



# AOAC ACCREDITATION SERVICES COMPLAINT HANDLING POLICY

August 2018

# Accreditation Services Complaint Handling Policy

<b>Name of Policy</b>	Accreditation Services Complaint Handling Policy- for complaints against Education Provider or Program of Study	
<b>Description of Policy</b>	This policy describes the principles surrounding handling of complaints related to accredited osteopathy programs in accordance with the <i>Health Practitioners Regulation National Law Act 2009</i>	
<b>Category</b>	Accreditation Services	
<b>Audience</b>	These guidelines apply to Accreditation Services for the handling of complaints related to accreditation function under the <i>National Law</i> ; monitoring processes under <i>Section 50</i> of the <i>National Law</i> ; or compliance with the <i>Quality Framework</i> .	
<b>Status</b>	<input checked="" type="checkbox"/> New policy	<input type="checkbox"/> Revision of existing policy
<b>Last Revised</b>		
<b>Next Review</b>	August 2021	

<b>Cleared by</b>	Chair of the Accreditation Committee	Date:
<b>Responsible Officer</b>	Executive Officer	
<b>Author</b>	Executive Officer	
<b>Approved by</b>	Chair of the Board	Date:
<b>Signed</b>		

<b>Related Documents</b>	<ul style="list-style-type: none"> <li>• <a href="#">National Accreditation Guidelines</a></li> <li>• <a href="#">Health Practitioners Regulation National Law Act 2009</a> (the National Law)</li> <li>• <a href="#">Quality Framework for the Accreditation Function</a></li> <li>• Health Professions Accreditation Councils' Forum - <a href="#">Management of complaints relating to accreditation functions under the National Law – a guidance document</a></li> <li>• <a href="#">Privacy At 1988 (Cth)</a></li> <li>• Accreditation Services Complaint Handling Guidelines</li> </ul>
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## 1. Purpose

- 1.1 The purpose of this policy is to ensure AOAC handles complaints related to accredited osteopathic programs and education providers in a transparent and equitable way that is consistent with the requirements of the National Law and the Quality Framework for the Accreditation Function.

## 2. Scope

- 2.1 This policy applies to accreditation services for the handling of systemic complaints regarding accredited osteopathy education programs and/or the education provider.

## 3. Policy statement

- 3.1 AOAC will manage all complaints about an education provider or program of study in a transparent, fair and timely way in accordance with this policy and Management of complaints relating to accreditation functions under the National Law <sup>1</sup>.
- 3.2 AOAC will acknowledge the complaint within 5 business days and determine if the complaint falls within scope.

## 4. Key Definitions

- 4.1 **National Law** – refers to the *Health Practitioner Regulation National Law Act 2009*

**Personal Complaint** - in which the complainant seeks to have a matter investigated and addressed so as to bring about a change to their personal situation. These complaints would evidence a systematic matter that signifies a failure in the institution. This would include, for example, matters such as governance related to accreditation, staffing and equipment and opportunities to meet the learning objectives.

**Systemic Complaint** - which may evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards.

**Quality Framework** - *Quality Framework for the Accreditation Function (Quality Framework)*. Accreditation authorities, National Boards and AHPRA have agreed to the Quality Framework as the principal reference document to assess the work of accreditation authorities.

### High Risk

**A policy and/or action that is likely to result in failure, harm or injury to the public, student or academic.**

## Abbreviations

- 4.2 **AOAC** – Australian Osteopathic Accreditation Council
- OsteoBA** – Osteopathy Board of Australia

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<sup>1</sup> Management of complaints relating to accreditation functions under the National Law – a guidance document 2015

## 5. Objectives<sup>2</sup>

The first objective of the National Law is to:

*Provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.*

The complaints handling process adopted by AOAC protects the health and safety of the Australian community.

AOAC's complaints handling process clearly reflects the following elements:

- 5.1 Protection of the community.
- 5.2 The system process and decision-making responsibilities are:
  - transparent
  - fair
  - timely
  - clearly articulated, and
  - consistent with the National Law
  - Natural justice – fair and proper procedures are used in decision-making.
- 5.3 Evidence-informed decision-making – decisions are founded on reliable, relevant and appropriate evidence.
- 5.4 Effective communication – clear articulation of the roles and responsibilities of all entities involved.
- 5.5 Active assessment, management and resolution of a complaint against an education provider or approved program of study, using a valid methodology to determine any real and potential risks to providing high quality education for health professionals and to the registration or endorsement of health practitioners by the National Board.
- 5.6 An 'immediate action' response system for complaints that indicate a potential high risk to public safety.
- 5.7 A standardised process for referring complaints between regulatory organisations and for sharing appropriate information (within a framework of confidentiality) with other organisations.
- 5.8 A clear strategy for the management of anonymous complaints.

## 6. Principles

- 6.1 AOAC will accept complaints from staff, students, graduates, health services, individual health professionals and members of the community.

AOAC will also accept complaints from anonymous sources or from sources that request anonymity. AOAC acknowledges that it can be difficult to undertake a full investigation of a complaint without knowing or sharing the identity of a complainant and this will be explained

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<sup>2</sup> Management of complaints relating to accreditation functions under the National Law – a guidance document 2015

to the anonymous complainant. AOAC will ask the anonymous complainant how they would like to be notified of the outcomes of investigations.

AOAC observes the privacy principles set out in privacy legislation (*Privacy Act 1988 (Cth)*) when collecting, storing, using and disclosing personal information obtained in complaint handling.

- 6.2 Complaints should be directed to the Executive Officer and can be provided by the following methods: in writing to [admin@osteopathiccouncil.org.au](mailto:admin@osteopathiccouncil.org.au) or GPO Box 400, Canberra City ACT 2601 or by phone 02 6257 7960.

When provided by phone an AOAC Accreditation Services Team member will complete the verbal complaint form. The complainant will be encouraged to provide detail in writing.

- 6.3 When a complaint is received AOAC will consider whether the complaint directly relates to an accreditation function under the National Law.
- 6.4 Once a complaint has been accepted that directly relates to an accreditation function under the National Law the education provider will be notified and requested to provide a response to the complaint.
- 6.5 Depending on the nature of the complaint, a site visit may be required to investigate the complaint. Minimal notice from the acceptance scope of the complaint of the site visit date may apply, depending on the severity of the complaint. This is in consideration of first objective of the National Law to
- Provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.*
- 6.6 Investigation of a systemic complaint resulting in AOAC undertaking a site visit to the education provider's establishment may result in a recovery of costs associated with the site visit from the education provider.
- 6.7 AOAC will notify the Osteopathy Board of Australia when a high-risk complaint affecting accreditation is being investigated.

## **7. Roles and Responsibilities**

- 7.1 The Executive Officer is responsible for implementing and ensuring compliance with this policy through creation and maintenance of effective procedures.