



# COLLEGE SUBMISSION

Feedback to the Consumer Health Complaints Project  
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## College Details

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## Initial Comments

ACRRM welcomes the project by AHPRA and the Commission to identify improvements to the consumer experience of making a health complaint in Australia.

The College has a Complaints Policy which outlines principles and processes for handling complaints. However, as the process is rarely used by consumers/the public and is dealt with on a case by case basis by the Policy Team, we have only responded to the survey questions pertinent to the work of the College.

## Response to Survey Questions

**Question One: Does your College publish any policies or guidance for members about how they should manage consumer complaints about their practice (i.e. at the health service level)**

The College delivers two online courses which address interaction with and complaints from consumers:

- **Approach to Care - Difficult Conversations** – which deals with good communication, negative enquiries, constructive criticism, manipulative patients, sources of anger.
- **Introduction to Primary Care** – which covers medical indemnity, employment contracts, asking for help, confidentiality, informed consent, feedback, and performance appraisal.

Module 4 of the *Introduction to Primary Care* course covers consumer concerns and complaints:

*“Within all practices there are informal and formal complaints and resolution processes. This applies to any concerns that may arise for you personally or concerns or complaints that a patient may be experiencing. It is therefore important you are aware of the correct process, reporting avenue and organisational obligations when it comes to handling or reporting concerns or complaints. You should discuss this with your supervisor/ practice manager or alternatively you can ask to view the organisational policy and procedure.”*

**Question Three: Does your College publish information for consumers and/or do consumers ever contact your organisation with complaints about members of the profession?**

Consumers can make contact with us via the “Contact us” page of our website (<https://mycollege.acrrm.org.au/contact-us>) and the ACRRM Complaints Policy is also listed on the site. Contact from consumers via this portal is rare, and when complaints are lodged, they are handled by the Policy Team on a case by case basis.

**Question Four: Any comments about the challenges that exist for your members when managing consumer complaints, and/or any opportunities for the Commission and AHPRA to support complaints management at the local level**

Our members practice across some of the most rural and remote parts of Australia, and one of the challenges of rural practice is the often-insular nature of small communities. Rural doctors are active and involved members of the communities where they practice, and this can make it difficult to escape difficult patients and criticism.

The challenges of meeting a diverse range of client needs without the support of, or availability of alternative patients options for dedicated, specialised local services and resources, (including accommodating younger disabled people; caring for an aging population and providing care for LGBTQI and migrant people and those from Aboriginal and Torres Strait Islander backgrounds) in an environment where everyone knows one another heightens the potential for miscommunication and misunderstanding that may lead to an escalation of complaints.

1. The additional mental health impacts of professional isolation over and above the stress inherent in any complaints process should be viewed as of utmost importance when addressing complaints in rural and remote communities.
2. In appointing peer reviewers to consider complaints about doctors practising in rural and/or remote locations, AHPRA should always ensure the reviewers have sufficient and comparable rural and remote experience. It is understood that Aphra will often seek peer review as part of the patient complaint process. Our members report that where these reviews relate to doctors practicing in rural and remote contexts, the selected peers often do not have the relevant training or experience to understand the nature of practice in rural and remote contexts and appropriately qualify them as professional peers.

## About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is *the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care*. It progresses this through the provision of quality vocational training; professional development education programs; setting and upholding practice standards; and through the provision of support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.