

# Management of a Complaint or Concern about the Clinical Competence of a Clinician Policy

Action Required:	Compliance is mandatory
Publication date:	May 2006
Document Classification:	Policy
Authorised by:	Chief Executive, ACT Health
Authored by:	Clinical Governance Unit, ACT Health
Applies to:	All clinical staff of ACT Health
Distributed to:	All clinical staff of ACT Health
Replaces Doc No:	N/A
Status:	Final
Review Date:	April 2010

## 1. Purpose and Scope

This policy seeks to promote patient safety in the provision of health services. It does this through the appropriate management of a complaint or concern about the clinical competence of a clinician. Clinical competence refers to the knowledge, skill and attributes possessed and applied by the clinician in the course of their clinical duties.

The policy complements the ACT Health framework for performance management identified in Certified Agreements and does not replace those arrangements. The policy is used within the framework of the relevant management of under performance processes set out in Certified Agreements and/or employment contracts. Identified incidents, which reflect systemic problems are to be referred to the Clinical Review Committee of the Division/Stream.

This policy does not cover situations where there are concerns that the health of the clinician may be impaired or there is an external event relevant to performance, misconduct or impairment. In these cases, the matter is referred immediately to the relevant health profession board.

This policy identifies four levels of review for managing complaints or concerns. The levels are descriptive, not prescriptive and represent an escalating approach to

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management that depends on the nature of complaints or concerns. The policy includes actions to be taken if patient safety is at risk.

**2. Policy**

This policy document outlines the approach to be adopted within ACT Health for the management of a complaint or concern about the clinical competence of a clinician. It outlines the general principles and then details the specific processes for medical and dental staff.

The supporting processes and associated information are attached.

- Appendix A** Policy Processes
- Appendix B** Associated Information

**3. AUTHORISATION**

Approved by:

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Dr Tony Sherbon  
Chief Executive  
ACT Health

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Date

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## Disclaimer:

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# Appendix A

## Policy Processes

### BACKGROUND

ACT Health is committed to responsible governance in the provision of quality health services to the community.

It is mandatory that there are systems in place for ensuring that clinicians have appropriate skills and competencies when they are recruited or appointed, that they are supported and enabled to develop these skills throughout their careers, and that systems are in place for assessing clinical performance or competence and dealing with identified deficits in these skills and competencies.

To enable continuing growth in individual clinical competence and the effective provision of quality health services, the health environment must:

- Foster quality;
- Encourage a culture of learning and professional support;
- Identify gaps in the quality of care; and
- Effectively address these gaps to provide opportunities for individual learning, system improvement and to ensure patient safety.

A culture of blame or sanction will prevent early disclosure and identification of system gaps.

Clinical competence refers to the knowledge, skill and attributes possessed and applied by the clinician in the course of their clinical duties. The term is generally directed towards technical expertise, however a clinician needs a range of skills, knowledge and characteristics beyond clinical expertise to provide good patient care.

These skills and attributes include:

- Attitudes and interpersonal skills;
- Ability to communicate with patients and colleagues;
- Ability to work as part of a multi-disciplinary team;
- Leadership skills; and
- Knowledge of the health system within which the clinician works.

Even at the start of a career, competence should meet a minimum acceptable standard.

Although the majority of problems that occur in health care result from human error, they are best seen as a failure of systems, not of individuals. All health providers “need to accept the notion that error is an inevitable accompaniment of the human condition, even among conscientious professionals with high standards. Errors must

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be accepted as evidence of system flaws and not character flaws.”<sup>1</sup> A systems approach to quality improvement, therefore, is the best way of dealing with many of the problems that occur in health care.

This policy should be seen within an overall context of safety and quality that includes initial training and continuing education, registration and credentialing, incident monitoring, quality improvement processes and consumer participation in health care. This policy complements existing mechanisms for performance management and the ongoing development of skills and competencies of clinicians in ACT Health.

## GENERAL PRINCIPLES

Regardless of the level of review or nature of action to be taken in regard to any clinical performance issues, the following principles will apply:

### Health and Safety

The primary intention of this policy is safeguarding the health and safety of consumers, individual clinicians, and the staff of ACT Health.

### Risk Management

This policy emphasizes a risk management approach to complaints and concerns. The aim is to manage performance in the earliest stages of concern, and thereby reduce the risk of adverse outcomes.

### Natural Justice

The three principles of natural justice will be observed,<sup>2</sup> including:

- The right to be heard;
- The right to have a decision made by an unbiased decision-maker; and
- The right to have the decision based on evidence.

### Natural Justice Procedures

Committees will have procedures in place to ensure that:

- oral hearings are held where an investigation is likely to be detrimental to a person’s reputation or livelihood;
- a person whose performance is under investigation is given 28 days notice of the issues to be dealt with by the committee and of the time and place of any hearings;
- a person is given 28 days to respond to all materials and allegations put before the committee;
- the committee provides reasons for any decisions made, in writing, within 28 days and
- the findings are to be documented in a de-identified action plan<sup>3</sup>.

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<sup>1</sup> Leape, L. (1994). Error in medicine. *Journal of the American Medical Association*, 272, 1851-1857.

<sup>2</sup> The University of Newcastle, Australia. “Natural Justice and Procedural Fairness” at <http://www.newcastle.edu.au/services/legal/justice-fairness.html>

<sup>3</sup> Administrative Procedures for the Management of Health Care Quality Assurance Committee Protection, June 2003.

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## Procedural Fairness

- The clinician has the right to be fully informed of issues under review or investigation, prior to the review commencing;
- The clinician is to be given a fair hearing and the opportunity to present her/his case; and
- Any decision made is to be based only on material that is relevant to the case under review.

## Standard of Care

The standard of care required is that of a reasonable person who was in possession of all the information that the clinician had, or ought reasonably to have had, at the time of the incident in question. (derived from the Civil Law (Wrongs) Act 2002 (ACT) s 42)

## General Standards

This will be the standard reasonably expected of a clinician of an equivalent level of training and experience. These standards will reflect the standards of practice required under the Health Professionals Regulation 2004 (ACT)(Part 4.1 & 4.2).

## Shared Responsibility

It is the responsibility of health service management to act on concerns or complaints about clinicians. It is also the responsibility of health professionals to be vigilant in identifying and raising a concern or complaint about a colleague whose health, conduct or performance is a threat to patients or others. <sup>4</sup>

## Confidentiality

On receipt of a written complaint about a clinician, the clinician will be advised that the complaint has been received. Advice will include the:

- Nature of the complaint; and
- Name of the person making the complaint, unless disclosure of the complainant's identity would prejudice the investigation or place a patient or complainant at risk. In this event, confidentiality of the complainant will be maintained. The matter will be dealt with "in confidence" and details will be disclosed only on a "need to know" basis. This principle does not override any statutory or other reporting obligations.

## Disclosure of Conflicts of Interest

Any person involved in clinical review must be able to demonstrate fairness, objectivity and lack of bias, particularly if there is a relationship between the reviewer and the clinician concerned. Clinicians who are current members of a health profession board are not to be members of the Clinical Privileges Committee or the Appointments Appeals Committee.

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<sup>4</sup> Health Professionals Regulation 2004 (ACT) s 145

## **Statutory Obligations**

These principles do not negate, and should not be read to stand in place of, any statutory obligations in relation to reporting, investigating or otherwise dealing with a matter.

## **Reporting to Relevant Boards**

In the case of level 4 complaints or concerns, a confidential report will be provided to the relevant board to ensure efficiency and avoid duplication of review processes.

## **COMMON ELEMENTS**

Some elements are common to all levels of action:

### **Notification**

Anyone can notify a complaint or concern, which should then be reported to the head of the clinical unit.

### **Method of Notification**

Initial notification may be made orally, however the complaint must subsequently be in writing, signed by the person making the notification. A third party may assist in the writing of a complaint.

### **Anonymous Complaints**

Anonymous complaints generally will not be accepted, as this does not afford natural justice to the clinician. The exception to this principle is if disclosure of the complainant's identity would prejudice the investigation or place a patient or complainant at risk. The decision to pursue an anonymous complaint is to be made by the Director of Clinical Services or equivalent.

### **Frivolous, Vexatious and Trivial Complaints**

Enquiries are to be made to substantiate or otherwise fairly deal with the matter prior to formal action being taken. The head of unit needs to consider appropriate actions where a complaint is not found to have sufficient basis to warrant any level of review, for example, in some circumstances, this may involve action to protect the clinician's reputation.

### **Complaints or Concerns about the Head of Clinical Unit**

Concerns about the clinical competence of the head of clinical unit are to be notified to that person's next immediate supervisor. The same common principles will apply to these complaints or concerns as they do for any other clinician.

### **Advocacy**

The clinician has the right to be accompanied by a support person or advocate if required, although legal representation would not be appropriate to these proceedings, unless the matter is being dealt with as a formal disciplinary proceeding in accordance with the relevant certified agreement and ACT policy documents (see Appendix B).

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## Records

Confidential records of all formal reviews are to be kept and the outcome documented. Where a decision is made not to progress a concern or complaint, no record is to be kept on the clinician's personnel file. A log of the complaint and its outcome is to be kept by the Unit Director. The recording of vexatious complaints is in the best interests of the clinician.

## Access to Personnel Records

- All visiting medical officers and salaried staff have the right to privacy.
- All visiting medical officers and staff have the right to apply for and be granted access to their own personnel record.
- All records will be treated as confidential and information will only be accessed by authorized people (see Definitions).
- Information will only be used for the purpose it was collected for,
- Personnel information will not be discussed or distributed to anyone without the permission of that person unless authorized by law.<sup>5</sup>

## Appropriate and Expedious Outcomes

The nature and timing of outcomes must be:

- Supported by the findings of the review;
- Commensurate with identified gaps in performance, skills or knowledge as agreed by clinicians in the same area of practice or through agreed practice standards accepted by the relevant health profession board; and
- Responsive to potential or real health and safety risks.

## Impairment

At any level of review, inquiries may uncover impairment as a major contributor to concerns regarding clinical competence or performance. In this eventuality, the matter should be immediately referred to the appropriate health profession board.

## Identified Underperformance

For salaried staff, when the outcome of the review is to recommend underperformance management, the line manager is to act in accordance with the relevant certified agreement and ACT Health policy documents (see Appendix B)

## Notification of Outcome

The clinician and the complainant should be notified of the outcome. If applicable, a patient on whose behalf the complaint is made should also be notified of the outcome (if not the complainant).

## Appeals

Generally, appeals processes are in accordance with the relevant certified agreement, VMO contract or other relevant ACT Health policy. Specific avenues of appeal against decisions relating to clinical competence or privileges include:

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<sup>5</sup> ACT Health Privacy & Confidentiality Procedures, available at ACT Health Intranet.

1. The ACT Health Appointments Appeals Committee is an ad-hoc Committee which provides an independent forum for the consideration of an appeal by a medical specialist or dentist with an existing ACT Health appointment against an MDAAC<sup>6</sup> recommendation relating to his/her credentials or clinical privileges. Terms of Reference for the ACT Health Appointments Appeals Committee are to be found in the companion document, Medical and Dental Appointments Policy.
2. Where decisions are made by the General Manager, or equivalent, to either suspend or terminate a VMO contract, the VMO may pursue the dispute resolution clause in his/her contract.
3. Where decisions are made by the General Manager, or equivalent, to either suspend or terminate a salaried specialists' employment, the salaried specialist may pursue the Appeal Rights specified in Clause 41 of the ACT Health Medical Staff Certified Agreement 2005-2008.
4. Application may be made to the Administrative Appeals Tribunal for an administrative review of a decision varying, suspending or terminating the clinical privileges of a medical specialist/dentist pursuant to Part 6 of the Health Act 1993 (ACT). The appeal should be made within 28 days of receipt of the written notification.
5. All employees have the right to bring an action under the Workplace Relations Act 1996 (Commonwealth) in respect of any termination of employment under this section.

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<sup>6</sup> Medical and Dental Appointments and Advisory Committee

## **LEVEL 1 – LIMITED REVIEW**

A Level 1 review is a brief, informal review and is conducted when there is an isolated variance in outcomes or a near miss. It is usually conducted as a routine activity and as part of the clinical unit peer review process. All units should identify specific triggers relevant to the clinical specialty and monitor these as part of routine peer review processes. Unit peer review committees are able to be protected committees under the Health ACT 1993 (ACT) upon application.

### **Actions - Limited Review**

1. The head of the clinical unit (see Definitions) considers the complaint or concern, and, if there may have been an isolated variance in outcome or a near miss, instigates a level one limited review.
2. The head of the clinical unit may address the level one complaint or concern in consultation with the clinician or, if appropriate, refer it for peer review.

### **Timeframe**

The limited review should be completed within 4 weeks of notification to the head of the clinical unit.

### **Possible Outcomes**

1. No further action required.
2. Identification and appropriate referral of systems issues.
3. Recommendations for further action, monitoring or underperformance management, including specified timeframes.
4. Identification of more general or systemic problems and/or any gaps in clinician performance, skills or knowledge and referral for a level 2 review.

The clinician is to be provided with an opportunity to respond to the findings and any proposed actions (see procedural fairness above).

## LEVEL 2 – REVIEW

A Level 2 review is a formal review that is instigated by the head of the clinical unit. It is conducted when there is a trend over time concerning the clinician's clinical performance, behaviour, practices or outcomes that vary from peers or expectations. It is usually conducted as a part of the clinical unit peer review process.

### Actions - Review

1. The head of the clinical unit considers the complaint or concern. If there appears to be a trend over time concerning the clinician's clinical performance, behaviour, practices or outcomes that varies from peers or expectations, the clinical head instigates a level two review.
2. The clinician should be advised of the concern or complaint, its nature and the proposed course of action.
3. Advise the head of Division/Stream that a review of a complaint or concern will be conducted.
4. Determine the scope and method of review and advise clinician. The scope of the review should be adequate to capture the areas of concern identified by the complaint or concern and sufficient to identify any system issues. The method will depend on local circumstances and the nature of the concern regarding clinical competence, and may vary from an unstructured review, to interviews with colleagues, observation of clinical performance, review of records, clinical practice/indicator data and variation reports, or a combination of these.
5. Identify appropriate standards and acceptable variation in clinical performance data. Professional colleges or associations may have published standards or codes of conduct or may be able to assist in a review or investigation.
6. Identify sources of information required for the review. The clinician involved must be advised of any material that will be taken into account in the scope of the inquiry.
7. Information collected is analyzed to identify any clinical performance or system deficiencies and recommendations framed to strengthen clinical or system performance and safety.
8. Recommendations are developed for further action or monitoring, including specified timeframes.
9. The clinician is provided with an opportunity to respond to the findings and any proposed actions.
10. The head of Division/Stream is provided with a report of the review.
11. Clinician response to any remedial action is monitored and additional action taken if performance problems continue.

## Timeframe

A level 2 review should be completed within 4 –8 weeks of notification to the head of the clinical unit.

## Possible Outcomes

1. No further action
2. Identification and appropriate referral of systems issues
3. Remedial action including underperformance management or agreed training and education program, mentoring and supervision, progress reporting requirements and method to determine outcome of remedial program
4. Decision that the matter warrants review under Level 3 or Level 4 guidelines.

## LEVEL 3 – EXTENDED REVIEW

A level 3 review is a formal extended review of the clinician's clinical performance. It is conducted when there is a concern that a clinician demonstrates a pattern of sub-optimal clinical performance, behaviour, practices or variation in outcomes over time.

### Actions – Medical Specialists and Dentists

1. The head of the clinical unit consults with the Director of Clinical Services or equivalent of the Division/Stream about the appropriateness of a level three review.
2. The clinician should be advised of the concern or complaint, its nature and the proposed course of action.
3. If the decision is made to conduct a level three review, the head of Division/Stream is advised that a review of a complaint or concern will be conducted.
4. The Director of Clinical Services notifies the Medical and Dental Appointments Advisory Committee (MDAAC) and the matter is referred to the Clinical Privileges Committee (CPC).
5. The CPC considers the commencement of either an internal or an external review. An external review is appropriate when there is:
  - A lack of internal expertise to conduct the review;
  - The potential for an internal review to be criticised through perceived lack of impartiality;
  - A subspecialty with a small number of practitioners in the ACT, or
  - a request from the clinician.
6. Whether an internal or external review is required, the CPC draws up appropriate terms of reference.
7. On deciding to undertake an external review, the CPC utilises the ACT Health policy *Investigation of Adverse Clinical Event- External Review* for guidance. The CPC appoints the external review panel. The external review panel takes directions from the CPC, and reports to the CPC, pursuant to the provisions of the *Health Act 1993*.
8. The CPC will report on the findings of the external review when it is completed.
9. Any CPC internal inquiry conducted on behalf of MDAAC will conform to all the principles of natural justice and procedural fairness. It will:
  - Ensure the conduct of the committee is "in confidence".
  - Inform the medical specialist or dentist in writing of the nature of the inquiry and the possible consequence of the proceedings and provide

the medical specialist or dentist with a copy of the complaint together with a copy of this policy document.

- Allow the medical specialist/dentist reasonable time to respond to the concerns.
- Review all available evidence of clinical performance and apply the standard of care as detailed above in General Principles. Acceptable information may include routine indicators, self-assessment tools validated by heads of departments/Divisions, clinical audits, peer reviews, annual performance appraisals and detailed procedural logbooks.
- Invite the medical specialist/dentist to an interview with representatives of the CPC. A support person may accompany the medical specialist/dentist at the interview but the medical specialist/dentist will not be permitted to have legal representation at the interview. This does not prevent a legally qualified person accompanying the medical specialist/dentist.
- Determine the material nature of the complaint and, if substantiated, consider mitigating circumstances provided they are relevant.
- Provide the medical specialist/dentist with a summary of its recommendations, and
- Not permit a member of the CPC or co-opted member of the CPC to be involved in a recommendation for clinical privileging where there is a conflict of interest.

## Timeframe

An internal level 3 review should be completed within 8 weeks of notification to the Director of Clinical Services or equivalent. If an external review is required, this is to be completed within 3 months of notification.

## Possible Outcomes

1. No further action.
2. Identification and appropriate referral of systems issues.
3. Remedial action including underperformance management or an agreed training and education program, mentoring and supervision, progress reporting requirements and method to determine outcome of remedial program. An assessment of the response of the clinician to the recommended remedial action is to be included in final reports. If clinician performance does not improve as a result of remedial action, consideration should be given to additional required action.
4. Review of clinical privileges
5. Decision that the matter warrants further review under Level 4 procedures and communication with relevant statutory bodies. Prior to communication with any body external to ACT Health, the Chief Executive of ACT Health is to be notified of this intention.

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## LEVEL 4 – EXTENDED REVIEW AND NOTIFICATION TO THE RELEVANT HEALTH PROFESSION BOARD

A Level 4 review is a formal extended review of the clinician's performance. It is conducted when there is a concern that a clinician demonstrates serious gaps in clinical performance, behaviour, practices or variation in outcomes over time.

At this level the relevant health profession board must be notified immediately to ensure that public health and safety are not compromised. An immediate review of clinical privileges may be appropriate on some occasions. It should be noted that the Health Professionals Act 2004 (ACT) enables the relevant health profession board to suspend or impose conditions on a practitioner at any time if it is satisfied that it is necessary for the purpose of protecting the life or physical or mental health of any person.

### Actions – Medical Specialists and Dentists

1. The head of the clinical unit will consult with the Director of Clinical Services or equivalent of the Division/Stream about the appropriateness of a level four review.
2. The clinician should be advised of the concern or complaint, its nature and the proposed course of action.
3. If the decision is made to seek a level four review, the General Manager or equivalent of the Division/Stream and the CE of ACT Health must be notified immediately.
4. The Director of Clinical Services or equivalent will notify the Medical and Dental Appointments Advisory Committee (MDAAC), which will refer the matter to the Clinical Privileges Committee (CPC).
5. The CPC considers the commencement of either an internal or an external review. An external review is appropriate when there is:
  - A lack of internal expertise to conduct the review;
  - The potential for an internal review to be criticised through perceived lack of impartiality;
  - A subspecialty with a small number of practitioners in the ACT, or
  - At the request of the clinician.
6. Whether an internal or external review is required, the CPC draws up appropriate terms of reference.
7. On deciding to undertake an external review, the CPC utilises the ACT Health policy *Investigation of Adverse Clinical Event- External Review* for guidance. The CPC appoints the external review panel. The external review panel takes directions from the CPC, and reports to the CPC, pursuant to the provisions of the *Health Act 1993*.

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8. The CPC will report on the findings of the external review when it is completed.
9. Any CPC internal inquiry conducted on behalf of MDAAC will conform to all the principles of natural justice and procedural fairness. It will:
  - Ensure the conduct of the committee is “in confidence”
  - Inform the medical specialist or dentist in writing of the nature of the inquiry and the possible consequence of the proceedings and provide the medical specialist or dentist with a copy of the complaint together with a copy of this policy document
  - Allow the medical specialist/dentist reasonable time to respond to the concerns
  - Review all available evidence of performance and apply the standard of care as detailed above in General Principles. Acceptable information may include routine indicators, self-assessment tools validated by heads of departments/Divisions, clinical audits, peer reviews, annual performance appraisals and detailed procedural logbooks
  - Invite the medical specialist/dentist to an interview with representatives of the CPC. A support person may accompany the medical specialist/dentist at the interview but the medical specialist/dentist will not be permitted to have legal representation at the interview. This does not prevent a legally qualified person accompanying the medical specialist/dentist
  - Determine the material nature of the complaint and, if substantiated, consider mitigating circumstances provided they are relevant
  - Provide the medical specialist/dentist with a summary of its recommendations, and
  - Not permit a member of the CPC or co-opted member of the CPC to be involved in a recommendation for clinical privileging where there is a conflict of interest.

## Timeframe

An internal level 4 review should be completed within 8 weeks of notification to the Director of Clinical Services or equivalent. If an external review is required, this is to be completed within 3 months of notification.

## Possible Outcomes

At the completion of the review, the CPC may recommend to the General Manager or equivalent of a Division/Stream through MDAAC that:

1. No further action is required.
2. Identification and appropriate referral of systems issues, with identification of required immediate actions for rectification.
3. A program of remedial action is devised, including underperformance management or an agreed training and education program, mentoring and supervision.

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4. Clinical privileges be altered or suspended.
5. The medical specialist/dentist is referred to the relevant health profession board.

MDAAC will notify the relevant health profession board at the completion of the investigation and provide a report to reduce duplication of reviews. The health profession board will determine whether to extend the review further in accordance with statutory obligations.

If the General Manager, or equivalent, agrees that a remedial program is appropriate, the MDAAC may:

- Appoint a member of MDAAC to oversee the program. This member will work in association with the Director of Clinical Services or equivalent of the Division/Stream;
- Review progress during the period of remediation; and
- Determine the outcome of the remedial program.

At the end of a remedial program, the MDAAC will recommend to the General Manager, or equivalent, that the medical specialist/dentist should be:

- Allowed to continue employment with full clinical privileges;
- Allowed to continue conditionally; or
- Excluded from practice within ACT Health.

# Appendix B

## Associated Information

### DEFINITIONS & ABBREVIATIONS

<b>Authorised person</b>	For the purposes of this policy, an authorized person is a person who requires the information for execution of their duties under the Public Sector Management Act 1994 (ACT), the Health ACT 1993 (ACT) or other relevant legislation.
<b>CHC</b>	Calvary Health Care ACT
<b>Clinical Unit</b>	A specialty unit within an ACT Health Division or Stream, such as the TCH Department of Cardiology or CHC Department of Anaesthesia & Pain Management.
<b>Clinician</b>	A registered medical practitioner or dentist.
<b>Confidentiality</b>	The obligation of persons to whom private information has been given not to use the information for any purpose other than that for which it was given <sup>7</sup>
<b>Competence</b>	The demonstrated ability to provide health care services at an expected level of safety and quality <sup>8</sup>
<b>CPC</b>	Clinical Privileges Committee
<b>Impairment</b>	Impairment means that a person suffers from any physical or mental impairment, disability, condition or disorder that detrimentally affects (or is likely to affect) the person's capacity to practice <sup>9</sup> .
<b>MDAAC</b>	Medical and Dental Appointments and Appeals Committee
<b>Peer Review</b>	The professional evaluation of a colleague's work
<b>Performance</b>	The extent to which a medical practitioner provides health care services in a manner, which is consistent with known good practice and results in expected patient benefits (1).
<b>Public Health System</b>	The Public health system consists of all the public health services, all the statutory health corporations and all the affiliated health organisations in respect of their recognised establishments and recognised services.
<b>TCH</b>	The Canberra Hospital
<b>Variation</b>	Variations can be found in almost every indicator of clinical performance. There will almost always be a range in the levels of performance. There are many reasons for these variations. It is not always possible to immediately identify the cause(s) of variations in data and therefore what needs to be done to reduce it. If variation

<sup>7</sup> National Statement on Ethical Conduct in Research Involving Humans (1999). NHMRC.

<sup>8</sup> Standard for Credentialing and Defining the Scope of Clinical Practice (July, 2004). Australian Council for Safety and Quality in Health Care.

<sup>9</sup> Complaint or Concern About a Clinician - Management, NSW Health Policy Directive. Available at [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

is found however, it is essential that health services thoroughly examine the cause and institute action when such an examination reveals opportunities for improvement.

## LEGISLATION/REGULATIONS

Community and Health Services Complaints Act 1993 (ACT)

Health Act 1993 (ACT)

Health Professionals Act 2004 (ACT)

Workplace Relations Act 1996 (Commonwealth)

ACT Health Medical Staff Certified Agreement 2005-2008

ACT Health Clerical, Technical, Professional, Health Service Officer's Certified Agreement 2004-2007

ACT Public Sector Nursing Staff Agreement 2004-2007

## ASSOCIATED DOCUMENTS

1. Standard for the Credentialing and Defining the Scope of Clinical Practice. Australian Council for Safety and Quality in Health Care – July 2004.
2. Complaint or Concern about a clinician – Management. NSW Policy Directive. Available at [www.health.nsw.gov.au](http://www.health.nsw.gov.au)
3. ACT Health Preventing and Managing Underperformance Policy.
4. ACT Health Preventing and Managing Underperformance Procedures.

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