

Complaint or Concern about a Clinician - Management Guidelines

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Summary The guideline sets out an operational framework for the use of public health organisations when dealing with a complaint or concern about an individual clinician and guides for the process for implementing the NSW Health Policy Directive Complaint or Concern about a Clinician - Principles for Action (PD2006_007).

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Author Branch Clinical Safety, Quality and Governance

Branch contact Quality and Safety Branch 9391 9200

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Audience Administration, all clinical staff

Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals, Tertiary Education Institutes

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**COMPLAINT OR CONCERN ABOUT A CLINICIAN –
MANAGEMENT GUIDELINES**

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COMPLAINT OR CONCERN ABOUT A CLINICIAN –MANAGEMENT GUIDELINES

1. PURPOSE

These Guidelines set out an operational framework when dealing with a complaint or concern about an individual clinician and guide the process for implementing the NSW Health Complaint or Concern about a Clinician Policy Directive – Principles for Action (PD2006_007)

All Area Health Services and other Public Health Organisations are required to have appropriate local policies in place to ensure consistency with these guidelines.

2. STEPS IN MANAGING A COMPLAINT OR CONCERN

2.1 Identification

Complaints or Concerns regarding clinicians may be identified via a number of mechanisms including:

- receipt of a complaint from a patient, family member, or person external to the NSW health system;
- complaints or concerns raised by other clinicians or staff within the NSW health system;
- Coronial Inquiries or Health Care Complaints Commission (HCCC) investigations;
- during normal performance review processes in accordance with NSW Health policy directives;
- during the investigation of an incident (under the Incident Management Policy PD2005_604); and,
- during routine peer reviews.

At any stage during the process of managing a complaint or concern, it may be possible to identify cases of suspected professional misconduct or suspected unsatisfactory professional conduct (see definition of unsatisfactory professional conduct and professional misconduct under section 3.1) or cases of impairment, poor performance or behaviour or systems issues.

2.2 Notification

All complaints or concerns regarding individuals should be notified in the first instance to the relevant line manager.

The **line manager** is responsible for gathering sufficient information to ensure that an informed judgement can be made regarding the severity of the complaint. Where the complaint or concern relates to the line manager, or where there is a perceived lack of impartiality by the line manager, the next senior manager should be informed and undertake this role.

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Where possible, **senior management** of the organisation (for example the **Director of Nursing** or the **Director of Clinical Services**) are responsible for the management of complaints or concerns about a clinician.

The senior management then notifies the **Director of Clinical Operations** (DCO) who in turn informs the Chief Executive (CE) and the Director of Clinical Governance (DCG) of the complaint or concern.

If the complainant prefers not to approach local management or perceives a response to be unsatisfactory, the **Designated Senior Complaints Officer** is also available for receiving complaints.

Part 3A of the Ombudsman Act 1974 requires certain allegations involving children to be reported to the Ombudsman irrespective of whether an investigation reveals inappropriate conduct. Where a complaint involves conduct regarding a Child that is under the age of 18 at the time of the incident, the NSW Health Policy Directive concerning the management of criminal and child related allegations should be consulted.

The Director-General is to be notified via a Reportable Incident Brief where a complaint relates to a matter of suspected professional misconduct or suspected unsatisfactory professional conduct.

2.3 Investigation

When managing complaints or concerns, local health facilities should have regard to both the NSW Health Code of Conduct and the relevant professional Code of Conduct. The behaviour of all clinicians must be assessed against the NSW Health Code of Conduct (PD2005_626) where applicable to the complaint being managed.

The following sequence of events is a model for the development of local procedures:

1. All complaints and concerns are graded according to their severity to assist in determining appropriate action. Refer to Appendix 2 for a summary of required actions.
2. Undertake a risk assessment to determine immediate actions to minimise risk to patients and/or staff and others.
3. Assess the complaint to determine the nature of the complaint or concern in order to decide how to proceed, including the appropriate process to be followed (ie child protection, grievance policy, disciplinary matter, protected disclosure, etc as referred to in the Policy Directive Complaint or Concern about a Clinician – Principles for action PD2006_007).
4. The AHS or other Public Health Organisation must identify who is responsible for ensuring appropriate communication occurs with the clinician at all stages of the process. Meetings with the clinician should occur as necessary and appropriate throughout the investigation process, to gather information, provide information on findings and to allow the clinician the opportunity to discuss and respond to findings.

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5. The AHS or other Public Health Organisation should liaise with the relevant registration board and/or HCCC to ensure the organisation's investigation does not impact adversely on registration board / HCCC investigations.
6. Assign responsibility for investigation of the complaint or concern. To ensure an investigation is free from any actual or perceived bias and any conclusions drawn are based on an objective analysis of the evidence, it may be necessary to obtain an independent expert opinion on the issues under investigation, or to have the investigation conducted by an independent third party. This may be particularly important in rural or highly specialised clinical areas. The independent expert opinion needs to be free of conflict of interest, and not be a colleague of the clinician under investigation.
7. Advise clinician of the complaint, including the nature of the complaint, and the process of investigation. Assess whether the situation warrants standing down the clinician pending the investigation. If the clinician is stood down the relevant registration board or other authority is to be advised at this time.
8. Advise the complainant (if any) of the proposed process for managing the complaint.
9. Obtain information relevant to the complaint or concern from all appropriate sources including other clinicians or staff members and the notifier/complainant to clarify scope of complaint. Information collected will vary depending on the nature of the concern raised and according to the nature and severity of the complaint. Information collected may include: statements from, or interviews with, relevant parties including people receiving a health service and their relatives; site inspection; record review; clinical practice or indicator data; variation reports; clinical reviews; relevant policy / clinical standards, physical evidence and other relevant material.
10. Identify and analyse the issues arising from the complaint/initial notification or from information collected.
11. Advise the clinician when all of the relevant information has been collected and analysed. The AHS or other PHO should provide the clinician with enough information to allow the clinician to fully respond to the allegation/s. The clinician is offered the opportunity to make a submission on the proposed action.
12. Recommendations provided to the CE must be based on the findings, and be consistent with Patient Expectations as outlined in the NSW Patient Safety and Clinical Quality Program, principles of clinical and corporate governance and professional standards.
13. The CE reviews the appropriateness of the recommendations and authorises their implementation.
14. The clinician is informed of the outcome.
15. The complainant (if any) must be informed of the outcome of the investigation.

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16. The investigation should be concluded expeditiously. It is recommended that all investigations be completed within 60 days. Where it is anticipated that the investigation is likely to take more than 60 days to complete, the DCG should be provided with an investigation plan including setting out investigation milestones, action required and timeframes, to allow the DCG to follow up and monitor the investigation process. The complainant should also be advised of the revised timeframe.

2.3.1 Skills required to investigate a Complaint or Concern

Investigation of complaints requires special skills. A person allocated by the AHS or other PHO to undertake an investigation of a complaint or concern needs to:

- be impartial. The investigation should not be undertaken by anyone who stands to benefit by finding fault, or by not finding fault;
- have demonstrated skills in gathering information, managing timelines and negotiating with people;
- be ethical when eliciting information from any person involved in a complaint;
- ensure fair participation of all parties involved in a complaint;
- maintain confidentiality;
- be able to identify and acknowledge concerns;
- have good knowledge and understanding of relevant NSW Health Policy Directives;
- show understanding through listening and questioning skills;
- use appropriate language and terminology;
- be able to use conflict resolution strategies;
- be accessible, well organised and consistent;²
- have good analytical skills.

AHS and other PHOs should have sufficient people trained to undertake investigations. Resource documents for undertaking investigations are listed in Appendix 7.

² Complaints Management Handbook for Health Care Services 2004, Department of Health & Ageing, Commonwealth of Australia, 2004

2.3.2 Possible Findings of the Investigation

The investigation of the complaint or concern will lead to one or more of the following findings:

1. **Identification that professional misconduct or unsatisfactory professional conduct may have occurred.** These cases **must** be reported by the CE to the relevant registration board in accordance with the Health Services Act (1997); they should also be notified to the Director of Clinical Operations and any other relevant member of the Senior Executive: the Director-General must be notified via a Reportable Incident Brief (RIB)

Unsatisfactory professional conduct is defined in broadly similar terms in all Health Registration Acts, and may include the following:

- any conduct that demonstrates a significant lack of knowledge, skill, judgment or care, by the practitioner in the practice (of their profession);
- contravention of the relevant Act or Regulations;
- contravention of conditions of registration;
- criminal convictions and criminal findings;
- accepting a benefit for a recommendation of a health product;
- offering a benefit for a referral or recommendation;
- accepting a benefit for a referral or recommendation to a health service provider;
- failure to disclose a pecuniary interest in giving a referral or recommendation;
- engaging in overservicing;
- permitting an assistant to attend, treat, or perform operations on patients in matters requiring professional discretion or skill;
- assisting unregistered practitioners;
- failing to render urgent attention;
- other improper or unethical conduct.

Professional misconduct is defined in similar terms in the Health Registration Acts as unsatisfactory professional conduct of a sufficiently serious nature to justify suspension of the practitioner from practising (their profession) or the removal of the clinician's name from the register.¹

¹ NSW Medical Board Professional Conduct at www.nswmb.org.au; Nurses and Midwives Board at <http://www.nmb.nsw.gov.au>

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2. **identification of performance issues, but not sufficiently serious** to warrant reporting to a health professional registration board. In such cases, further action may be required eg skills development, referral to the registration board for management under performance assessment provisions, or local performance monitoring or review;
3. **identification of behaviour issues**, such as not turning up for scheduled work, or not being available while on call, these cases should be managed through performance review and ongoing monitoring;
4. **impairment**, in such cases the matter should be referred to the appropriate registration board for action under their procedures for dealing with impaired registrants. Where there is no relevant registration board, eg for social workers and occupational therapists, the relevant professional association may still be able to assist in a review or investigation, or may wish to revoke professional membership, and should therefore be informed in lieu of a registration body;
5. **identification of systems issues**, these should be managed in accordance with the incident management process
6. **no identification of individual performance or system issues**, findings need to be documented.

2.4 ACTIONS

All cases where there are reasonable grounds to suspect the conduct of a particular health professional may involve professional misconduct or unsatisfactory professional conduct **must** be notified to the CE of the AHS or other Public Health Organisation as soon as they are identified.

Sections 99A and 117A of the Health Services Act (1997) **requires the CE to notify the relevant registration board** of “any conduct of a visiting practitioner (or employee) that the chief executive officer suspects on reasonable grounds may constitute professional misconduct or unsatisfactory professional conduct under the Health Registration Act by which the registration authority is constituted.”

2.4.1 Action in response to identified performance issues

Where performance issues are identified, the organisation has an obligation to act in accordance with routine performance management processes. Appropriate actions may include:

- counselling;
- reskilling or limiting practice;
- requiring the clinician to attend courses (eg on anger management or communication);
- ensuring the clinician adheres to their employment contract, and taking appropriate action in accordance with AHS or other PHO Human Resource Management processes if the clinician refuses to comply.

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The relevant industrial award, relevant registration board requirements where applicable, and the appropriate NSW Department of Health Policy Directives and Guidelines guide the performance management of all clinicians. A list of these is included in Appendix 4 and 5.

2.4.2 Action on other issues (such as conduct, corrupt behaviour)

Other issues of significance that may be identified should be managed in accordance with other relevant NSW Health Policy Directives and Guidelines, as follows:

- disciplinary matters should be managed in accordance with A Framework for Managing the Disciplinary Process in NSW Health (PD2005_225);
- grievances should be managed in accordance with Effective Grievance Resolution: Policy & Better Practice (PD2005_584);
- child related complaints should be managed in accordance with Part 3A of the Ombudsman Act 1974 and relevant NSW Health policies, Policy and Guidelines for the Development of Protected Disclosures Procedures in Health Services (PD2005_135), and Protecting Children and Young People (PD2005_299), noting the specific reporting and investigation requirements outlined in these policies;
- harassment matters should be managed in accordance with Joint Management and Employee Association Policy Statement on Bullying, Harassment and Discrimination (PD2005_223);
- possible corrupt conduct should be managed in accordance with Reporting Possible Corrupt Conduct to the Independent Commission Against Corruption (PD2005_173).

Relevant NSW Department of Health Policy Directives and Guidelines are listed in Appendix 5.

2.4.3 Systems issues

If the investigation reveals that systems issues rather than individual performance issues are the basis for the complaint or concern then the issue is managed in accordance with the Incident Management Policy (PD2005_604).

2.4.4 No further action

This needs to be appropriately documented.

3. REPORTING REQUIREMENTS

3.1 Area Health Service requirements

The DCG should be advised of the findings and outcome of the investigation, and how, if required, the clinical risk will be managed (for example, whether the matter is to be referred to the credentialing subcommittee, or any other remedial action).

The DCG needs to develop systems for the reporting of the outcomes of all complaints or concerns periodically to the senior executive.

3.2 Reporting to other external bodies

The complaint or concern may identify issues that require mandatory reporting under existing legislative reporting requirements or departmental policy directives. Please see the Incident Management Policy (PD2005_604).

Where a complaint or concern is also reported to an external body, appropriate liaison with that external body should occur to ensure that both agencies' requirements and obligations are satisfactorily met and each other's management of the complaint or concern is not compromised.

The AHS or other Public Health Organisation must still satisfactorily act, in accordance with this guideline, upon complaints or concerns referred to an external body.

3.2.1 Obligation to report to Police

Consideration must be given to whether a criminal offence may have occurred. All suspected criminal acts must be reported to the NSW Police Service as soon as they are identified and investigated by the health service in accordance with the NSW Health Policy Directive concerning the allegation of criminal and child related conduct.. The Department of Health Employment Screening and Review Branch is available to provide advice on any matters that may require notification to NSW police and can be contacted on (02) 9215 4777.

4. DEFINITIONS

Area Health Services (AHS) - provide the operational framework for the provision of public health services in NSW. They are constituted under the Health Services Act 1997 and are principally concerned with the provision of health services to residents within the geographic area covered by that health service.

Clinician – a health practitioner or health service provider regardless of whether the person is registered under a health registration act.

Clinical Governance Unit - Established within each Area Health Service to oversee the implementation of the NSW Patient Safety and Clinical Quality Program.

Complaint - includes any expression of dissatisfaction by a complainant that may have one or more associated issues.

Concern – feedback regarding any aspect of service where the person does not make a complaint, but that identifies issues requiring investigation²

Health Registration Act – means any of the Acts listed in Appendix 4

Health Service – includes:

- Medical, hospital and nursing services
- Dental services
- Psychiatric and psychological services

² Based on Western Australian Complaint Management Policy, Information Series No.6, Western Australia Department of Health, 2001

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- Pharmaceutical services
- Ambulance services
- Community health services
- Health education services
- Services provided by podiatrists, chiropractors, osteopaths, optometrists, physiotherapists, acupuncturists, occupational therapists, speech therapists, audiologists, audiometrists, radiographers, social workers, nutritionists and dieticians, orthoptists, environmental and public health professionals, prosthetists and therapeutic counsellors
- Services provided in other allied or alternative health care fields
- Welfare services necessary to implement any services referred to above

Impairment means a person suffers from any physical or mental impairment, disability, condition or disorder, which detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practise.

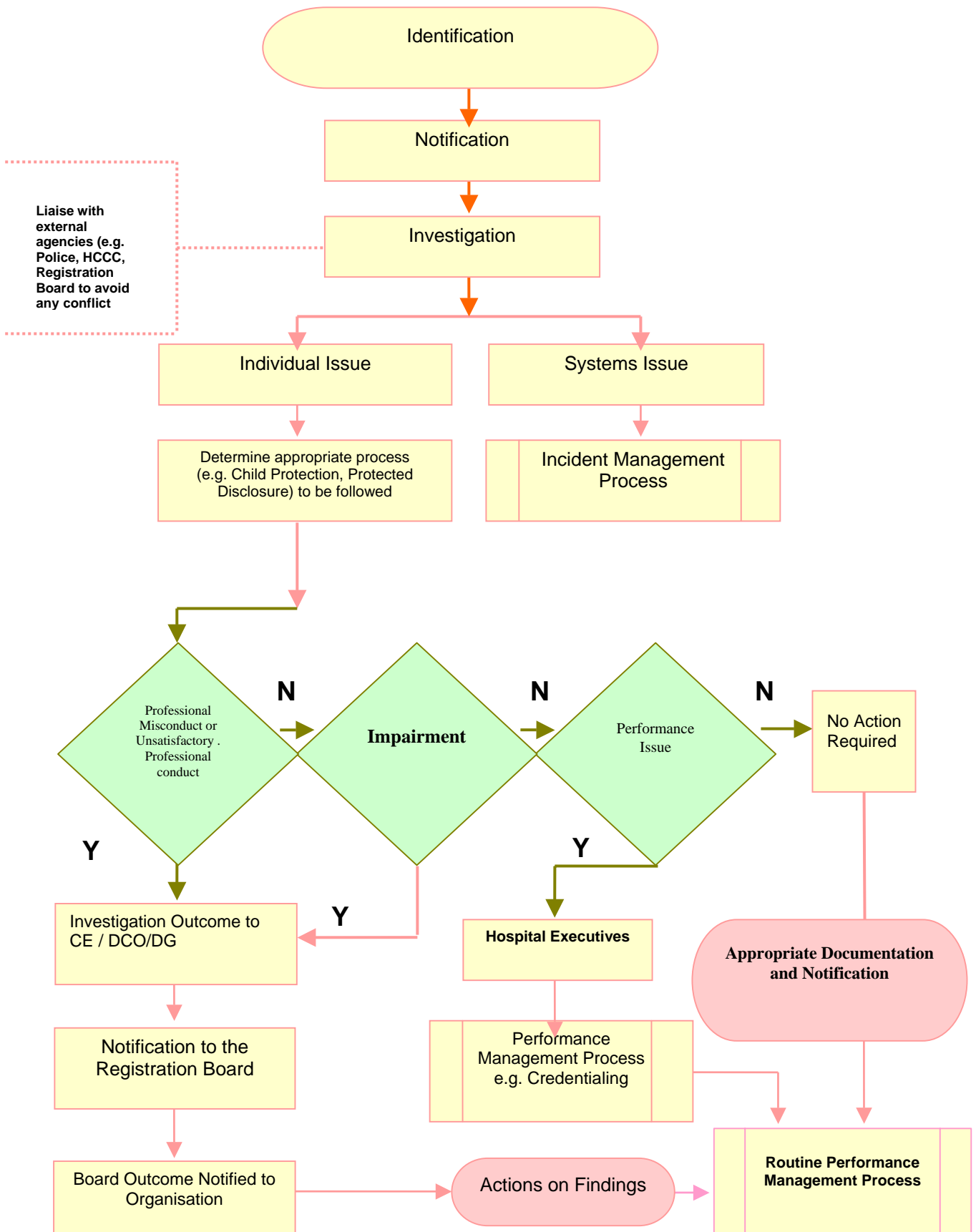
Line Manager – the manager to whom an individual reports.

Performance – refers to the knowledge and skill possessed and applied by the clinician in the course of their duties. Performance is also influenced by experience, application and attitude.

Public Health Organisation (PHO)- refers to a statutory health corporation or an affiliated health organisation in respect of its recognised establishments and recognised services as defined in the Health Services Act (1997) and the Ambulance Service of NSW as defined in the Health Services Act (1997).

APPENDIX 1: MANAGING THE COMPLAINT OR CONCERN PROCESS

Investigation of Complaint or Concern about a Clinician



APPENDIX 2: SEVERITY RATINGS AND SUMMARY OF ACTIONS AND RESPONSIBILITIES

This table guides the action of the senior person managing the complaint. The actions documented here are in addition to the suggested sequence in the Guideline see section 2. Steps in managing complaints or concerns about a clinician. A risk assessment of the issues raised in the complaint or concern should be undertaken to ensure patient safety.

Severity Rating	Severity description used to assess a complaint or concern	Actions required following risk assessment of the Complaint or Concern.
1	Very serious complaint or concern arising from one or more events involving unexpected mortality or serious morbidity, gaps in clinical performance, an external event relevant to performance (such as a criminal conviction or termination of employment in another facility) or serious concerns by colleagues about the health and safety of patients.	<ol style="list-style-type: none"> 1. Notify CE/DCG immediately. 2. Determine whether requires notification to registration board, and any other relevant authority (eg Coroner, police). 3. Consider immediate suspension of clinical privileges in cases of suspected professional misconduct 4. Consider whether variations to clinical privileges are required.
2	Significant complaint or concern, where there may be one or more events involving unexpected mortality or increasingly serious morbidity (SAC 1 or 2), and there may be a pattern of suboptimal performance or variation in clinical outcomes over a period of time.	<ol style="list-style-type: none"> 1. Notify DCG. 2. Consider whether variations to clinical privileges are required. 3. Investigate
3	Complaint or concern that the performance, practice or clinical outcome achieved by an individual clinician varies from peers or from expectations, but where there has not been any event involving unexpected mortality or serious morbidity.	<ol style="list-style-type: none"> 1. Notify DCG. 2. Management and Investigation as per AHS policy/procedure. 3. Manage outcomes in accordance with relevant policy or Award.
4	Complaint or concern appears frivolous, vexatious or trivial.	<ol style="list-style-type: none"> 1. Management and investigation as per AHS policy/procedure. 2. Continue standard performance monitoring and management. 3. Notify DCG of findings and actions

Where there are reasonable grounds to suspect the conduct of a health professional may involve professional misconduct or unsatisfactory professional conduct the CE of the AHS or other Public Health Organisation must be notified as soon as they are identified.

Sections 99A and 117A of the Health Services Act (1997) **requires the CE to notify the relevant registration board** of “any conduct of a visiting practitioner (or employee) that the chief executive officer suspects on reasonable grounds may constitute professional misconduct or unsatisfactory professional conduct under the Health Registration Act by which the registration authority is constituted.”

APPENDIX 3: EXAMPLES OF SEVERITY OF COMPLAINTS OR CONCERNS

EXAMPLES – LEVEL 1

- A surgeon operates on a patient to perform a lumpectomy, and decides to perform a mastectomy without consent. The patient complains to hospital. The CE of the organisation is informed and the NSW Medical Board is notified.
- A patient complains that she has been coerced by the hospital's Clinical Psychologist to engage in sex. The CE is informed and the NSW Psychologists Registration Board is notified. NSW Police also informed. The Psychologist is removed from a patient contact role.
- A nurse expresses concern to a supervisor that an anaesthetist has been observed leaving the operating theatre on a number of occasions during surgery, drugs have been missing from the drug cabinet and the anaesthetist is displaying erratic behaviours. The anaesthetist denies any substance abuse problem. The NSW Medical Board is notified.

EXAMPLES – LEVEL 2

- The Director of Physiotherapy becomes concerned at the high number of cases of Erb's Palsy in babies delivered by a particular obstetrician. (Erb's Palsy is caused by an injury to the nerves of the shoulder, resulting in varying degrees of paralysis. Poor management of the shoulders during the birth may cause this problem.) An investigation of the obstetrician's cases is commenced, and includes review of practice and outcomes compared with colleagues.
- The Nursing Unit Manager receives a complaint that a nurse almost gave a patient a transfusion of the wrong blood type. The complainant, a colleague, overheard the family objecting. The nurse dismisses the concerns of the family. The colleague intervened before the transfusion took place.

EXAMPLE – LEVEL 3

- A Registrar complains to the Head of Surgery that a Surgeon is performing unnecessary surgical operations, when more up-to-date techniques, such as laparoscopic techniques are available. A review of the Surgeon's cases over the preceding month is conducted.

EXAMPLE – LEVEL 4

- A patient complains that the Resident and Registrar looking after her are too young to be doctors. No complaint is made about the manner of the doctors or the care they have provided.

APPENDIX 4: LEGISLATION AND OTHER DOCUMENTS RELEVANT TO THIS GUIDELINE

Legislation:
http://www.legislation.nsw.gov.au
Health Services Act (1997)
Health Care Complaints Act (1993)
Health Administration Act (1982)
Independent Commission Against Corruption Act (1988)
Protected Disclosures Act (1994)
Ombudsman Act (1974)
Privacy and Personal Information Protection Act (1998)
Health Records and Information Privacy Act (2002)
Health Profession Registration Acts:
Chiropractors Act 2001
Dental Technicians Registration Act (1975)
Dental Practice Act (2001)
Medical Practice Act (1992)
Nurses and Midwives Act (1991)
Optical Dispensers Act (1963)
Optometrists Act (2002)
Osteopaths Act (2001)
Pharmacy Act (1964)
Physiotherapists Act (2001)
Podiatrists Act (1989) & Podiatrists Act (2003) uncommenced
Psychologists Act (2001) No 69

APPENDIX 5 NSW Department of Health Documents and Policy Directives

PD2005_610	Complaint or Concern about a Clinician – Principles for Action.
GL2005_061	NSW Health Better Practice Guidelines for Frontline Complaints Handling, 1998.
PD2005_585	A Framework for Managing the Quality of Health Services in NSW, NSW Health, 1999.
GL2005_062	The Clinician's Toolkit for Improving Patient Care, NSW Health 2002
PD2005_608	NSW Patient Safety & Clinical Quality Program, 2005
PD2005_609	NSW Patient Safety & Clinical Quality Program Implementation
SHPN (QSB) 050105	NSW Clinical Governance Directions Statement, NSW Health, 2005.
PD2005_333	Model Policy for the Safe Introduction of New Interventions, 2003.
PD2005_380	Correct Patient, Correct Site, Correct Procedure Model Policy, 2004.
PD2005_500	Appointment of staff specialists, 2005.
PD2005_496	Appointment of visiting practitioners, 2005.
PD2005_497	Delineation of clinical privileges for visiting practitioners and staff specialists, 2005.
PD2005_498	Performance review of visiting practitioners, 2005.
PD2005_604	Incident Management Policy, 2005.
PD2005_225	A Framework for Managing the Disciplinary Process in NSW Health.
PD2005_568	Employee Assistance Programs: NSW Health Policy & Better Practice.
PD2005_584	Effective Workplace Grievance Resolution: Policy & Better Practice.
PD2005_574	Child Abuse Allegations – Ombudsman Amendment (Child Protection and Community Services) Act 1998.
PD2005_167	Employees Conducting Financial Transactions and/or Dealing with Money/Property for Patients/Clients.
PD2005_223	Joint management and Employee Association Policy Statement on Bullying, Harassment and Discrimination.
PD2005_469	Personnel Conduct – Managing Conflicts of Interest in the Public Health System.
PD2005_135	Policy and Guidelines for the Development of Protected Disclosures Procedures in Health Services
PD2005_593	Privacy Manual (Version 2)
PD2005_086	Recommendations of Service Providers to Patients by Staff of Health Organisations
PD2005_173	Reporting Possible Corrupt Conduct to the Independent Commission Against Corruption.
PD2005_299	Protecting Children & Young People.
PD2005_109	Procedures for Recruitment/Employment of Staff and Other Persons – Improper Conduct.
PD2005_626	Code of Conduct - NSW Health

APPENDIX 6 Useful Websites for Professional Standards and Codes of Conduct

NSW Chiropractors Registration Board	http://www.health.nsw.gov.au/hprb/chiro_web/
NSW Medical Board	www.nswmb.org.au
NSW Nurses and Midwives Registration Board	http://www.nmb.nsw.gov.au/
NSW Optical Dispensers Licensing Board	http://www.health.nsw.gov.au/hprb/optical_web/opt_cont.html
NSW Osteopaths Registration Board	http://www.health.nsw.gov.au/hprb/osteo_web/
NSW Psychologists Registration Board	http://www.health.nsw.gov.au/hprb/psych_web/psy_cont.htm
NSW Optometrists Registration Board	http://www.health.nsw.gov.au/hprb/optom_web/
NSW Physiotherapists Registration Board	http://www.health.nsw.gov.au/hprb/physio_web/
NSW Podiatrists Registration Board	http://www.health.nsw.gov.au/hprb/pod_web/
Australian Association of Social Workers	www.aasw.ans.au
Society of Hospital Pharmacists	www.shpa.org.au/docs/practicestandards.html
OT Australia	www.otnsw.com.au
Pharmaceutical Society of Australia	www.psa.org.au/ecms
Australian Physiotherapy Association	www.physiotherapy.asn.au
Dietitians Association of Australia	http://www.daa.asn.au/
Australian Institute of Radiography	http://www.a-i-r.com.au

APPENDIX 7 Other Resource Materials

Australian Council for Safety and Quality in Health Care Commonwealth of Australia, Complaints Management Handbook for Health Care Services, July 2005

<http://www.safetyandquality.org/complntmgmthbk.pdf>

Australian Council for Safety and Quality in Health Care Commonwealth of Australia, Better Practice guidelines on complaints management for health care services

<http://www.safetyandquality.org/guidecomplnts.pdf>

ICAC Fact Finder. A 20-step guide to conducting an inquiry in your organisation, Nov 2003.

http://www.icac.nsw.gov.au/files/pdf/pub2_74cp.pdf

NSW Ombudsman, The complaint handlers toolkit, Sydney, June 2004.

NSW Ombudsman, Handling complaints, Fact Sheet, Sydney, March 2004.

<http://www.nswombudsman.nsw.gov.au/publication/PDF/factsheets/Handling%20complaints.pdf>

NSW Ombudsman, Investigating complaints: A manual for investigators, Sydney, June 2004.

NSW Ombudsman, Investigation of complaints, Fact Sheet, Sydney, 2004.

http://www.nswombudsman.nsw.gov.au/publication/PDF/factsheets/Investigation_of_Complaints.pdf

NSW Ombudsman, Natural justice / Procedural fairness, Fact Sheet, Sydney, 2004.

http://www.nswombudsman.nsw.gov.au/publication/PDF/factsheets/FS_PublicSector_14_Natural_Justice.pdf

NSW Ombudsman, Protected Disclosures, Fact Sheet, Sydney, June 2005

<http://www.nswombudsman.nsw.gov.au/publication/PDF/factsheets/Protected%20Disclosure%20Fact%20Sheet%20CEOs%20Senior%20Managers5.pdf>

NSW Ombudsman, Protection of Whistleblowers Fact Sheet, Sydney, September 2005

http://www.nswombudsman.nsw.gov.au/publication/PDF/factsheets/infosheet_prot_whistleblowers.pdf

NSW Ombudsman, Reasons for Decisions Fact Sheet, Sydney, June 2005

http://www.nswombudsman.nsw.gov.au/publication/PDF/factsheets/FS_PublicSector_18_Reasons_Decisions.pdf

Australian Council for Safety and Quality in Health Care National Patient Safety Education Framework ,Canberra, July 2005.

<http://www.safetyandquality.org/framework0705.pdf>