral, closure, transfer to reconciliation."

- **Use of complainant feedback to improve processes**

  " We can always use complainant feedback to improve our process. Even the best processes, have room for improvement.

THE JOINT CONSIDERATION PROCESS REDESIGN PROJECT

A significant process redesign project is being undertaken at OHSC. Because of the relevance of this redesign work, we have summarised the salient features from the interview with Luisa Interligi from OHSC who manages this project. The aim of the redesign project is to:

- improve complainant's experience by reducing the time it takes to resolve a complaint
- improve the outcomes or align outcomes with what the complainant wants to achieve (outcomes versus expectations).
- ensure OHSC deals with complainants fairly and that consumers feel they are treated fairly – that the process has been fair and that notion that due processes been followed.

Key issues identified were the timeliness and appropriateness of referrals to AHPRA, and from AHPRA to OHSC, issues in joint handling and the critical importance of the response to the initial phone call.

The referral process

Both AHPRA and OHSC are required to discuss all complaints to ensure that matters are dealt with by the most appropriate organisation, in a timely way. This occurs for all complaints received by the OHSC. However, some callers to the office are advised or offered the opportunity to contact AHPRA directly, depending on the nature of the complaint and the outcome they wish to achieve. Decisions and/or advice is based on the outcome the caller wishes to achieve, the potential risk to the public, the source and target of the complaint. If the complaint received over the phone is very serious (e.g. sexual allegations) or poses an immediate risk to the public, OHSC takes the onus for referring the matter directly to AHPRA.

Appropriate referrals

The decision to refer (or advise a caller to discuss the matter with AHPRA first) is made after consideration of the matter as presented, based on sound judgement and analysis. Appropriate referral or 'phone transfers' is critical as there are implications for the potential to resolve a complaint (from OHSC perspectives) and the capacity to protect the public (from AHPRA's

perspective). For example, the ability to pursue resolution in the future, once a board has investigated a matter may be compromised, due to the provisions in the *Limitations of Actions Act (1958)* which provides time limits within which people can initiate common law proceedings. Some investigations conducted by the boards (or AHPRA) may take some time, effectively eroding the time a complainant has to lodge a claim for out of pocket expenses or pain and suffering. Under these circumstances, OHSC would seek to retain a complaint (in discussion with AHPRA) if an immediate risk to the public is not identified.

However, advice provided by OHSC and AHPRA was not always necessarily consistent. To address this, OHSC and AHPRA have worked together to develop a shared and agreed decision-making framework to guide the process. The framework is constructed around the six major parameters identified that inform decision-making: (1) Risk to the Public—Urgency, (2) Risk to the Public—Severity, (3) Urgency to Resolve (Limitation of Actions), (4) Outcome sought, (5) Origin of the complaint and (6) Target of the complaint. Implementation is underway and is expected to increase the proportion of complaints and notifications dealt with by the most appropriate organisation.

Timely discussion and referral process

Once a complaint is lodged, *all* complaints about registered practitioners are discussed with AHPRA. In the past, for the majority of complaints, it would take two weeks or more to reach agreement about which organisation should deal with a complaint. This delay was contributing to the lack of timeliness that complainants were experiencing and therefore, a significant factor contributing to complainant's dissatisfaction with the process. The time taken to reach agreement on the majority of complaints has now been reduced to two days. This was achieved following discussions with AHPRA, where it was identified that the cause of the delay could be eliminated if OHSC adopted a stronger position in relation to each case, and communicated this to AHPRA in 'batches' . AHPRA could then consider each case and respond accordingly, based on its view. Therefore, for each case, OHSC now proposes whether it will:

A – accept the complaint (OHSC to Keep) or

B – refer the complaint to AHPRA (AHPRA to keep) or

C –decline a complaint

If OHSC advises AHPRA it seeks to accept or decline a complaint (A) & (C), it will close or begin to deal with or resolve the complaint after the expiration of 2 business days from the date of notice to AHPRA, if it doesn't hear back from AHPRA within that timeframe. Should AHPRA wish to discuss the decision further because it seeks to have the complaint referred immediately it will advise OHSC within the 2 business days. AHPRA may also wish to review the complaint again, once it has been closed by the OHSC.

If OHSC advises AHPRA it wishes to refer a complaint to AHPRA (B), it will await AHPRA's response before declining (or accepting) the complaint.

This process will be further streamlined through better use of technology via the current development of a complaints (or case) management system in both organisations. Discussions

are underway between both AHPRA and OHSC with regard to how data can be shared and workflows further improved.

Resolving all issues for the complainant

The *Health Services (Conciliation and Review) Act 1987* states that

> 19 (2) If an issue raised in a complaint has already been determined by a court or the Victorian Civil and Administrative Tribunal or an industrial tribunal or a registration board, the Commissioner must reject the complaint to the extent to which it relates to that issue unless in the Commissioner's opinion it relates to matters which were not raised before the court, Tribunal, industrial tribunal or board.
>
> And
>
> 23(4) The Commissioner must stop dealing with a complaint about a registered provider which the Commissioner has referred to the appropriate registration board unless the board asks the Commissioner to continue dealing with the matter, or unless the Minister has referred the matter to the Commissioner for inquiry.

There is a question if the term 'determined' by a board' applies to board decisions of 'No Further Action (NFA)'by boards. If not, then OHSC would be free to accept matters for resolution, if both parties agree, where appropriate. Greater clarity about how much room the current legislation allows would be welcome. The OHSC and AHPRA have agreed to jointly seek such advice.

In addition, there is an assumption that if a board outcome of a notification is 'NFA' that practitioners may not then engage with OHSC to resolve the matter, as they have already 'been cleared'. It is important to note that board decisions are against a higher threshold measure of 'professional conduct' or 'satisfactory performance'. An individual may have suffered harm or may have received 'unreasonable care' that does not necessarily represent unprofessional conduct or unsatisfactory performance. Resolution (via apology, explanation or other) may therefore still be reasonable expectation, even where the board has determined NFA. If the legislative interpretation is clarified to allow OHSC to deal with matters that have been before the board and determined (NFA), the substantive issue of practitioners' reluctance to engage in resolution will need attention and effort to reverse. This is achievable but will require concerted effort and targeted communications from both agencies to address the misconception and practice.

Further, under the National Law, a Board can refer matters back to OHSC, after having investigated the matter, if it sees fit. It is important that referral under this provision is made clear in formal communication and letters to both OHSC and the provider and that providers are made aware that the Board is referring the matter as it has determined that a referral to OHSC for resolution is most appropriate. This allows for better OHSC and practitioner engagement, considering OHSC processes are voluntary, and also does not rule out further consideration of compensation or other objectives.

The importance of the first contact

Person receiving the initial call to OHSC will take into consideration what the caller says they want to achieve, in addition to the nature and severity of the matter and may advise the caller to contact AHPRA (e.g. caller says that they want a doctor to never practice again/disciplined and has no interest in compensation or an apology). This process requires quite a sensitive discussion and OHSC staff receiving such calls have to use their skills in dispute resolution and take into consideration whether the expressed desired outcomes of the caller at first call is really what they want to achieve or can achieve by going to AHPRA.

The general community has little understanding of AHPRA and OHSC and don't understand the difference between the organisations. They can find it hugely frustrating and confusing that when they call OHSC, OHSC can't do anything for them. There is a lot to explain at this first phone call about this interface and the potential consequences if they choose a particular path or if OHSC refers their matter to AHPRA. Information about the potential implications of where they take their complaint is not always consistent.

This suggests a need for more training, guidelines and criteria for resolution officers, eg clear policies, procedures, checklists, scripting on how to deal with complaints, skills in communicating expectations and potential outcomes with complainants, and ways to express the need for local resolution.

Further development

- Useful proposals from the redesign project being considered at OHSC that are of interest to this project include:
- Integrated OHSC teams so assessment officers and conciliators deal with complaints in a team arrangement. The complainant is assigned a team rather than having to deal with different staff.
- Giving assessment officers more responsibility from start to finish – allowing them more opportunities for face-to-face conversations and other avenues to resolve a complaint.
- Reducing the number of times a person 'tells their story' by having calls go directly to resolution officers (skipping the receptionist). Conciliators can also answer phone calls to model 'conflict coaching' and expose other officers to a broader range of dispute resolution skills, including how they explore the complainant's experience.
- The office could take a greater role in assisting the complainant to identify the issues they are complaining about and the outcomes sought, thereby documenting the complaint in a manner that is amenable and relevant to its purposes. If, for example, a resolution officer deems it important that the provider receive a written account of the complainant's grievance, the officer could work with the complainant, after having explored the issues with them to understand not only the event or incident, but the complainant's experience, background and underlying issues that might explain why the individual is aggrieved. The complainant can then document this richer information about their complaint for forwarding to the provider.
- It may be that following a series of written exchanges between the provider and the complainant (local resolution having been attempted), that further written exchanges may not add value. In such cases, the resolution officer may recommend that a face to

face meeting or other approaches such as teleconference or Skype between the parties might be more useful in seeking more information and in assisting to resolve the complaint.

- In some cases, meetings may be a more useful way to gather information from both parties. Meetings could therefore occur at any stage along the case management continuum, and may be used for a number of purposes, including information gathering. Therefore, the current requirement to secure all records and have the complaint in writing from the complainant before a complaint is formally accepted could be relaxed.
- Promote more early resolution by providing expertise in dispute resolution to both parties on how to go about resolving a complaint. This 'coaching' would not only assist in early resolution, potentially avoiding escalation, but would build capacity for dispute resolution in the health sector.

CHAPTER 3 SUMMARY OF FINDINGS: EMERGING THEMES

'Bringing in the Consumer Perspective': 2004 Victorian study

The starting point for establishing keys themes was the previous study based on interviews with consumers who had experience of making complaints to Victorian health professional registration boards. The themes emerging in 2004 focused on the consumer experience of the process and reflected:

- Lack of responsiveness
- Communication – not clear and timely
- Perceived lack of impartiality
- One quarter did not understand the reason for outcome
- Three-quarters did not agree with the outcome or think it reasonable

COMPLAINTS OF VICTORIAN 2013 NOTIFIERS

The schema of emerging themes that we developed from the previous work and research proved to be a useful starting point. Of the twenty-one themes that were considered when assessing the ninety complaints to AHPRA about the process, five generalised themes stood out as consistently problematic for consumers. These were:

- Communication
- Length of time the process took
- Impartiality of process
- Fairness of process
- Decision

Impartiality of process generally refers to the concern amongst consumers that the people who make the decisions may be biased or in some way 'protecting their own'; there may be little awareness that community members sit on the boards. Fairness of process focuses on whether or not there was procedural fairness, the process was robust, reasonable and appropriate.

It should be noted that nearly all of those who complained to AHPRA about the process were also unhappy with the outcome of the decision. The majority received a 'No Further Action' outcome at some stage (most after a preliminary assessment). This may be the bias of our sample; other research has highlighted that consumers who agree with the decision may also be unhappy with the process. Our assessment of the complaints found that there were other significant factors besides the decision that impacted on the level of satisfaction of consumers.

'I was not heard'

There was a consistent subtext running through many of the complaints, underlying the above themes. It can be summarised as 'I was not heard'. Sometimes this was a specific complaint about the consumer's inability or lack of opportunity to respond to the health professional's account of the incident. However, more often than not this was an expression of the sense that their difficulties and frustration with the process might have been avoided had someone listened better or earlier to what they were trying to say (even if the outcome was the same).

Part of the reason for this sense of not being heard, we propose, is the difficulty of the consumer role as notifier. Some consumers come to the process with an incident that has harmed them, sometimes badly. They have certain expectations about their level of involvement in the complaints process; usually they see themselves as central to that process. In reality they are often peripheral to it, do not get to sit down with the health professional and may only receive what they perceive as a limited explanation of the reasons for the Boards' decision.

A second, and clearly linked, issue about not being heard relates to consumer expectations. Some of these are about their role, as just mentioned. But many of these relate to what they expect the overall process to be like on many levels: timing, face-to-face interactions, frequency and nature of correspondence, support, level of information sharing and, most importantly, expected outcome. Although there are certainly attempts being made by AHPRA staff, often repeatedly, to manage expectations, there is still a large gap between what consumers hope for and what they receive.

Focus groups and interviews

The five themes above that arose from the 2013 complaints were confirmed by the focus groups and interviews as fundamental current concerns for consumers. There was a general consensus that consumers are often dissatisfied with the process, feel uninformed and really are not able to understand the process or their role in in it.

The groups and interviewees strongly agreed that timeliness remains an enormous issue for consumers – as indeed for health practitioners. In terms of communication, many felt that AHPRA was 'trying hard' to keep the notifier informed, but possibly the form and style of communication was still not meeting the mark. There was also clear consensus that consumers are often unhappy with the decision, though a lack of agreement about the reasons for that and the possible solutions. With regards to 'impartiality of process' and 'fairness of process', there was agreement that consumers are continually unhappy about these, though less understanding of why that is or how it can be best addressed. There was a particularly strong sense that the relationship between AHPRA and OHSC is opaque for consumers and leads to much unnecessary confusion.

> *The punter is completely confused about the various authorities. They receive some instruction, but really it's meaningless. They throw it (the complaint) in somewhere and hopefully they get somewhere. They do not understand the re-direction to another authority.*
>
> – Health practitioner board member

Importantly, two other key themes emerged from these groups:

- 'Right place' – importance of the complaint being handled by the right agency (AHPRA or OHSC) based on the aim of the consumer and the nature of the complaint
- Scope – clear understanding of what the Boards and AHPRA are able to do and the criteria for their decision making

SUMMARY OF THEMES

Broadly, consumers who come to AHPRA or OHSC have felt agrieved or harmed in some way, some seriously. Allowing that there needs to be a process that is fair to all parties and that not all complaints are necessarily well-founded, a key design element in responding to this should be that the process does not further harm or further disempower people who have already experienced harm. A comparison was drawn with other elements of legal processes, where both the requirements of fair impartial process are observed, but also the rights and well-being of the subject are addressed.

There was a sense about both organisations from some informants that adhering to legislative requirements influenced the process more than finding ways to solve the problem. Similar to the challenges of the health system itself, the process from the consumer perspective needs to be seamless with both organisations addressing their respective roles but working together along a consumer pathway.

The key themes that emerged from the research for the project were as follows:

From consumers

- Communication
- Length of time the process took
- Impartiality of process
- Fairness of process
- People were unhappy with the decision and did not understand the reasons
- People didn't feeling their concerns were properly heard

FROM FOCUS GROUPS AND INTERVIEWS

- Being in the 'right place' – importance of the complaint being handled by the right agency (AHPRA or OHSC) based on the aim of the consumer and the nature of the complaint
- Scope – clear understanding of what the Boards and AHPRA are able to do and the criteria for their decision making
- The role of the notifier in AHPRA and board processes
- Themes identified by consumers were also highlighted, in particular, issues around communication and timeliness

These then are the consolidated themes that we believe to be of most concern and to form the basis of possible solutions.

- Communication and information
- Timeliness
- Impartiality and fairness of process
- Consumers do not understand the reasons for AHPRA decisions
- Consumers do not feel their concerns are properly heard

- Being in the 'right place' – importance of the complaint being handled by the right agency (AHPRA or OHSC) based on the aim of the consumer and the nature of the complaint
- A clear understanding of what AHPRA is able to do and the criteria for its decision making
- The role of complainant as notifier

THINKING ABOUT SOLUTIONS

The focus groups and interviewees were asked to identify what they thought were possible solutions to improving consumer experiences. These tended to cluster around the following themes:

- Communication
- Information
- A more human process
- Timeliness
- Referrals between OHSC and AHPRA and flow of information
- The problematic role of the notifier

Communication

- Provide more detailed information to consumers and keep them better informed throughout the process about where their complaint is up to, not only when a new stage is reached.
- Improve correspondence, using principles of plain English. There was a view that letters to consumers were overly bureaucratic, legalistic, opaque, and did not always convey clear reasons why decisions were made. Legislation as the rationale quoted at consumers, while important, is unlikely to be understood. The same may apply to health practitioners.
- Develop information sharing so that consumers both within the AHPRA process and across the two organisations don't have to recount their information several times.
- Develop options, including recommendations for legislative change, to allow better explanations to consumers about the reasons for decisions. In the interim, the consent of the health practitioner might allow more information to be shared with the consumers.

Information

- More instructive information available in plain English about what AHPRA is and what the health profession board do, including how they work, who is on them and the criteria that make up the threshold of what AHPRA can act on – noting that this needs to be available in appropriate language and format for diverse population groups. The language of the notifications process, shaped by the legislative framework, is not well understood by consumers and affects community understanding, so this information needs to be written from an audience orientation.

- Information available in the community in plain English more broadly about what to do when you have a health complaint and where to go, e.g. to the health service, practice manager, OHSC, AHPRA and how to get the best out of your complaint.

Human process

Board members would say – 'sometimes we feel that we would just like to be able to pick up the phone'.

- develop processes that allow people's voices to be heard
- have a more face to face process so that people can have a chance to have a dialogue about their concern
- a case management approach at AHPRA so that one person liaises with the consumer throughput the process

Timeliness

The long delays in AHPRA and board processes along with mismatched expectations about what can be done is a sure route to dissatisfaction. The literature suggests that fast and early resolution where possible is a key aspect of successful complaints resolution. While this was identified as an issue, the main suggestions were around fast tracking of complaints which could be identified early as unlikely to meet the board's thresholds for action, for example, with either early resolution processes or referral to OHSC where this was appropriate.

Following the process redesign being undertaken at OHSC, consideration could be given to end to end process mapping and redesign using lean principles of the consumer pathways which either commences with OHSC or AHPRA, taking the whole consumer journey into account.

Impartiality and fairness

This was identified as important from the consumer perspective and can be broken into board composition, factors taken into account and addressing consumer perspectives that the process is 'loaded'. Suggestions for addressing this did not arise from the focus groups and interviews, apart from a discussion in the Community Board Members focus group about how they saw their role. In general they felt well respected and able to articulate a community perspective. They noted however that there were periodically differences on issues between the community board members and health practitioner board members. Prior to AHPRA being established the Victorian community members had started to come together as a group to share their experiences, help induct new members and make representations on common concerns.

Right door, right place

The role of the National Boards and AHPRA is to protect the public, including by managing notifications about health practitioners, and when necessary restricting their registration and their practice in some way. The role of health complaints entities (HCEs - in Victoria the OHSC) is to resolve complaints or concerns, including through conciliation or mediation. AHPRA and the National Boards have no power to resolve complaints and their focus is on managing risk to the public. As the AHPRA website states:

HCEs deal with concerns about	National Boards and AHPRA deal with concerns about health practitioners'
health systems	conduct
health service providers (like hospitals or community health centres)	health
fees and charges	performance
compensation	advertising

AHPRA and the Boards are governed by the Health Practitioner Regulation National Law Act (the National Law). Under section 150 of the National Law, when a matter is referred by a complainant to *either* the OHSC *or* AHPRA, the two bodies *must* communicate with each other regarding the matter and agree as to who is to deal with the matter. If it concerns the professional conduct or performance of a registered health practitional then the matter must be referred to AHPRA. If the Board and the OHSC are not able to reach agreement on how the notification or complaint, or part of the notification or complaint, is to be dealt with, the most serious action proposed by either must be taken

Many complaints to AHPRA or referred to AHPRA result in No Further Action because, while there may be consumers' concerns about their dealings with the health practitioner, this is unlikely to reach the threshold at which a Board will make a finding about the practitioner, in the absence of a pattern of behaviour. From the consumer's perspective, it may take some time. The 2004 research suggests that many consumers do not understand this process, or are looking for a different one.

Several solutions were proposed:

Improve the referral processes between the two agencies

- Better triaging at the front end by both organisations so that the consumer complaint is managed by the agency most able to respond appropriately. It is noted that notifications of serious failures of professional conduct and performance are necessarily fast tracked by AHPRA where the public interest needs immediate consideration and action.
- Expertise and skills at the first contact with either agency to assist the consumer to articulate what they want from the complaint so that the complaint is managed by the right agency.
- Feedback from each agency to the other about the outcome of complaints and notification referred from the other organisation to give a good feedback loop both for information and to confirm whether the referral was appropriate.

Address the barriers to joint handling of consumer complaints

- There were differing views on this, relating to the extent to which the legislation itself, the interpretation of the legislation, or the willingness of health practitioners to be involved was the barrier to AHPRA managing the practitioner issues while the OHSC managed other aspects of the complaint. Legislative change would assist this.
- A related proposal was to develop an agreed process across the two organisations that was articulated at the beginning, for example where compensation was sought, for part of the process to be handled by AHPRA with a hand off back to OHSC to settle any

compensation component, so there is not a sense that OHSC has to attempt to re-engage the practitioner.

The role of the notifier

This is a key structural issue for consumers and there was broad consensus that this was problematic. This goes to the reasons consumers feel 'I haven't had a chance to tell my story and give you all the information' and 'this isn't the type of process I was looking for'. AHPRA staff found it difficult to explain the role in a way consumers understood. Within the scope of this project, we were not able to determine the experience of consumers who went right through the AHPRA process and where there were significant findings against the practitioner. Earlier research suggests that there are still issues here, but this should be further explored.

Various solutions were proposed:

Manage expectations better

- Address the mismatch of expectations between what can and what cannot be done by clearer information and setting of realistic expectations. This would be addressed by the type of information outlined earlier about AHPRA and how board decisions are made and by skill in managing the first contact and throughout the process.

More capacity for Alternative Dispute Resolution, where appropriate, within AHPRA

- This stemmed from the recognition that quick resolution is the key to responding to many consumer concerns and that some issues can be better managed by bringing parties together in one form or another. This would require legislative change.

Develop a better understanding of what consumer want to get from these processes

- While this project did not have the opportunity to find out what consumers whose notification resulted in serious action against a health practitioner, research suggests that they may not be entirely satisfied. This should be tested by undertaking further research to understand their experience. It would be useful to collect some consumer narratives from consumers who were happy with their experience of AHPRA and health practitioner boards, as well as some who are not, in order to understand what makes a good experience as well as an unsatisfactory one.

CHAPTER 4 STAKEHOLDER WORKSHOP

The workshop was facilitated by Norman Swan and attended by a range of key stakeholders, with a balancing of consumer voices (see Appendix). A Workshop Report was circulated beforehand, summarizing findings to date.

DISCUSSION OF ISSUES AND THEMES

Issues relating to what happens with a consumer complaint

The tenor of the discussion was to start with the consumer complaint or notification and look at what happened to the consumer, rather than starting with the organisational arrangements and relationships and how consumers fitted into them. AHPRA could not discharge public protection function without complaints. The voice of consumers is integral to success and systems. Are consumers treated in a way that reflects their importance/centrally to the protection of public?

A key issue is getting the right balance between addressing what consumer want and need from the complaint or notification and the role of AHPRA in protection of the public interest.

"Fertile moments for resolution" can be lost through procedural delays, particularly in the context of inadequate communication re reasons for delay.

Inter-agency issues

- Transparency/clarity of criteria for referral HSC < --- > AHPRA
- Inclusion of consumers in "joined-up" discussion re appropriate disposition of complaint
- Addressing the Implications for complainant if something goes to AHPRA first
- Potential for co-location of some regulatory/resolution staff in same offices to improve communication/ability to address expectations
- Ask complainants what they expect from process early on
- Bring in skilled resolution staff to "facilitate a package" of resolution
- Consider technology that facilitates appropriate information sharing between agencies
- Ask about desired outcomes on notification form or facilitated discussion re options

There was considerable discussion that 'no further action' by AHPRA does not equate to 'no further action' at OHSC – different thresholds, different remedies. There may not be conduct or performance but there are issues about restoration still appropriate. There were unsettled issues in the discussion about the need for more nuanced understanding around the definition of "issue" in the legislation – there may not be a performance or conduct issue but there are still system issues or compensation issues.

It was noted that there may need to be change of state legislation so that process can run in parallel and of national legislation to allow settlement by consent.

Issues in access

- "use the language of your audience"
- "not sure how we go about it?"
- "we need to sit down and talk about it"

Ensuring procedural fairness/ natural justice

- Right to be heard (both parties) – "chance to be heard in person"
- Independence/unbiased decision maker
- Reasonableness of decision ("I don't understand decision or lack of information"

There are limits to what is conveyed to consumers as the outcome of their 'complaint'. Legislation currently only allows what appears on the register and only limited information re reasons can be given to notifier in some circumstances. This may need legislative change. Short term, is it possible to seek consent to disclose. Important for consumer to understand what issues were considered, and why NFA was taken?

Patterns of concern

- Multiple complaints regarding one practitioner
- Consumers want the system to hear a "collective voice"
- Artificial to consider each complaint in isolation when there is a pattern of concern, although individually, these may not meet the threshold for further consideration by a board.

This is linked to whether System issues are adequately identified and whether there could be more AHPRA initiated investigations of "red flags".

Roles and Responsibilities - some key players

- Mental Health Complaints Commissioner
- Health Services Commissioner
- AHPRA
- Registration Boards

Power imbalances

- It may feel like "becoming a pawn" – is the consumer a witness or party
- Does process restore or diminish power?

What do we want the notifier's experience to be?

- That the agency understood, heard me, believed me, responded ("took me seriously"), acted, kept me informed, explained reasons, continuity, personalisation of communications.

WHAT DOES 'GOOD' LOOK LIKE FOR A CONSUMER?

Outcome

Past

- Sincere apology
- What happened and why
- "Thank you" for making a complaint
- Validation

Future

- Compensation
- Restorative treatment
- Ongoing care, transfer of care (i.e. rural patients)
- Who is going to care for me now that I've complained about my current practitioner
- Heal relationships

- Disciplined

- That it doesn't occur to anyone else
- Details of what has changed:
  - Systems/procedure has improved
  - Public statement
  - Prevention
  - Professional education

Communication

- People have a choice around how they want to interact (face to face versus just letters)
- Clarity
- Translator
- Case-studies
- Face to face
- Debrief opportunity to vent
- Explanation of possible consequences
- Responsive
- Individualised/responsive
- Tone
- Emotionally responsive
- Continuity/personal relationship
- Personalised

Process

- Access prior to first contact
- Early resolution (before it even gets to AHPRA or OHSC)
- Timeliness, flexibility and transparency
- Caring
- If exposing to risk, put support in place
- Case manager, conciliator, or counsellor at AHPRA
- Early assessment is critical: what was your experience, what are you expecting
- Do no harm
- Safe "therapeutic relationship"
- "Consent" discussion of risks of process
- Skills and expertise of notifiers and staff (especially front line)
- Informed by other sectors e.g. employment options, future options after complaint process

PRIORITY SOLUTIONS – GROUP WORK

Following the discussion of themes, each group discussed a different aspect of improving consumer outcomes and agreed on short and longer term actions that could be taken. Some common proposals emerged across the group discussions as summarised below.

Some key principles

- That the agency understood, heard me, believed me, responded ("took me seriously"), acted, kept me informed, explained reasons, continuity, personalisation of communications.
- Value the notifier and convey this to them
- The well-being of the consumer notifier is addressed
- The consumer is an active participant, not passive recipient
- Design processes within and across the two organisations that address the full range of issues in the consumer's complaint in the most timely and complete manner
- Communicate meaningfully in plain English and regularly and according to the consumer's needs for information
- Information from complaints is used to improve the health system

Better information on website

- Better information on AHPRA and OHSC's websites – plain English, case examples, flowcharts, diagrams. Public education around what to expect and when.
- Video stories of consumer experiences on YouTube – give people an idea of what the process is or is not, what are AHPRA's thresholds.
- Case studies (written and video), diagram, richer content, accessible language, avoid acronyms, podcasts re process,
- Develop a checklist consumers can use before they approach AHPRA or OHSC with a notification/complaint
- Using social media (e.g. twitter page, Facebook) but also paper-based resources for communities without good internet access and use
- Search term optimisation so consumers can find AHPRA's website

Improve the initial contact

- First contact is the most important and influential. Get first contact right – "helpline" ability to screen cases.
- Importance of early conversation (get first conversation right) – person who picks up the notifier's call must have appropriate skills and expertise to decide early in the process whether the complaint should stay with AHPRA or be referred to OHSC.
- Effective initial triage:
    - smooth liaison between agencies if not best resolved by AHPRA
    - fast track processes in both organisations
- Scripts for first conversation

  - Thank you to value consumer contribution
  - "reality check" regarding process and timeframes. Important to provide diagrams and information about timeframes and process
  - Honesty and transparency regarding what will happen once a notification is received
- *Suggestion* – caller grants AHPRA permission to pass his/her contact details onto OHSC, OHSC calls consumer. Alternatively, AHPRA staff decides at first conversation to transfer the call straight away to OHSC.
- Ask the notifier what they would like to see change for safer quality systems

Working together – 'joined up' complaint resolution

- Seek to resolve both public safety and patient/consumer needs
- Consistent contact point
- Shared CRM systems to facilitate information sharing between OHSC and AHPRA
- Closer cooperation between AHPRA and OHSC to manage resolution issues simultaneously (will require legislative change) to improve delays and manage the consumer's outcomes
- Better information sharing so things don't fall through the cracks – e.g. single data set (CRM) that allows for information sharing while respecting privacy.
- Information regarding complaints and how to make them & compliments in waiting rooms (at community level)
- Virtual but also real sharing between AHPRA and OHSC – staff coming together in person at the assessment stage at least to decide who and how notifications/complaints should be addressed.
- Parallel process to avoid delays

Respect for the role of the notifier

- Culture change – that the notifier has an important role in the process, not a mere witness (will require legislative change)
- Respect consumer choice regarding when and how they want to be contacted
- Understand consumer hopes and expectations and personalise communication – perhaps have a panel of consumers to advise on readability of letters and information
- Train staff to get into the head of the notifier – to hear what they are saying, validate their perspective and value their contribution.
- Provide more meaningful feedback regarding outcomes (will require legislative change)
- After an NFA – opportunity for review/appeal, not only the process but also the Board's decision (long term change that will require legislative change)

Support for the notifier

- Dedicated advocacy resource for the notifier (e.g. notifier advocacy officer)
- One case manager per notifier – from start to end – to address continuity issues
- Support for consumers to navigate and understand the process ("valued notifier") – e.g. notifier advocate, support worker , case manager, network

More meaningful communication

- Staff training to support provision of more consumer focused information
- Establishing panel of consumers to draft letters to notifiers and information for website
- Keep consumer informed throughout the process not only at key stages
- Understand consumer hopes and expectations and personalise communication –have a panel of consumers to advise on readability of letters and information
- Ask the consumer how they like to be communicated with and addressed.

Systems Change

Short term

- Get regular feedback at the conclusion of a notification about consumers' experiences of AHPRA
- Greater trend analysis to identify patterns of risk including cases where the outcome was an NFA – opportunity for NFAs to contribute to the collective patient voice and may lead to improvements down the track (translating issues into recommendations for quality improvement). So while my individual complaint may not have a result for me, it contributes along with other complaints to improving the system.
- Opportunity for AHPRA and OHSC to work together on trend analysis and reporting back.

Medium term

- Circulate detailed case studies for learning – as the state-base boards did.

Long term

- Improve ability to share outcomes and information regarding cautions for consumers – will require legislative changes
- Public information regarding patterns and trends
- More publically available information about health practitioners
- Consider cumulative impact of complaints (multiple minor issues). How many NFAs does it take before we make it public?

Generally, there was support for some aspects of the earlier Victorian arrangements, in particular, the capacity for a component of alternative dispute resolution in appropriate circumstances and settlement by consent.

CHAPTER 5 RECOMMENDATIONS

This project has been fortunate in its timing. We found considerable consensus about the issues, although some difference in views about the solutions. There is already very good collaboration underway between OHSC and AHPRA that will address some of the issues identified. The recommendations here have been worked though the Stakeholder Workshop and the Project Reference Group, but the project team takes responsibility for their final expression. Our brief was to take a consumer perspective on these issues and we have sought to do that, while respecting the perspectives of other parties. Some of these recommendations can be acted on in the short term. Others will take some time and have a degree of difficulty. The issue of the role of the consumer as notifier is the most challenging of the issues and would require the most change. Some of the recommendations here relating to information, communication and process improvement will ameliorate this, but not necessarily solve it. If the spell check in Microsoft does not recognize the word 'notifier', then many consumers also have trouble with it.

In articulating a consumer perspective, we take a different starting point. We start with the consumer, not the legislation, as a principle of design, acknowledging the health practitioner perspective in this as well. Our expectation is that health practitioner organisations would agree with many of the issues we found. The legislation creates the context, the possibilities and the boundaries, but there are various ways of approaching the organisational and process design.

The following set of principles, based on research, the finding of the project and the group discussions have been used to frame the recommendations**.** A statement of the experience of the consumer with AHPRA and its health practitioner boards might look like this:

> *'The agency understood, heard me, believed me, responded ("took me seriously"), acted, kept me informed, explained reasons: I dealt with the same staff, who communicated in a personal way.'*

AHPRA

- values and respects the role of all notifiers, including consumer notifiers, and conveys this to them, recognising that without notifiers, including consumer notifiers, AHPRA and the boards cannot protect the public
- designs systems that consider the wellbeing of notifiers as well as being fair to all parties
- seeks to actively engage notifiers throughout the process to the extent they wish to be engaged
- creates a seamless pathway between the OHSC or other health complaints entities and AHPRA to limit disruption and confusion to the notifier
- designs processes within and across the two organisations based on the 'consumer journey' and seeks to ensure that the full range of issues in the consumer's complaint are addressed in the most timely and complete manner
- uses plain English in communication with consumers, paying attention to their level of understanding and information needs, as well as language requirements
- feeds back information from complaints to improve the health system and ensures that notifiers are aware of these improvements

Recommendation 1: Provide better information on the website, using professionals with skills in health communication with consumers working with a consumer panel

The website provides an opportunity to convey information to consumers about AHPRA and what it does, to set reasonable expectations about what AHPRA can do, what the process will be like, to point consumers in the right direction for their concerns and support those who proceed to a complaint/notification.

- Provide clearer information about the notifications process on both AHPRA and OHSC's websites, including what to expect and when and give consumers a simple and clear idea of what the process is, what it is not and what AHPRA's thresholds for decisions about practitioner conduct are – clear statements about the scope of AHPRA and OHSC and the best avenue for their complaint
- Use accessible plain English, richer content, avoiding acronyms, providing case examples (written and video), flowcharts, diagrams, and video stories of consumer experiences on YouTube and podcasts)
- Use an audience-based approach to the content and language, using communication specialists fully conversant with the health system. The website of the New Zealand Health and Disability Commissioner provides a good example of this approach http://www.hdc.org.nz/
- Address the information needs of people from culturally and linguistically diverse communities, using listening and written formats
- Redesign the notification form to make it more 'consumer friendly' using a consumer panel for input
- Consider the following extensions:
    - Develop a simple, clearly-written checklist consumers can use before they approach AHPRA or OHSC with a notification/complaint
    - Consider developing consumer and health practitioner portals. This will help to develop appropriate information for the particular audience. It would also allow AHPRA to develop a way for notifiers to see the progress of their complaint.
    - Using social media (e.g. twitter page, Facebook) but also paper-based resources for communities without good internet access
- Promote community awareness of AHPRA through means such as:
    - Improve search term optimisation so consumers can find AHPRA's website, including information about health practitioners
    - Based on the consumer friendly web-based Information about AHPRA and OHSC, develop brochures in partnership with a consumer panel that can be placed in waiting rooms (at community level). This could include the options for local receptivity to complaints.

Recommendation 2: Develop more meaningful communication with consumers throughout the notification process

- Engage professionals with skills in health communication with consumers to redevelop correspondence templates and work with a panel of consumers to advise on readability of letters and information using principles of plain English, while addressing communication needs across our diverse community
- Develop and work to a schedule of regular correspondence with consumers, informing them throughout the process not only at key stages
- Suggested ways of improving communication include:
    - Staff training to support provision of more consumer focused information
    - Embed a series of required questions into early interviews or correspondence which will help staff to understand consumer hopes and expectations and use this to personalise communication
    - Ask the consumer how they like to be communicated with and addressed.

Recommendation 3: Improve the initial contact and invest in skills and expertise at this first point of contact.

The first contact with the notifier is the most important and influential, so getting the first contact right will address a number of issues, including listening to the consumer story and setting expectations. Being in the' right place' is a key factor in having the consumer's issues addressed. The process redesign work being undertaken between OHSC and AHPRA will assist this and the project team strongly endorses the direction of this work, which should improve consumer's experience through more timely management and being in the most appropriate place to have one's concerns addressed. Consideration could be given to AHPRA and OHSC exploring the feasibility of establishing 'one door' for lodging all consumer complaints and notifications.

- The person who picks up the notifier's call should have appropriate skills and expertise to advise early in the process whether the complaint should stay with AHPRA or be referred to OHSC. Expertise would include advanced communication skills, empathy and skills in engaging the consumer.
- As far as possible, noting that some public interest matters will prevail, consumers should be involved in the decision about which organisation will manage their complaint.
- Develop an agreed transfer/referral framework between the two agencies to guide consistent decision making and advice to callers (currently under development between the two agencies)
- Develop examples of sample notifications that result in NFA for use by OHSC in advising callers and available to consumers on the website.
- Establish an effective initial triage based on:
    - smooth liaison between agencies if not best resolved by AHPRA
    - fast track processes in both organisations
    - exploring options for early resolution where appropriate
- Suggested ways of improving the first contact include:
    - Revised scripts for first conversation including:

  - a ‘thank you’ to value consumer contribution
  - Providing a “reality check” regarding process and timeframes, making consumers aware of diagrams and information about timeframes and process
  - clarity regarding what will happen once a notification is received
- Treat the first contact as ‘no wrong door’ and be proactive if referring, eg caller grants AHPRA permission to pass his/her contact details onto OHSC, OHSC calls consumer. Alternatively, AHPRA staff decides at first conversation to transfer the call straight away to OHSC.
- AHPRA and OHSC consider exploring the feasibility of establishing ‘one door’ for lodging all consumer complaints and notifications.

Recommendation 4: Build on current collaboration between AHPRA and the OHSC to develop seamless complaint management and resolution across the two organisations. This should be based on the ‘consumer journey’ and seeking to address the full range of issues in the consumer’s complaint in the most timely and complete manner

- Closer collaboration between AHPRA and OHSC to manage resolution issues simultaneously to improve delays and manage the consumer’s outcomes. There were a range of considered views about the extent to which parallel and sequential management of a complaint was possible. The barriers were considered to be legislative and practice-based. The principle ought to be the best interests of the consumer (and often the shared interest of the health practitioner) within the boundaries of a just process. Research on complaints suggests that swift resolution is a key issue for a satisfactory consumer experience and is generally a key to ‘seizing the fertile moments for resolution’ for both parties. The principle should be to seek to manage both public safety and consumer needs.
- Investigate legislative barriers to joint handling to avoid delays and seek to address these.
- In the context of the current collaboration between OHSC and AHPRA, consider protocols and forms of communication to consumers and health practitioners that emphasis the complementary roles of the two agencies in managing a complaint.
- Suggested ways of improving collaboration between the two agencies which could be further explored include:
  - Virtual but also real sharing between AHPRA and OHSC – staff coming together in person at the assessment stage at least to decide who and how notifications/complaints should be addressed, including consumer wishes as far as possible.
  - Each organisation might wish to consider the value of locating a staff member in the other organisation to facilitate collaboration and sharing of expertise.
  - Provide a consistent contact point for the consumer across the process to limit the number of AHPRA staff with whom consumers need to engage.
  - AHPRA and OHSC explore better information sharing so things don’t fall through the cracks eg. single database with protocols that allows for information sharing while respecting privacy (discussion between AHPRA and OHSC currently underway)

- As in the previous recommendation, explore the feasibility of one agency being the point for lodging all consumer complaints with joint assignment and, as far as possible, informed consumer decision making.

Recommendation 5: Use process redesign and lean principle to explore options for swifter resolution and more timely management of notifications.

This would assist issues raised in Recommendations 3 and 4 and pick up on the redesign work at OHSC. An even better approach would be 'end to end' process mapping across the two organisations, mapping the consumer process across OHSC and AHPRA, but thinking also of starting at the point where the complaint originated.

Recommendation 6: Reconsider the role of the consumer as a notifier in the 'model of practice'

This requires an element of culture change and probably legislative change. This would recognize that the notifier has a central role in the process, not merely as a witness. There is an inherent issue here whatever the organizational arrangements are around complaint and regulatory functions.

Short to medium term

- Invest in training staff to understand the perspective of the notifier – to hear what they are saying, validate their perspective and value their contribution.
- Provide more meaningful feedback regarding outcomes, noting that this will require legislative change in relation to cautions, but also exploring what can be done with the consent of the practitioner
- Get regular feedback at the conclusion of a notification about consumers' experiences of AHPRA – the questions for this would need to be developed based on what matters to consumers
- Express this through providing support for the notifier. Suggestions for doing his include:
    - One case manager per notifier to address continuity issues
    - Support for consumers to navigate and understand the process ("valued notifier") – e.g. notifier advocate, support worker , case manager, network
    - Dedicated advocacy resource for the notifier (e.g. notifier advocacy officer)

Longer term

- In the context of the national review of AHPRA and its legislation, there was support for elements of the previous Victorian reforms, in particular:
    - After an NFA, provide an opportunity for review/appeal, not only of the process but also of the Board's decision. This addresses confidence in the impartiality of decisions.
    - Allow the capacity for a component of alternative dispute resolution in appropriate circumstances and settlement by consent.

Recommendation 7: Ensure that complaints and notification contribute to systems change and that is demonstrated to the community and to health practitioners

Research is clear that a key component of why consumers go to the effort of making complaints is that their experience doesn't happen to others. Finding way of using individual and aggregated data to improve health care should be a key element of the roles of AHPRA and OHSC and this should be demonstrated to the community.

Short term

- Undertake greater trend analysis to identify patterns of risk, including cases where the outcome was an NFA.
- Explore the opportunity for AHPRA and OHSC to work together on trend analysis and reporting back to health professionals and the community.
- In relation to NFAs, particularly where there are issues but they do not reach the AHPRA threshold, create an opportunity for notifiers to contribute to the collective patient voice and lead to improvements down the track, translating cumulative issues into recommendations for improvement. So while an individual complaint may not have a result for the particular consumer, it contributes along with other complaints to improving the system.
- Ask the notifier as part of the intake what they would like to see changed from their notification for safer heath care for others
- Circulate detailed case studies to provide an opportunity for learning; – when the state-base boards did this, it was regarded as valuable.

Long term

- Improve the ability to share outcomes and information regarding health practitioners cautions with notifiers, noting that will require legislative change
- Provide better public information regarding patterns and trends. Consider a Victorian annual report that outlines to the community in a meaningful way what has changed as a result of the work of AHPRA in the last 12 months. This would include information about disciplinary actions against practitioners, and also the development of professional standards, input into practitioner education, better information and consent etc. All the principles about audience oriented communication outlined in earlier recommendations should apply.
- Provide more publically available and easily accessible information about individual health practitioners.

Recommendations 8: Consider measures to increase AHPRA's engagement with consumer and the community

This partnership project provides an opportunity to consider ways to build a stronger consumer voice and engagement into AHPRA and build on the role of the Community Reference Group whose important role we acknowledge in shaping and informing this project. This will assist in developing more understanding of consumer perspective on issues in the same way that the perspectives of health practitioners are understood and negotiated through necessary dealings with practitioner organisations.

- Consider the range of ways in which the principle of partnering with consumers can be built into the way AHPRA operates, learns and improves. There are a number of recommendations here that could be undertaken on a partnership basis.
- The Community Reference Group to advise on how consumer panels can be established to provide input on the web-site and communication templates, whether these are drawn from the Community Reference Groups itself, or more broadly.. The Community Reference Group will need to consider how much work is involved.
- Community board members are another potential source of consumer and community input and a key factor in establishing both community perception and the reality of impartiality. Many consumers are not aware of their role, so it is useful to highlight this in community information about how the health practitioner boards operate.
- Build the capacity of the community board members to come together to share their experiences and knowledge and express common perspectives and concerns to AHPRA.
- Develop a better understanding of the contemporary experience of consumers as notifiers to continue to inform improvements. This is an endemic issue, independent of the organisational arrangements. This project was informed by research with consumers undertaken in 2004. Further confirmation of whether the findings from 2004 remain broadly relevant in 2014 should be answered by current research in NSW.
- To further understand the experience of consumer notifiers, we recommend that a project be undertaken to develop narratives about consumer experiences as notifiers to identify what make a good experience with AHPRA as well as a bad experience.

APPENDICES

Appendix 1 - Members of Project Reference group

Appendix 2 - Stakeholder Workshop

Appendix 3 - Workshop group work

Appendix 4 - Focus Group questions

Appendix 5 - Interview questions

APPENDIX 1 - MEMBERS OF PROJECT REFERENCE GROUP

1. John Stubbs (Community Reference Group)
2. Jacqui Gibson (Community Reference Group)
3. Jan Davies (Community Board member)
4. Kevin Ekendahl (Community Board member)
5. Greg Miller (Practitioner Board member)
6. Martin Fletcher (AHPRA)
7. Richard Mullaly (AHPRA)
8. Merrilyn Walton (AHPRA)
9. Luisa Interligi (OHSC)
10. Grant Davies (OHSC)
11. Anne-Louise Carlton (Department of Health)
12. Marie Bismark (University of Melbourne)
13. Mary Draper (HIC)
14. Susan Biggar (HIC)
15. Esther Lim (HIC)

APPENDIX 2 - WORKSHOP PARTICIPANTS

1. John Stubbs (CRG/PRG)
2. Paul Laris (Community Board member/CRG)
3. Melissa Cadzow (CRG)
4. Jacqui Gibson (CRG/PRG)
5. Jen Morris (CRG)
6. Michelle Wright (CRG)
7. Jan Davies (Community Board member/PRG)
8. Kevin Ekendahl (Community Board member/PRG)
9. Patricia Mehegan (Community Board member)
10. Louise Johnson (Community Board member)
11. Jeanette Kinahan (Consumer)
12. Martin Fletcher (AHPRA)
13. Kath Kelsey (AHPRA)
14. Jancy McHugh (AHPRA)
15. Veronika Urh (AHPRA)
16. Bryan Sketchley (AHPRA)
17. Richard Mullaly (AHPRA/PRG)
18. Luisa Interligi (OHSC/PRG)
19. Grant Davies (OHSC/PRG)
20. Angela Palombo (OHSC)
21. Maree Wilson (OHSC)
22. Shiranee Sinnathamby (OHSC)
23. Anne Louise Carlton (Department of Health/PRG)
24. Marie Bismark (Uni Melb/PRG)
25. Georgie Haysom (AVANT Insurance Limited)
26. Wayne Weavell (Victorian Mental Illness Awareness Council)
27. Mark Ragg (Health communication consultant)
28. Mary Draper (HIC)
29. Susan Biggar (HIC)
30. Esther Lim (HIC)

APPENDIX 3 - WORKSHOP GROUP WORK 12 MARCH 2014

This is brief summary of the group discussions. Each group considered an aspect of improving consumer outcomes and short and longer term actions. Some common proposals emerged across the group discussions.

Early resolution/outcome/finalisation

- More information, more information, more information
- Better information on AHPRA and OHSC's websites – plain English, case examples, flowcharts, diagrams
- Video stories of consumer experiences on YouTube – give people an idea of what the process is or is not, what are AHPRA's thresholds.
- Support for consumers to navigate and understand the process ("valued notifier") – e.g. notifier advocate, support worker , case manager, network
- Importance of early conversation (get first conversation right) – person who picks up the notifier's call must have appropriate skills and expertise to decide early in the process whether the complaint should stay with AHPRA or be referred to OHSC. *Suggestion* – caller grants AHPRA permission to pass his/her contact details onto OHSC, OHSC calls consumer. Alternatively, AHPRA staff decides at first conversation to transfer the call straight away to OHSC.
- Effective initial triage:
    - smooth liaison between agencies if not best resolved by AHPRA
    - Use of fast track processes

Consumer experience – front end

- First contact is the most important and influential. Get first contact right – "helpline" ability to screen cases.
- Additional information on website for consumers/ notifiers. Looking at the language, more plain language. Public education around what to expect and when.
- Case studies (written and video), diagram, richer content, accessible language, avoid acronyms, podcasts re process, develop a checklist consumers can use before they approach AHPRA or OHSC with a notification/complaint
- Using social media (e.g. twitter page, Facebook) but also paper-based resources
- Search term optimisation so consumers can find AHPRA's website
- Staff training to support provision of more consumer focused information
- Consistent contact point
- Shared CRM systems to facilitate information sharing between OHSC and AHPRA
- Information regarding complaints & compliments in waiting rooms (at community level)

Consumer experience – during and back end

- Respect consumer choice regarding when and how they want to be contacted
- Understand consumer hopes and expectations and personalise communication – perhaps have a panel of consumers to advise on readability of letters and information

- Seek to resolve both public safety and patient/consumer needs
- Closer cooperation between AHPRA and OHSC to manage resolution issues simultaneously (will require legislative change)
- Train staff to get into the head of the notifier – to hear what they are saying, validate their perspective and value their contribution.
- Provide more meaningful feedback regarding outcomes (will require legislative change)
- One case manager per notifier – from start to end – to address continuity issues
- Culture change – that the notifier has an important role in the process, not a mere witness (will require legislative change)
- After an NFA – opportunity for review/appeal, not only the process but also the Board's decision (long term change that will require legislative change)
- Establishing panel of consumers to draft letters and information for website
- Learn from other states and Canadian patient relations program
- Dedicated advocacy resource for the notifier (e.g. notifier advocacy officer)

Systems change

Short

- Scripts for first conversation
  - Thank you to value consumer contribution
  - "reality check" regarding process and timeframes. Important to provide diagrams and information about timeframes and process
  - Honesty and transparency regarding what will happen once a notification is received
- Ask the notifier what they would like to see improved for safer quality systems
- Greater trend analysis to identify patterns of risk especially in cases the outcome was an NFA – opportunity for NFAs to contribute to the collective patient voice and may lead to improvements down the track (translating issues into recommendations for quality improvement). Opportunity for AHPRA and OHSC to work together on trend analysis and reporting back.

Medium

- Better information sharing so things don't fall through the cracks – e.g. single data set (CRM) that allows for information sharing while respecting privacy.
- Virtual but also real sharing between AHPRA and OHSC – staff coming together in person at the assessment stage at least to decide who and how notifications/complaints should be addressed.
- Parallel process to avoid delays
- Detailed case studies circulated as educational and learning opportunities – going back to the guidelines that were once used pre-AHPRA (state-base boards).

Long term

- Improve ability to share outcomes and information regarding cautions for consumers – will require legislative changes. (How many NFAs does it take before we make it public?)
- Public information regarding patterns and trends
- Consider cumulative impact of complaints (multiple minor issues)

APPENDIX 4 – FOCUS GROUP QUESTIONS

Brief background/context setting on project

Questions:

1. Discuss your role in the joint consideration process between OHSC and AHPRA.

2. From your point of view – as a Board member – what would you identify as problems or issues for consumers (notifiers)?

3. Which of these issues do you think are the most critical?

4. If you were designing a complaints consideration scheme from scratch – with no limitations – what would it look like?

5. Coming back now to our current system, assuming no constraints, what areas would you improve?

6. What do you see as the main things (systems, legislation, time) that 'get in the way' of providing a service that is consumer-friendly?

7. What do you see as the possibilities for change?

APPENDIX 5 – INTERVIEW QUESTIONS

Brief background/context setting on project

Questions:

1. Please describe your role in the joint consideration process between OHSC and AHPRA.

2. From your point of view – where you sit in the process – what would you identify as problems or issues for consumers (notifiers)?

3. Which of these issues do you think are the most critical?

4. If you were designing a complaints consideration scheme from scratch – with no limitations – what would it look like?

5. Coming back now to our current system, assuming no constraints, what areas would you improve?

6. What do you see as the main things (systems, legislation, time) that 'get in the way' of providing a service that is consumer-friendly?

7. What do you see as the possibilities for change?