Management of a Complaint or Concern about a Clinician

Policy Number 2.016

Policy Function Leadership and Management

Issue Date 18 November 2014

Summary Appropriate management of a complaint or concern about a clinician is an important component of maintaining and improving patient safety and clinical quality within a health service.

This policy provides Justice Health & Forensic Mental Health Network (JH&FMHN) specific policy and procedures on managing a complaint or concerns about a clinician when implementing NSW Health policy directive PD2006_007 Complaint or Concern about a Clinician – Principles for Action and applies to all public officials within NSW Health, including any person working part time, casual or full time, including Visiting Medical Officers, contractors and agency staff.

Responsible Officer Executive Director, Governance and Commercial Services

Applicable Sites ☑ Administration Centres
☑ Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
☑ Health Centres (Adult Correctional Centres or Police Cells)
☑ Health Centres (Juvenile Justice Centres)
☑ Long Bay Hospital
☑ The Forensic Hospital

Previous Issue(s) Policy 2.016 (September 2011)

Change Summary • Updates in line with the Australian Health Practitioner Regulation Agency (AHPRA), Health Care Complaints Commission (HCCC), and NSW Health Policy and Professional Associations.

TRIM Reference POLJH/2016

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network
1. Preface

Appropriate management of a complaint or concern about a clinician is an important component of maintaining and improving patient safety and clinical quality within a health service.

This policy provides Justice Health and Forensic Mental Health Network (JH&FMHN) with specific policy and procedures on managing a complaint or concerns about a clinician when implementing NSW Ministry of Health (MoH) Policy Directive (PD) PD2006_007 Complaint or Concern about a Clinician – Principles for Action and applies to all public officials within NSW Health, including any person working part time, casual or full time, including Visiting Medical Officers, contractors and agency staff.

This policy is part of a suite of complaints and accountability policies operating within JH&FMHN. When a complaint or concern arises, managers must consider whether action is required in accordance with this and/or any of the following policies:

- JH&FMHN policy 2.030 Incident Management - For managing any system related incidents.
- JH&FMHN policy 3.020 Conduct and Discipline – For managing disciplinary matters.
- JH&FMHN policy 3.090 Grievance Management – For managing any staff grievances.
- JH&FMHN policy 3.100 Harassment, Bullying and/or Discrimination – for managing bullying and harassment matters.
- JH&FMHN policy 2.020 Corruption Prevention and Fraud Control – For managing possible corrupt conduct.
- NSW MoH PD2014_001 Appointment of Visiting Practitioners in the NSW Public Health System, PD2012_028 Recruitment and Selection of Staff of the NSW Health Service and PD2011_010 VMO Performance Review Arrangements, which should be consulted where appropriate.
- JH&FMHN policy 2.140 Public Interest Disclosure.

2. Policy Content

2.1 Mandatory Requirements

- The management or investigation of a complaint or concern about a clinician within JH&FMHN must be conducted in accordance with principles in NSW MoH PD2006_007 Complaint or Concern about a Clinician - Principles for Action and procedures outlined in this policy and NSW MoH Guideline GL2006_002 Complaint or Concern about a Clinician - Management Guidelines.
- Staff must behave and practise in a manner consistent with the NSW MoH PD2012_018 Code of Conduct and JH&FMHN policy 2.010 Code of Conduct.
- Staff must report a known or suspected complaint or concern about a clinician to their manager, Service Director or to the Senior Complaints Officer (who is the Director Clinical and Corporate Governance [DCCG]) or the After Hours Nurse Manager if after hours and must assist in the investigation of a clinician when requested by the Management of a Complaint or Concern about a Clinician (MCCC) Committee.
All complaints against a clinician must be appropriately investigated, including a complaint that may appear to be frivolous, vexatious or trivial.

Complaints or concerns about a clinician must be graded according to the severity as per the table in Appendix 2 and the investigation process will be guided by the level of severity and risk identified.

JH&FMHN must actively manage a documented complaint or concern about a clinician and may not defer this obligation to AHPRA or the HCCC. If AHPRA and/or HCCC takes emergency suspension action or uses its emergency powers to place conditions on the clinician’s practice, JH&FMHN must respond to address the external restrictions. For Medical Officers and Dentists, this will be done through the Medical and Dental Appointments Advisory Committee (MADAAC) processes.

Where the matter has required the notification and/or involvement of another external agency, appropriate liaison with that agency must occur to ensure that the requirements and obligations of JH&FMHN and the external agency are satisfactorily met and the management of the complaint or concern by either party is not compromised.

Any known or suspected (on reasonable grounds) professional misconduct or unsatisfactory professional conduct under the Health Practitioner Regulation National Law (NSW) Act must be reported by the CE to the relevant professional council in accordance with the Health Services Act 1997.

All records pertaining to making or investigating a complaint or concern about a clinician must be retained, managed and disposed of in accordance with JH&FMHN policy 2.014 Corporate Records Management.

2.2 Implementation - Roles and Responsibilities

Chief Executive (CE)
- Ensuring that complaints and concerns are acted upon, by way of investigation and, where necessary, appropriate action taken to implement findings.
- Ensuring recommendations resulting from the management of complaints or concerns about clinicians are considered by the MCCC Committee, and acted upon where appropriate.
- Notifying the Secretary, NSW Ministry of Health and relevant agencies such as the HCCC, the Independent Commission Against Corruption (ICAC), NSW Police, Corrective Services NSW (CSNSW) or Juvenile Justice NSW (JJNSW) when a complaint against a clinician relates to a serious criminal matter, professional misconduct, unsatisfactory professional conduct or inappropriate child-related conduct. All known or suspected criminal acts must be reported to the NSW Police in accordance with NSW Health policy directive PD2006_026 Criminal Allegations, Charges and Convictions Against Employees.

Executive Directors

Executive Directors are responsible for the direct management of the complaint or concern about a clinician in accordance with the attached procedures.

Director Clinical and Corporate Governance (DCCG)

The DCCG is the designated Senior Complaints Officer during business hours and is responsible for:
- The system of managing complaints about clinicians and ensuring agreement on proposed steps to manage complaint/s;
  1. Reporting outcomes of all complaints or concerns periodically to the JH&FMHN Executive Team and
2. Maintaining data on the number and nature of complaints and reporting complaints data to the Executive Team.

3. Procedure Content

3.1 Steps in Managing a Complaint or Concern about a Clinician

3.1.1 Identification

Complaints or Concerns regarding clinicians may be identified via a number of mechanisms including:

- Receipt of a complaint from a patient, family member, or person external to the NSW health system,
- Complaint or concern raised by other clinicians or staff within the NSW health system,
- Coronial Inquiries or HCCC investigations,
- Performance review processes in accordance with JH&FMHN policies,
- Investigation of an incident, and/or
- Routine peer review

3.1.2 Notification

All complaints or concerns regarding individuals must be notified in the first instance to the relevant line manager, Service Director, Senior Complaints Officer (DCCG) or After Hours Nurse Manager (if after hours). The line manager is responsible for gathering information to ensure that an informed judgement can be made regarding the severity of the complaint. Refer to Appendix 2 for the relevant Severity Code. Where the complaint or concern relates to the line manager or where there is a perceived lack of impartiality by the line manager, the next senior manager must be informed and undertake this role. If the complainant prefers not to approach local management or perceives a response to be unsatisfactory, they may approach the Designated Senior Complaints Officer (DCCG during normal business hours or the After-Hours Nurse Manager at other times).

Complaints/Concerns Received via the Client Liaison Officer

A complaint or concern may be raised in correspondence being dealt with by a Client Liaison Officer. In this instance the Client Liaison Officer will discuss the matter with the DCCG. The DCCG will liaise with the line manager and a decision will be made regarding appropriate management as per the severity ratings and process set out below.

Allegations Involving Children

Part 3A of the Ombudsman Act 1974 requires certain allegations involving children to be reported to the Ombudsman irrespective of whether an investigation reveals inappropriate conduct. Where a complaint involves conduct regarding a Child that is under the age of 18 at the time of the incident, staff must refer to JH&FMHN policy 5.015 Child Protection for managing criminal and child related allegations.

Notifying NSW Ministry of Health

The Secretary of Health must be notified via a Reportable Incident Brief where a complaint relates to a matter of suspected professional misconduct or suspected unsatisfactory professional conduct. Reportable Incident Briefs are coordinated through the Governance Unit and once approved for transmission, must be sent by the Chief Executive.
3.1.3 Investigation

All complaints and concerns are graded by the relevant manager according to their severity to assist in determining appropriate action. Refer to Appendix 2 for a summary of required actions.

Serious/Major Complaint/Concern

If the complaint or concern is judged to be of a Serious/Major, that is, rated Level 1 or 2 on the Severity Code, the line manager must notify the relevant Executive Director who must notify the Chief Executive and the DCCG of the complaint or concern. The following sequence of events must be followed when investigating a Serious/Major complaint/concern (rated Level 1 or 2):

1. Undertake a risk assessment to determine immediate actions to minimise risk to patients and/or staff and others,

2. Assess the complaint to determine the nature of the complaint or concern and how to proceed, including the appropriate process to be followed, that is, child protection, grievance policy, disciplinary matter, public interest disclosure, etc. as referred to in Section 1 of this policy),

3. A ‘Management of a Complaint or Concern about a Clinician’ (MCCC) Meeting will be convened. This must include the relevant Executive Director, DCCG, Director Workforce and the CE. When the matter concerns a medical officer, the Director, Medical Programs and Executive Medical Director must also attend. At this MCCC meeting:
   - A decision must be made on who will be assigned the role of investigator. The investigator will have primary responsibility for investigation of the complaint or concern.
   - An assessment must be made as to whether the situation warrants standing down the clinician pending the investigation. If the clinician is stood down, the CE must advise the relevant professional council at this time.
   - The relevant Executive Director or the Service Director must be designated to liaise with HCCC to ensure the organisation’s investigation does not impact adversely on HCCC investigations.
   - The investigation must be concluded expeditiously. It is recommended that all investigations be completed within 60 days. Where it is anticipated that the investigation is likely to take more than 60 days to complete, the DCCG must be provided with an investigation plan before commencing the investigation. An investigation plan should include the following to ensure the DCCG is able to follow up and monitor the investigation process. This plan should include investigation milestones and the action(s) required.

The complainant must be advised of any revised timeframes.

The Investigator must:

- Advise the clinician (face to face and in writing) of the complaint, the nature of the complaint and the process of investigation. Meetings with the clinician are to occur as necessary and appropriate throughout the investigation process to gather information, provide information on findings and to allow the clinician the opportunity to discuss and respond to findings. The clinician must be advised that they are able to have a support person in attendance at meetings related to the investigation. The support person is required to sign a form outlining the role of a support person and requirements for confidentiality. Refer to Appendix 3 for a sample.
- Advise the complainant (if any) of the proposed process for managing the complaint;
Management of a Complaint or Concern about a Clinician

- Obtain information relevant to the complaint or concern from all appropriate sources including the notifier/complainant and other clinicians or staff members to clarify scope of complaint. Information collected will vary depending on the nature of the concern raised and according to the nature and severity of the complaint. Information collected may include:
  o statements from or interviews with, relevant parties including people receiving a health service and their relatives,
  o site inspection,
  o record review,
  o clinical practice or indicator data,
  o variation reports,
  o clinical reviews,
  o relevant policy / clinical standards, and/or
  o physical evidence and other relevant material.

- Identify and analyse the issues arising from the complaint/initial notification or from information collected.

- Advise the clinician (face to face and in writing) when all of the relevant information has been collected and analysed. The clinician must be provided with enough information to allow him/her to fully respond to the allegation/s. The clinician must be offered the opportunity to make a submission on the proposed action.

Recommendations

- Recommendations provided to the CE by the MCCC Committee must be based on the findings of the investigation.

- The CE will review the appropriateness of the recommendations and authorise their implementation.

- The relevant Executive Director must:
  o Implement all recommendations and provide progress reports to the DCCG,
  o Inform the clinician of the outcome,
  o Inform the complainant, if any, of the outcome of the investigation. This includes the review of any letters drafted to the complainant prior to sign off.

Moderate/Minor Complaint/Concern

The following sequence of events must be followed when investigating a Moderate/Minor complaint/concern (rated 3 or 4):

1. Line Manager to discuss with Service Director/Clinical Director and undertake a risk assessment to determine immediate actions to minimise any potential risk to patients and/or staff and others;

2. Assess the complaint to determine the nature of the complaint or concern in order to decide how to proceed, including the appropriate policy and process to be followed. Refer to Section 1 of this policy;

3. Notify the DCCG of the receipt of a complaint/concern about a clinician;

4. A decision must be made on who will be assigned primary responsibility for the investigation of the complaint or concern, that is, the Investigator.

5. The Investigator will:
Management of a Complaint or Concern about a Clinician

o Advise the clinician (face to face and in writing) of the nature of the complaint and the process of investigation;
o Advise the complainant, if any, of the proposed process for managing the complaint;
o Obtain information relevant to the complaint or concern from all appropriate sources including other clinicians, staff members and the notifier/complainant to clarify the scope of complaint;
o Identify and analyse the issues arising from the complaint/initial notification or from information collected;
o Advise the clinician (face to face and in writing) when all of the relevant information has been collected and analysed. Enough information must be provided to allow the clinician to fully respond to the allegation(s). The clinician must be offered an opportunity to make a submission on the proposed action.

6. Any recommendations must be:
o Based on the findings of the investigation,
o Assessed by the Service Director or Clinical Director for appropriateness,
o Authorised by the Service Director/Clinical Director.

The relevant Director will be responsible for ensuring the implementation of all recommendations and reporting progress of same to the DCCG.

7. The clinician is to be informed of the outcome.

8. The complainant, if any, must be informed of the outcome of the investigation.

9. The investigation must be concluded expeditiously. It is recommended that all investigations be completed within 60 days.

10. The findings must be referred to the MCCC Committee.

3.1.4 Possible findings of the investigation and follow-up actions

• Identification that professional misconduct or unsatisfactory professional conduct may have occurred

These cases must be reported by the CE to the relevant professional council in accordance with the Health Services Act 1997. The Secretary of NSW Health must be notified via a Reportable Incident Brief (RIB) coordinated by the Governance Unit.

• Identification of performance issues, but not sufficiently serious to warrant reporting to AHPRA.

Where performance issues are identified, the organisation has an obligation to act in accordance with routine performance management processes.

Appropriate actions may include:
o Counselling,
o Reskilling or limiting practice or
o Requiring the clinician to attend courses, for example, anger management or communication.

• Identification of behavioural issues, such as not turning up for scheduled work or not being available while on call.

• Behavioural issues should be managed through performance review and ongoing monitoring;

• Identification of impairment issues.
In such cases, the matter must be referred to the DCCG to notify HCCC and/or AHPRA for action under their procedures for dealing with impaired registrants. Where the profession falls out of scope for registration under AHPRA, the relevant professional association must be informed as they may still be able to assist in a review or investigation or decide to revoke professional membership.

- Identification of systems issues.

  Systems issues must be managed in accordance with the incident management process and JH&FMHN policy 2.030 Incident Management.

- No identification of individual performance or system issue.

  In this case, findings still need to be documented.

- Action on other issues such as conduct, corrupt behaviour.

  These issues must be managed in accordance with JH&FMHN policies listed in Section 1 of this policy.

3.2 Documentation

- Any matter involving patient harm or a near miss, whether notified as a complaint or not, must be entered into the Incident Information Management System (IIMS).

- Documentation in relation to the management of the complaint or concern must be retained, managed and disposed of in accordance with JH&FMHN policy 2.014 Corporate Records Management.

  All investigation papers must be filed in an Investigation Container (Document type 2) in Total Records Information Management (TRIM) as the investigation progresses.

- For reporting purposes a secure log must be kept regarding the management and outcomes of all complaints or concerns about clinicians.

4. Definitions

Clinician

A health practitioner or health service provider regardless of whether the person is registered under the Health Practitioner Regulation National Law (NSW) Act, hereinafter referred to as the Act.

Must

Indicates a mandatory action required that must be complied with.

Should

Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

Staff

For the purposes of this policy staff refers to any person working in a permanent, temporary, casual, termed appointment or honorary capacity within NSW Ministry of Health. It includes volunteers, patient advocates, contractors, visiting practitioners, students, consultants and researchers performing work within NSW Health facilities.
Unsatisfactory professional conduct of a registered health practitioner includes each of the following:

(a) Conduct that demonstrates the knowledge, skill or judgment possessed, or care exercised, by the practitioner in the practice of the practitioner’s profession is significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience.

(b) A contravention by the practitioner (whether by act or omission) of a provision of the Act, or the regulations under this Act or under the NSW regulations, whether or not the practitioner has been prosecuted for or convicted of an offence in respect of the contravention.

(c) A contravention by the practitioner (whether by act or omission) of—
   i. a condition to which the practitioner’s registration is subject; or
   ii. an undertaking given to a National Board.

(d) A contravention by the practitioner (whether by act or omission) of a decision or order made by a Committee or Tribunal in relation to the practitioner.

(e) A contravention by the practitioner of section 34A(4) of the Health Care Complaints Act 1993.

(f) Accepting from a health service provider (or from another person on behalf of the health service provider) a benefit as inducement, consideration or reward for—
   i. referring another person to the health service provider; or
   ii. recommending another person use any health service provided by the health service provider or consult with the health service provider in relation to a health matter.

(g) Accepting from a person who supplies a health product (or from another person on behalf of the supplier) a benefit as inducement, consideration or reward for recommending that another person use the health product, but does not include accepting a benefit that consists of ordinary retail conduct.

(h) Offering or giving a person a benefit as inducement, consideration or reward for the person:
   i. referring another person to the registered health practitioner; or
   ii. recommending to another person that the person use a health service provided by the practitioner or consult the practitioner in relation to a health matter.

(i) Referring a person to, or recommending that a person use or consult—
   i. another health service provider; or
   ii. a health service; or
   iii. a health product;

   if the practitioner has a pecuniary interest in giving that referral or recommendation, unless the practitioner discloses the nature of the interest to the person before or at the time of giving the referral or recommendation.

(j) Engaging in over servicing.

(k) Permitting an assistant employed by the practitioner (in connection with the practitioner’s professional practice) who is not a registered health practitioner to attend, treat or perform operations on patients in respect of matters requiring professional discretion or skill.

(l) Any other improper or unethical conduct relating to the practice or purported practice of the practitioner’s profession.
Unsatisfactory professional conduct of a medical practitioner includes each of the following:

(a) Conduct that results in the medical practitioner being convicted of or being made the subject of a criminal finding for any of the following offences--

i. an offence under section 102 of the Mental Health Act 2007;
ii. an offence under section 175 of the Children and Young Persons (Care and Protection) Act 1998;
iii. an offence under section 35 of the Guardianship Act 1987;
v. an offence under section 58 of the Private Health Facilities Act 2007.

(b) By the medical practitioner's presence, countenance, advice, assistance or co-operation, knowingly enable a person who is not a medical practitioner (whether or not that person is described as an assistant) or is not otherwise authorised by a National Board to:

i. perform operative surgery (as distinct from manipulative surgery) on a patient in respect of any matter requiring professional discretion or skill; or
ii. issue or procure the issue of a certificate, notification, report or other like document, or to engage in professional practice, as if the person were a medical practitioner.

(c) Refusing or failing, without reasonable cause, to attend (within a reasonable time after being requested to do so) on a person for the purpose of rendering professional services in the capacity of a medical practitioner if the practitioner has reasonable cause to believe the person is in need of urgent attention by a medical practitioner, unless the practitioner has taken all reasonable steps to ensure that another medical practitioner attends instead within a reasonable time.
### 5. Legislation and Related Documents

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<tr>
<th>Legislation</th>
<th>NSW MoH Policy Directives and Guidelines</th>
<th>JH&amp;FMHN Policies</th>
<th>External Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Children and Young Persons (Care and Protection) Act 1998</em></td>
<td>PD2006_007 <a href="https://www.health.nsw.gov.au/policies/pol2006_007">Complaint or Concern about a Clinician – Principles for Action</a></td>
<td>2.010 <em>Code of Conduct</em></td>
<td><em>Australian Health Practitioner Regulation Agency</em></td>
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<td>2.014 <em>Corporate Records Management</em></td>
<td><em>Corrective Services NSW</em></td>
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<td><em>Mental Health Act 2007</em></td>
<td>GL2006_002 <a href="https://www.health.nsw.gov.au/policies/gl2006_002">Complaint or Concern about a Clinician – Management Guidelines</a></td>
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<td><em>Ombudsman Act 1974</em></td>
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<td>3.132 <em>Performance Management</em></td>
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<td><em>Private Health Facilities Act 2007</em></td>
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<td>2.140 <em>Public Interest Disclosure</em></td>
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<td>5.015 <em>Child Protection</em></td>
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### External Agencies

- *Australian Health Practitioner Regulation Agency*
- *Corrective Services NSW*
- *Health Care Complaints Commission*
- *Independent Commission Against Corruption*
- *NSW Health Care Complaints Commission*
- *Juvenile Justice NSW*
Appendix 1 – MCCC Flowchart

Notification to Line Manager

Written

Verbal

Line Manager to document

Immediate management of harm

Notify Executive Director and Director Clinical & Corporate Governance

Manager to IIMS if harm is to patient or staff

MCCC Severity Rating

LVL 1

DCCG to discuss with Executive Director

LVL 2

MCCC Meeting: Exec Director, Director Clinical & Corporate Governance

Director Workforce and Chief Executive and Director Medical Programs (if involves a Medical Officer)

Decision from Group regarding:

• Suspension
• Appointment of Investigator
• Notification of Clinician (timing)
• Other notification: - Policy/HCCC/ICAC etc
  - MADAAC/Board
  - Ministry of Health via RIB (de-identified)

Investigation

• Investigate fully
• Interview as appropriate
• Advise complainant of progress
• Advise clinician of progress and offer support through EAP/support person
• Feedback findings to Group
• Offer Clinician opportunity to respond to findings

Findings

Professional

Misconduct

Performance

Issues

Systems Issue

Actions

Notify Registration Authority & others as appropriate

Counseling/Re-skilling. Consider clinical privileges

Incident Management Policy

Advising the MCCC Committee and Director Clinical & Corporate Governance of outcome of Investigation and any follow up

Advising clinician and complainant

Document & Report

LVL 3

Line Manager to discuss matter with Service Director/ Clinical Director

Service Director/Clinical Director:

• Notify Director Clinical & Corporate Governance
• Decide who will investigate complaint

Investigation

• Investigate fully
• Interview as appropriate
• Advise complainant of progress
• Advise clinician of progress and offer support through EAP/support person
• Offer clinician opportunity to respond to findings

Findings

Professional

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Actions

Notify Registration Authority & others as appropriate

Counseling/Re-skilling. Consider clinical privileges

Incident Management Policy

Professional

Misconduct

Performance

Issues

Systems Issue

Advise the MCCC committee and Director Clinical & Corporate Governance of outcome of Investigation and any follow up

Advising clinician and complainant

Document & Report

LVL 4

Advise clinician and complainant

Document & Report

Findings to Group and Action plan for authorisation by Chief Executive

Professional

Misconduct

Performance

Issues

Systems Issue

Actions

Notify Registration Authority & others as appropriate

Counseling/Re-skilling. Consider clinical privileges

Incident Management Policy

Professional

Misconduct

Performance

Issues

Systems Issue

Advising the MCCC Committee and Director Clinical & Corporate Governance of outcome of Investigation and any follow up

Advising clinician and complainant

Document & Report
Appendix 2 -
Severity Ratings and Summary of Actions and Responsibilities

This table guides the action of the senior officer managing the complaint. A risk assessment of the issues raised in the complaint or concern should be undertaken to ensure patient safety.

<table>
<thead>
<tr>
<th>Level</th>
<th>Severity Description used to assess a Complaint or Concern</th>
<th>Actions required following risk assessment of the Complaint or Concern</th>
</tr>
</thead>
</table>
| 1     | Very serious complaint or concern arising from one or more events involving unexpected mortality or serious morbidity, gaps in clinical performance, an external event relevant to performance (such as a criminal conviction or termination of employment in another facility) or serious concerns by colleagues about the health or safety of patients. | 1. Notify CE/ DCCG immediately.  
2. Determine whether notification to AHPRA and/or other relevant authority such as Coroner or police is required.  
3. Consider immediate suspension of clinical privileges in cases of suspected misconduct.  
4. Consider whether variations to clinical privileges are required. |
| 2     | Significant complaint or concern, where there may be one or more events involving unexpected mortality or increasingly serious morbidity (SAC 1 or 2), and there may be a pattern of sub optimal performance or variation in clinical outcomes over a period of time. | 1. Notify DCCG.  
2. Consider whether variations to clinical privileges are required.  
3. Investigate. |
| 3     | Complaint or concern that the performance, practice or clinical outcome achieved by an individual clinician varies from peers or from expectations, but where there has not been any event involving unexpected mortality or serious morbidity. | 1. Notify DCCG.  
2. Management and investigation as outlined above.  
3. Manage outcomes in accordance with relevant policy or Award. |
| 4     | Complaint or concern appears frivolous, vexatious or trivial. | 1. Management and investigation as outlined above.  
2. Continue standard performance monitoring and management.  
3. Notify DCCG of findings and actions. |

Where there are reasonable grounds to suspect the conduct of a health professional may involve professional misconduct or unsatisfactory professional conduct the CE of the Local Health District or other Public Health Organisation must be notified as soon as they are identified.

Sections 99A and 117A of the Health Services Act 1997 requires the CE to notify AHPRA of "any conduct of a visiting practitioner (or employee) that the Chief Executive suspects on reasonable grounds may constitute professional misconduct or unsatisfactory professional conduct under the Health Practitioner Regulation National Law (NSW) Act by which the registration authority is constituted."
Appendix 3 - Confidentiality Agreement for Support Persons

JUSTICE HEALTH and FORENSIC MENTAL HEALTH NETWORK

A support person's role is to ensure the observance of protocols and support the clinician. The support person is not to speak on behalf of either party.

I………………………………………………………………………………………………………………………………………………………….understand that as a support person to during this investigation, I may be the recipient of material either in verbal or written form pertaining to the treatment of patients, the activities of staff or the operation of health services within Justice Health and Forensic Mental Health Network.

In signing this agreement I agree to maintain the confidentiality of any material that may come into my possession and confine discussions of this material to the confines of this investigation.

Signed: ................................................................. Date: ...... / ...... / ......

Witness Name...

Position: ........................................................................................................................................................................................

Signed: ....................................................................................................................................................................................