



Council of Social Service of New South Wales

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The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Sir or Madam,

Re: Inquiry into National Registration and Accreditation Scheme for Doctors and Other Health Workers

The Council of Social Services of New South Wales (NCOSS) is providing a brief submission to the Senate Community Affairs Committee especially in relation to arrangements around complaints handling. NCOSS wants to ensure that any proposed complaints handling mechanism does not take away the existing rights of health consumers in NSW.

As the committee may already be aware, earlier this year the Council of Australian Governments (COAG) agreed to the development of a national registration and accreditation scheme for health professionals.

As part of this process, a national framework for dealing with complaints relating to health care is currently being developed, and a proposed national model has been released for consultation. NCOSS has significant concerns that if the proposed national model were implemented this could result in significant changes to the framework of health complaints processes in NSW.

We have therefore attached for the Committee's consideration the submission provided by NCOSS to the Practitioner Regulation Sub Committee on the Consultation Paper *Proposed Arrangements for handing complaints, and dealing with performance, health and conduct matters*.

This submission outlines some of the key outcomes we would like to see as the centerpiece for the design of a national complaints process.

If further clarification or information is required, please contact Samantha Edmonds, Deputy Director Policy and Communications on either (02) 9211 2599 ext 111 or samantha@ncoss.org.au.

Yours Sincerely

Alison Peters
Director

Practitioner Regulation Subcommittee
Health Workforce Principal Committee
Australian Health Ministers' Advisory Council

Thank-you for the opportunity to provide comment on the Consultation Paper *Proposed Arrangements for handling complaints, and dealing with performance, health and conduct matters*.

NCOSS supports national consistency in complaints handling processes. However, we hold significant concerns about the model proposed in the consultation draft. NCOSS proposes that a national complaints framework should:

1. Provide a "one-stop shop" for consumers.
2. Be based on national and international best-practice models for complaints handling
3. Provide for timely processing and resolution of complaints.
4. Be (and be seen to be) transparent and accountable
5. Be based on strong consumer and community engagement

Based on a consideration of these issues, NCOSS does not support the proposed model.

About NCOSS

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation and is the peak body for the non-government human services sector in NSW. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at Commonwealth level. NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals.

Member organisations are diverse; including unfunded self-help groups, children's services, youth services emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local indigenous community organisations, church groups, and a range of population-specific consumer advocacy agencies.

Comments about the Proposed Framework

Unfortunately resource and time pressures restrict NCOSS submission to discussion of a small number of key points. We would, however, like to recognise the expertise of both the Public Interest Advocacy Centre and the Australian Consumers Association (CHOICE) on this issue, and point the committee to the more substantive submissions provided to the committee by these organisations.

NCOSS also works closely with the NSW Health Care Complaints Commission (HCCC) as a member of its consumer and community consultative committee. The HCCC has also provided a substantive response to the committee, including a review of the impact the proposed model would have on current complaints arrangements in NSW.

We urge the Committee to consider closely the evidence provided by these organisations.

Provide a “one-stop shop” for consumers

For many consumers, making a complaint about health care is an intimidating, confusing and often burdensome process. These difficulties can be particularly acute for some population groups, for example people with cognitive disability, people from Non English Speaking Backgrounds and young people.

Ideally, a national complaints framework would provide a comprehensive single interface for consumers seeking information, support and advice on health complaints processes, providing additional support and assistance to those who may require it.

NCOSS does not believe that the proposed model will meet this outcome. In particular, we are concerned that under the proposed model, the relevant professional registration boards (or their delegated committees/ panels) are centrally positioned to receive, assess, investigate and discipline registrants.

Where the nature of a complaint involves a number of registrants/professions, the current model could exacerbate these difficulties, resulting in an increase in the complexity, confusion and difficulty experienced by consumers in making a complaint.

NCOSS believes that any increase in difficulties experienced by consumers during a complaints process is unacceptable, and will only serve to undermine the complaints process, as consumers may be discouraged from engaging with such processes.

Be based on national and international best-practice models for complaints handling

There appears to be no clear evidence base for the development of the proposed model, in particular in relation to how it reflects national and international best practice in complaints handling. NCOSS believes that this is a significant and regrettable oversight.

NCOSS believes that a starting principle in the development of any national system should be that no jurisdiction faces a decline in or deterioration of an existing framework. Unfortunately, NCOSS does not believe that the proposed model meets this requirement, particularly with reference to the current complaints system in NSW. Rather, it appears to reflect a 'lowest common denominator' approach.

NCOSS is particularly concerned that, under the proposed model, there would be a transfer of functions currently undertaken by the NSW Health Care Complaints Commission (HCCC), including the initial assessment and investigation of conduct complaints, to the registration boards of the professions.

The initial assessment and investigation of complaints are specialist functions, which form essential components of a complaints handling framework. As such, the transfer of these tasks from a separate body with designated staff and specialist skills – as is the case in NSW with the HCCC – to an alternative entity without any of these resources at their disposal constitutes a significant weakening of the health complaints process in NSW.

NCOSS fails to see how the proposed arrangements would provide additional advantage to any of the stakeholders in a complaints process.

Be (and be seen to be) transparent, fair and accountable

For consumers, health professionals and the community generally to have faith in a complaints process it must be, and be considered to be, transparent, fair and accountable. NCOSS believes that this is particularly the case with conduct issues, where there is often significant public concern and potential risk of harm.

This emphasises the need for initial assessment and investigation as particular components of this process to be carried out by skilled professionals whose neutrality is both established and maintained. The allocation of these activities to boards of registration may prove problematic, as they may be considered too closely aligned to the interests, perspectives and protection of health professionals.

As such, NCOSS believes that a 'separation of functions' should be an essential component of a national complaints framework.

Be based on strong consumer and community engagement

The current proposal relating to the constitution of tribunal hearing panels currently indicates that:

There is also a case for a presence on a panel for the consumer or community voice. Given that the tribunal is separate from the boards, and probably chaired by a legal member, community standards are likely to be reflected in the determinations.

NCOSS supports the inclusion of consumer/community representatives on panels, but would make two recommendations in relation to this proposal in order to ensure that it reflects industry practice in relation to the consumer and community engagement within health: Firstly, that two community representatives are appointed to panels relating to conduct complaints, and Second, that consumer representatives are sourced from suitable consumer bodies, and that the positions are not seen as being covered by the presence of a legal member. Sitting fees and costs should also be provided to consumer representatives.

Provide for timely processing and resolution of complaints

Complaints processes can be distressing for both consumers and professionals, making timeliness a priority for any complaints process. In NSW the HCCC is required to meet legislated timeframes for the initial assessment and investigation of complaints.

NCOSS is concerned that under the proposed model no similar benchmark timeframes are established for the registration boards (or the panels) in relation to complaints processing. As discussed above, the boards are likely not to have the same base of trained, specialist staff to conduct initial assessment and investigation, particularly of conduct complaints.

NCOSS is concerned that as a result, timeframes for processing complaints may become conflated.

Conclusion

The five key issues discussed above are outcomes that NCOSS would like to see included as key drivers in the development of a national health complaints framework. It is our contention that the model as currently proposed does not meet this framework. Consequently, NCOSS does not support this model.

Indeed, if implemented, NCOSS believes this would result in a serious decline in the arrangements for handling complaints in NSW, and would be a wasted opportunity to develop a best-practice national model for complaints handling.

