



The Division of Rural Hospital Medicine



1. TITLE: GRIEVANCES, COMPLAINTS AND DISPUTES

- 1.1 Policy reference: DRHM
1.2 Category: Organisational
1.3 Approval date: February 2019
1.4 Revision due date: February 2022
1.5 Unit responsible: DRHM

2. Policy declaration

2.1 Purpose and scope

- 2.1.1 This policy outlines the Division of Rural Hospital Medicine's (the 'Division') processes for registrar grievances and complaints about training processes or disputes with those involved in their training programme. This policy is not intended to provide an appeals route for decisions taken with regard to progress on the programme.

3. General policy

3.1 Principles

The following principles will be used in dealing with registrar grievances:

- Responsiveness: The grievance will be dealt with professionally, sensitively and as quickly as is practicable.
- Confidentiality: Details regarding the issue or incident will not be distributed beyond those affected and / or part of the decision-taking body. All reasonable steps will be taken to ensure that details are not revealed.
- Right of response: Any doctor or staff member against whom a grievance has been laid will be notified and provided with an opportunity to respond.
- Fairness: Candidates and those against whom a grievance has been laid will have a right to a fair hearing.
- Impartiality: All reasonable steps will be taken to ensure decisions are based on objective evidence.

Note: Given the small size of the sector, in order to maintain impartiality and to protect both registrars and Educational Facilitators (EF) from a potential conflicts of interest, it is important that the EF is not directly involved in management of the trainee as part of an employment structure. If the registrar moves into a position in which this principle would be compromised, a temporary or permanent change in EF should be made.

3.2 Grounds for complaint

3.2.1 Training programme grievances and disputes

Complaints may be laid in relation to any aspect of the training programme or the administration of the training programme, where the registrar believes that:

- They have been unfairly treated
- Established processes have not been followed
- An administrative error has been made
- Programme quality standards have not been met
- A conflict has arisen with the registrar's Rotational Supervisor, Educational Facilitator, or Clinical Lead.

3.2.2 Workplace disputes

The Division has no direct right of involvement in matters relating to registrar employment. However, if an issue should arise in the workplace, the registrar is encouraged to discuss this with their EF, who may provide support and advice on the appropriate means for dealing with the issue.

However, if the issue relates to the workplace as a site for training, and the registrar has been unable to resolve the issue themselves, they must inform their Clinical Lead as soon as possible, so that the issue can be resolved and the site maintain its accreditation for teaching purposes.

3.3 Process for lodging a complaint

Step 1:

The registrar should, where possible and within a reasonable timeframe, attempt to resolve the issue with the person concerned. This step may alleviate any misunderstandings, and it may be possible to resolve the issue directly.

Step 2:

If step 1 does not result in resolution, or if the registrar does not feel comfortable approaching the person involved directly, the registrar should approach their programme Clinical Lead. (If the dispute is with the programme Clinical Lead, the issue may be raised with the College Head of Learning). The Clinical Lead will attempt to resolve or mediate the issue directly. Alternately, the registrar may approach the Division programme coordinator, or the College Head of Learning, who will find an appropriate Fellow able to discuss and / or mediate the issue.

Step 3:

If the issue still remains unresolved, the Clinical Lead must raise the concern with the Chairperson of the Division Board of Studies. The issue may be discussed at a meeting of the Board of Studies, and further action may be taken as appropriate.

If the issue is to be discussed by the Division Board of Studies, the Chairperson of the Board of Studies will:

- 1) give notice to the doctor or staff member concerned of any complaint against them as soon as is reasonably practicable, if it is to be investigated;
- 2) before finalising any finding which may reflect adversely on a doctor or staff member, allow them the opportunity to comment, provide evidence on the matter and/or add their version of events to the record;

- 3) request any doctor against whom a complaint has been laid and who is a member of the Board of Studies to recuse themselves from the discussion, except as in (2) above
- 4) formally record any finding which relates to the performance of a doctor or staff member, and any follow-up actions proposed;
- 5) notify the complainant that the issue has been considered. If the concern raised is in regard to an individual, the Chairperson is not required to provide detail to the complainant regarding any specific action taken except in so far as the action directly affects the complainant.

4. Monitoring and evaluation

- 4.1 A confidential, de-identified records of all grievances, complaints and disputes will be held in DRHM files.
- 4.2 A periodic analysis of any trends in both number and nature of de-identified complaints and appeals, as per this Policy and also the DRHM Grievances, Disputes and Complaints Policy will be conducted by the DRHM Rural Advisor to identify common and/or recurring causes of complaints and appeals, etc. This information is of value to performance review for the training programme and is part of internal audit. As part of the evaluation process any actions that have been undertaken to improve/review/further investigate complaints and appeals will be circulated to the Board as a learning report.

5. Related policies, documents and legislation

N.A

6. Administrative procedures

6.1 Authorisation

This policy is approved by the Chair of the Council.

6.2 Original issue date of policy

February 2019

6.3 Review of this policy

This policy will have a three-yearly review cycle.