



Accreditation Services Complaint Handling Policy & Procedure

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Australian Osteopathic Accreditation Council Ltd

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Policy Control

Document title	Accreditation Services Complaint Handling Policy and Procedure (<i>Complaints against an education provider or program of study</i>).
Description	This policy and procedure describes the principles surrounding the handling of complaints related to accredited osteopathy programs of study in accordance with the <i>Health Practitioners Regulation National Law Act 2009</i> .
Category	Accreditation
Scope	This policy applies to the handling of complaints related to accreditation function under the National Law; monitoring processes under Section 50 of the National Law; or compliance with the Quality Framework.
Related documents	National Accreditation Guidelines; Health Practitioners Regulation National Law Act 2009 (the National Law); Quality Framework for the Accreditation Function; Health Professions Accreditation Councils' Forum - Management of complaints relating to accreditation functions under the National Law – a guidance document; Privacy Act 1988 (Cth); Accreditation Services Complaint Handling Guidelines.
Responsible officer	Executive Officer
Cleared by	Accreditation Committee
Approved by	Board of Directors
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Signature

Role	Name	Signature	Date
Chair, Board of Directors	Wendy Cross		8.11.2024

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1. Definitions

Ahpra	The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with 15 National Boards to ensure the community has access to a safe health workforce across all professions registered under the National Registration and Accreditation Scheme and the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.
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	A systematic complaint may signify a failure of a program or provider to meet one or more 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.

2. Abbreviations

Ahpra	Australian Health Practitioner Regulation Agency
AOAC	Australian Osteopathic Accreditation Council ('the Council')
OsteoBA	Osteopathy Board of Australia
EO	Executive Officer
OsteoBA	Osteopathy Board of Australia
PPC	Professional Practice Committee

3. Purpose

- 3.1. The purpose of this policy is to communicate how AOAC meets its obligations under the *Health Practitioners Regulation National Law Act 2009* (the National Law) as implemented in each state and to outline the policy and procedures associated with managing complaints that relate to accredited osteopathy programs of study and/or the education provider.
- 3.2. The policy also facilitates the implementation of an effective complaints management policy and procedure and ensures AOAC meets its responsibilities under section 50 of the National Law.

4. Scope

- 4.1. This policy and associated procedures apply to the management of complaints that relate directly to an AOAC accredited/OsteoBA approved program of study and/or the education provider who no longer meets the Osteopathic Accreditation Standards.
- 4.2. This policy does not extend to complaints about AOAC processes, assessment of overseas qualified osteopaths, staff, or resources, or about AOAC's accreditation decisions.

5. Policy Statement

- 5.1. AOAC welcomes all complaints that facilitate the Council to meet its functions in assessing whether programs of study, and their education providers, continue to meet the Osteopathic Accreditation Standards.
- 5.2. Submitted complaints will be managed in a respectful, transparent, consistent, fair, and timely manner in accordance with this policy and procedure.

6. Principles

- 6.1. The AOAC is required under the National Law to ensure programs of study and education providers continue to meet the Osteopathic Accreditation Standards across the accreditation period. To fulfil this function, AOAC has in place a complaints management process (see the [AOAC Complaints Handling Policy](#)) and monitoring mechanisms (see the [AOAC Monitoring Policy](#)) for programs of study.
- 6.2. As far as reasonably possible, AOAC will handle complaint management activities and outcomes in a transparent, fair, and timely way.
- 6.3. A complaint falls within AOAC's remit when it relates directly to the Osteopathic Accreditation Standards and related procedures by:
 - a. an OsteoBA approved osteopathy program of study, and/or
 - b. the education provider providing the approved program;
 - c. a program of study undergoing accreditation.
- 6.4. A complaint falls outside AOAC's remit when it relates to:

- a. an education program that does not lead to eligibility to apply for registration as an osteopath with the OsteoBA.
 - b. student, academic, education provider or health facility conduct that does not directly relate to a breach of the AOAC Osteopathic Accreditation Standards otherwise unrelated to accreditation matters.
- 6.5. AOAC will accept complaints from:
- a. staff, students, graduates, health services, individual health professionals and members of the community;
 - b. anonymous sources dependent on the level of evidence provided to enable an investigation;
 - c. sources that request anonymity - difficulties associated with assessing a complaint without a complainant's details will be explained to the complainant;
 - d. matters directed to AOAC from Offices of Ombudsmen and other government complaints commissions as required and any relevant legislation including (but not limited to) The [Privacy Act 1988](#), and the [Public Interest Disclosure \(PID\) Act 2013](#) (whistleblowing).
- 6.6. AOAC will ask anonymous complainants if they would like to be notified in relation to matters relating to the complaint.
- 6.7. AOAC will observe the privacy principles set out in privacy legislation (*Privacy Act 1988* (Cth)) when collecting, storing, using, and disclosing personal information obtained in complaint management.
- 6.8. AOAC will accept complaints in any format and request complaints are directed to the AOAC EO:
- a. in writing to admin@osteopathiccouncil.org.au; or
 - b. by phone on (02) 6274 9190 (*the complainant will be encouraged to provide details in writing*); or
 - c. by mail to GPO PO Box 40, Canberra City, ACT 2601.
- 6.9. Where a complaint is assessed as not being within AOAC's remit, AOAC will notify, in writing, to the complainant of the outcome and will be given information about other agencies to which the complaint may be referred.
- 6.10. Where a complaint is assessed as being within AOAC's remit:
- a. The complainant will receive in writing the acknowledgement of the complaint and be provided with information about AOAC's process for managing complaints.
 - b. If necessary, the party/parties subject to the complaint will be notified about the details of the complaint, be provided information about AOAC's complaint management processes, and be requested to provide a response to the complaint.

- 6.11. AOAC will apply principles of fairness to both the complainant and when managing complaints, including:
- a. **Impartiality:** Each complaint should be approached objectively with an open mind, and the facts and contentions of a complaint should be weighed objectively.
 - b. **Confidentiality:** A complaint should be investigated in private, with care taken when disclosing any identifying details.
 - c. **Transparency:** The complainant should be told about steps in the complaint process and be given an opportunity to respond to facts or contentions raised during the investigation before a complaint is resolved or dismissed.
- 6.12. In the rare event that a site visit is required to investigate a complaint, AOAC reserves the right to invoice the cover of costs.
- 6.13. The AOAC EO will be responsible for ensuring complaints management complies with the principles and steps outlined in this policy and procedure.

7. Procedure

- 7.1. Complaints management includes the following steps:
- 7.2. The EO determines if an 'immediate action' response is required for complaints that indicate a high-risk potential to public safety. When an immediate action response is determined as necessary, the EO in consultation with the Professional Practice Chair (PPC) Chair or delegate will:
- a. determine if early notice of the complaint to the OsteoBA is required, and
 - b. plan and commence investigation of the complaint at the earliest possible opportunity.
- 7.3. The EO determines who should address the complaint, including deciding if an assessment team will be delegated to assess the complaint.
- 7.4. The team undertaking complaint assessments are informed about—and are required—to follow the principles of fairness (as stated in clause 6.11) and to ensure:
- a. **Effective communication:** Clear articulation of the process and the roles and responsibilities of all involved.
 - b. **Natural justice:** Fair, transparent, and proper procedures in decision-making.
 - c. **Evidence informed decision making:** Decisions founded on reliable, relevant, and appropriate evidence.
 - d. **Responsiveness and Timeliness:** Define what is to be investigated and estimate the time required to manage the complaint.
- 7.5. Depending on the nature of the complaint, a site visit may be required to gather evidence to assist in the assessment of the complaint. Minimal notification of the site visit date may apply, depending on the nature of the complaint and severity of risk. This approach enables AOAC to

undertake an ‘immediate action’ approach and supports the first objective of the National Law, which is to:

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

- 7.6. The assessment team, on completing the complaint assessment, provides an *Outcome of the Complaints Assessment Report* to the EO.
- 7.7. The EO determines whether the complaint and the outcome of assessment requires presentation to the PPC for consideration of imposition of conditions or targeted monitoring on the program or education provider.
- 7.8. The EO informs the education provider when the complaint has been resolved. Details of the steps in the investigation are not disclosed to the complainant.
- 7.9. The EO informs the education provider of the AOAC Appeal Policy and Complaints Management Policy and Procedure – for complaints about AOAC or AOAC’s accreditation decisions.