





Graph 1: General context of complaints received

Graph 2: Outcome of complaints

#### **Analysis of complaints relating to bullying**

Of the 19 complaints, nine complained about bullying and related issues, as set out in Table 1 below:

Six of the complainants were Trainees or related to their trainee experience. Three complainants were Fellows;

Three complained of victimisation after they raised concerns about unsafe work

Five complainants relayed stories of being ridiculed or demeaned in front of other people; and  
 All nine complainants described significant impact on their professional development and emotional and mental wellbeing.

	Bullying	Poor communication skills	Lack of teaching or care	Overly critical/ridiculing	Patient safety	Work safety
1	x		x		x	
2	x				x	
3	x					x

2) While the College is limited by its resources to conduct investigations (and the power to compel cooperation by third parties), there may be some matters that are so important for the College to investigate upon receipt of a complaint. I also recommend that the College considers setting out expressly its preference for hospitals to conduct their investigations at first instance. This would help in managing complainant expectations.

to allow the investigation by a hospital-employer to take place prior to conducting its own investigation, particularly in allegations of bullying. The College writes in its response letters the following:

We take complaints against RANZCOG members seriously. However, you would appreciate that the College has limited powers to investigate incidents that occur in another employer's workplace as the College does not have the power to investigate, access, records, or require interviews.

order and for pragmatic reasons. For example, hospital-employers have easier access to witnesses and documents. However, there could be public perception that the College is not investigating complaints especially serious ones, including cluster complaints and where there are, prima facie, significant distress experienced by complainants and serious issues being alleged. There could be a perception that while the College has policies and procedures relating to breach of the code of conduct or bullying, harassment and discrimination, it is not actively investigating such allegations in practice. For example, in complaint C12, the complaint reported that a doctor committed suicide due to the unprofessional conduct of another doctor. The College referred the complainant to the Australian Health Practitioner Regulation Agency and to the hospital employer, however it is not apparent from the file whether the College intended to monitor the outcome of the external investigation.

The College could consider establishing a risk-based matrix where factors are identified that could signal the basis for the College to investigate. A risk-based matrix could inform the College on which significant issues and circumstances may require the attention.

3) There were seven complaint files that had incomplete outcomes (or outcomes were not apparent from the file). As part of file management, the College should consider ensuring that file notes set out the final position in the file and that tasks have been completed, including the assessment of all issues raised in the complaint. During my review, I found some that there were some files where not all the issues or allegations were considered or properly referred. In the C4 matter, the complainant indicated that she had previously written to three former Presidents of the College. She wrote: **I've written to three past presidents of RANZCOG about what happened and received no reply.** It would have been appropriate for the College to look into this allegation, but there was no indication in the file that this was done.

It is best practice that a complaint handling officer ensures that the final response from the complainant is obtained prior to closing the file. For instance, in complaint C13, the College wrote to the complainant about the requirement for her to submit a formal complaint. Based



require that complaints are addressed to the Chief Executive. It is reasonable for the Chief Executive to delegate the assessment and investigation of a complaint to a suitably qualified staff member who can read a complaint file in detail, attend to correspondence, including any request for further information, and provide recommendations to the Chief Executive. It is best practice for the complaint handling

It is not recommended that the College combines complaints in one file because of procedural fairness issues. amalgamated. A respondent should be allowed to respond to specific allegations and not wholesale allegations from different individuals. A respondent could argue that the College, in making its determination, was subject to bias because irrelevant evidence was considered by the College and improperly established a \_\_\_\_\_ to wrongdoing. This would offend the principles of procedural fairness.

The three complaints described above could be described as a cluster. In complaints management, clusters often raise red flags (though they are not determinative) because they are not statistically common. The College should consider assessing these cluster complaints in a special way because they could be signalling systemic problems. For example, a new file should be created for every complaint received, as noted above.

6) **Drafting categories of complaints or complaint issues would provide greater insight to the College.**



complaint files that complaints were sometimes received through different channels. A dedicated page on the website could help direct complaints (ie the email or the ). Sometimes the dispersed nature of receiving complaints contributed to different areas in the College responding to the complaint. This process is not ideal because of concerns about confidentiality, management of information and provision of consistent advice to parties to the complaint. In most cases, the CEO corresponded with the parties, but there were several examples when other areas in the College addressed the complaint.

8) **The College could consider taking a more proactive role in ensuring that hospitals and other bodies loop back to the College upon completion of its investigations.** In a number of matters, the College determined that the complaint was more suitable for a third party to conduct its own investigation, for example a hospital employer. I encourage the College to indicate to the investigating body to report back to the College and inform it of its findings. At the moment, the complainant has the burden of re-opening the third-party investigation. This could make it easier for it to act if in the case there was a finding of unprofessional conduct. The College should also consider automatically monitoring complaints that were referred to third parties for investigation. In my review, I found that not all letters to complainants indicated the College would await the outcome of the investigation. In five matters, the College indicated that it would monitor the investigation outcome, however, the College did not indicate this in four matters (C11, C12, C14 and C15).

9) **The College could consider referring a matter to third parties on behalf of the complainant, with the complainant's consent.** - or a hub so that complainants do not get bounced around. A victim-centred approach recognises that complainants experience anxiety dealing with investigating bodies. The College offering to relay a complaint to AHPRA or to a hospital employer would be best practice and would offer seamless referrals. The College may have to establish some protocols for this to occur, including channels of communication with AHPRA, etc. However, this would not be unusual as AHPRA, for example, already works with health complaints bodies and have established protocols.

10) **There could be improvements in dealing with anonymous or confidential complaints.** The College accepts these complaints, registers the concerns, but is unable to progress the

In cases where the complainant wishes the complaint to be anonymous or confidential, it is important for the complaint handling officer to obtain as much information from the complainant for data analysis in the future. For example, in complaint C8, details of the