



## Complaints and Patient Feedback Policy and Procedure

### Table Of Content

<b>Section 1 – Introduction</b>	<b>2</b>
1.1 Purpose	2
1.2 Scope	2
<b>Section 2 – Feedback Collection and Access Channels</b>	<b>3</b>
2.1 CFEP Patient Experience Surveys	3
2.2 In-Practice Feedback Box System	3
2.3 Verbal and Informal Feedback	4
2.4 Online Reviews and Social Media	4
<b>Section 3 – Receiving and Acknowledging Complaints</b>	<b>4</b>
3.1 Principles of Complaint Handling	4
3.2 Complaint Channels	5
3.3 Receiving Verbal Complaints	5
3.4 Receiving Written Complaints	5
3.5 Acknowledging Complaints	6
<b>Section 4 – Investigation and Resolution Process</b>	<b>6</b>
4.1 Initiating an Investigation	6
4.2 Investigation Procedure	7
4.3 Timeframes for Investigation	7
4.4 Resolution Process	8
4.5 Staff Support and Fairness	8
<b>Section 5 – Feedback Review and Continuous Improvement</b>	<b>9</b>
5.1 Monthly Feedback Review Meetings	9
5.2 CFEP Survey Review Process	9
5.3 Quality Improvement Integration	10
<b>Section 6 – Complaint Records, Privacy, and Consent Requirements</b>	<b>10</b>
6.1 Complaint Records and Registers	10
a. Complaints Register	10
b. Feedback Register	11
6.2 Confidentiality of Complaint Information	11
6.3 Consent for Third-Party Complaints	11
<b>Section 7 – Patient Access, Complaint Lodgement, and External Escalation Options</b>	<b>12</b>
7.1 Public Access to the Complaints Procedure	12

7.2 How to Lodge a Complaint	13
7.3 External Escalation Pathways	14
<b>Section 8 – Roles, Responsibilities, and Governance</b>	<b>14</b>
8.1 Staff Responsibilities	14
8.2 Governance and Oversight	15
<b>Section 9 – Associated Documents, Review Schedule, and Version History</b>	<b>16</b>
9.1 Associated Documents	16
9.2 Review Schedule	16

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## Section 1 – Introduction

### 1.1 Purpose

Mediq Broadmeadows is committed to delivering safe, high-quality, patient-centred healthcare. This policy outlines our structured and transparent approach to managing complaints and collecting patient feedback. It ensures that:

- All patients feel confident and supported to raise concerns without fear of discrimination or reprisal
- Complaints are managed promptly, confidentially, and fairly in line with natural justice principles
- Feedback is recognised as an essential driver of clinical and administrative quality improvement
- The practice remains compliant with the RACGP Standards for General Practices (5th Edition) and AGPAL accreditation requirements
- All staff are aware of their responsibilities in receiving, escalating, and responding to feedback or complaints

This policy aligns with our organisational values of respect, accountability, empathy, and continuous improvement.

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### 1.2 Scope

This policy applies to:

- All Mediq Broadmeadows patients, carers, and members of the public accessing services
- All practice team members, including GPs, reception staff, allied health professionals, dentists, and contracted service providers
- All modes of feedback or complaint, including verbal, written, anonymous, formal, informal, digital, and third-party reports

The policy also addresses both proactive feedback collection (e.g. surveys, suggestion box) and reactive complaint resolution (e.g. incident-based concerns or allegations).

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## Section 2 – Feedback Collection and Access Channels

Mediq Broadmeadows actively encourages patient feedback through multiple accessible and inclusive pathways. These channels are designed to ensure all patients, including those with language or literacy barriers, are able to provide input into their care experience.

### 2.1 CFEP Patient Experience Surveys

- The practice engages the **Client-Focused Evaluation Program (CFEP)** to conduct formal patient experience surveys in line with accreditation expectations.
- Surveys are distributed anonymously and analysed externally.
- Upon receiving the final report, a formal meeting is held with the practice team to:
  - Review quantitative and qualitative findings
  - Identify areas of strength and improvement
  - Develop a documented action plan
- Meeting agenda, minutes, and implementation steps are recorded for accreditation and quality assurance purposes.

### 2.2 In-Practice Feedback Box System

- A clearly labelled **suggestion box** is located in the waiting room, alongside:
  - Printed feedback forms
  - Pens
  - A small shelf to hold the materials

- Patients are invited to submit comments at any time, anonymously or with their name and contact details.
- A visible sign explains the purpose of the feedback system and encourages participation.
- Feedback forms prompt patients to share:
  - General suggestions
  - Compliments or positive experiences
  - Concerns or dissatisfaction

## 2.3 Verbal and Informal Feedback

- Reception staff and clinicians are trained to listen for and document informal feedback shared during appointments or phone calls.
- If feedback contains concerns or potential complaints, it is escalated appropriately (see Section 4).
- Staff document verbal feedback in the **Feedback Register** maintained by the Practice Manager.

## 2.4 Online Reviews and Social Media

- Google Reviews and social media feedback are reviewed on a **weekly basis** by the Practice Manager or delegated staff.
- Constructive reviews are summarised and added to the feedback register.
- Any identifiable risk, breach, or serious dissatisfaction expressed online is treated as a complaint and followed up accordingly.

# Section 3 – Receiving and Acknowledging Complaints

This section outlines how complaints—verbal, written, or anonymous—are received, documented, and acknowledged in a timely, consistent, and confidential manner.

## 3.1 Principles of Complaint Handling

Mediq Broadmeadows is committed to:

- Ensuring that all complaints are treated seriously, respectfully, and without bias.
- Encouraging patients to raise concerns without fear of reprisal.
- Investigating complaints objectively and confidentially.
- Resolving issues in a timely, evidence-based, and patient-centred manner.

At no point will any patient be denied care, discriminated against, or treated unfavourably as a result of making a complaint.

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## 3.2 Complaint Channels

Patients may lodge complaints through the following methods:

Method	Description
<b>Verbal</b>	Communicated to any staff member during or after an appointment.
<b>Written</b>	Letters, emails, or completed feedback forms submitted by patients.
<b>Anonymous</b>	Forms placed in the feedback box without identifying information.
<b>Third-party</b>	Submitted by carers, family members, or advocates. Consent from the patient may be required (see Section 7).
<b>Online</b>	Comments or reviews containing complaints posted to public platforms are triaged and managed under this policy.

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## 3.3 Receiving Verbal Complaints

When a patient raises a verbal concern:

- The staff member listens attentively and remains calm and empathetic.
- The concern is summarised and documented in the **Feedback Register**.
- If the matter is minor and can be resolved immediately, the staff member may do so within their authority.
- If the issue is more serious, involves clinical matters, or cannot be resolved immediately, it is escalated to the **Practice Manager** or **Practice Principal** on the same day.

### 3.4 Receiving Written Complaints

All written complaints—whether received by post, email, feedback form, or online—are to be:

- Logged into the **Complaints Register** within 1 business day.
  - Forwarded to the **Practice Manager** for review and investigation.
  - Attached to a **Complaints Investigation Form**, which must be completed in a timely and confidential manner.
  - Staff who receive a written or verbal complaint must complete the internal '**Complaint Submission Form**' (see **Appendix A**) by close of business on the day of receipt and submit it to the **Practice Manager**. This ensures accurate and standardised documentation for all complaints lodged.
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### 3.5 Acknowledging Complaints

- The Practice Manager will send a formal written acknowledgement to the complainant **within 5 business days** of receipt.
- If the complaint was submitted anonymously, a general note is logged stating that acknowledgement could not be provided.
- Acknowledgement letters will include:
  - Confirmation of receipt
  - Assurance of non-retaliation
  - Summary of the issue (if appropriate)
  - Explanation of the next steps in the investigation process
  - An indicative timeframe for response

## Section 4 – Investigation and Resolution Process

This section outlines how complaints are assessed, investigated, and resolved in a fair, transparent, and timely manner, with clear documentation and oversight.

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### 4.1 Initiating an Investigation

Once a complaint is received and acknowledged:

- The **Practice Manager** takes responsibility for conducting the investigation.
- All complaints are logged into the **Complaints Register**, including:
  - Date received
  - Complainant details (if available)
  - Summary of issue
  - Assigned investigator
  - Status and outcome
- The **Practice Principal** is informed of all complaints, regardless of severity.

If the complaint relates to serious misconduct, discrimination, safety risks, or clinical care concerns, the Practice Manager must escalate it immediately to the Principal and initiate an urgent investigation.

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## 4.2 Investigation Procedure

The Practice Manager will:

1. **Collect relevant documentation** (e.g. appointment records, clinical notes, call logs).
2. **Interview involved staff members** privately and respectfully.
3. **Request written statements** if necessary for clarity and evidence.
4. Maintain confidentiality throughout the process.
5. Determine whether the complaint:
  - Reflects a misunderstanding or miscommunication
  - Indicates a service delivery failure
  - Suggests a breach of policy or clinical standards

If the complaint involves clinical care:

- A **clinical review** may be conducted in collaboration with the treating provider and Practice Principal.
- If needed, **external peer review** may be arranged.

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### 4.3 Timeframes for Investigation

- Complaints must be resolved within **10 business days** of receipt wherever possible.
- If the investigation is complex or delayed, the complainant must:
  - Be notified that additional time is required
  - Be provided with an updated timeline
  - Receive **progress updates every 10 business days**
- All complaints must be finalised within **30 calendar days**, unless escalated to an external authority.

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### 4.4 Resolution Process

After the investigation is complete:

- The Practice Manager drafts a **written response** summarising:
  - The issue raised
  - Findings from the investigation
  - Actions taken or planned
  - Any learning outcomes or policy updates
- The complainant is offered:
  - An apology where appropriate
  - An invitation to meet with the Practice Manager and/or Principal (if necessary)
  - Information about escalation options (see Section 8)

If the complaint is upheld, corrective action may include:

- Staff coaching or retraining
- Administrative process changes
- Patient recall or follow-up

- Amendments to internal policies or signage
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## 4.5 Staff Support and Fairness

- Staff involved in a complaint are:
  - Informed of the complaint as soon as practical
  - Given an opportunity to respond and be heard
  - Supported throughout the process to ensure wellbeing and procedural fairness

# Section 5 – Feedback Review and Continuous Improvement

Mediq Broadmeadows actively integrates patient feedback into its clinical governance and continuous improvement systems. All feedback—whether informal, anonymous, or collected through structured surveys—is reviewed methodically to drive tangible service improvements.

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## 5.1 Monthly Feedback Review Meetings

Feedback is formally reviewed during scheduled **monthly practice meetings**, led by the Practice Manager. These sessions are used to:

- Present recent entries from the **Feedback Register** and **Complaints Register**
- Discuss any trends, recurring issues, or points of excellence
- Encourage staff participation in identifying causes and co-designing solutions
- Allocate responsibilities for implementing agreed improvements

**Meeting documentation includes:**

- Formal agenda (with “Patient Feedback” as a standing item)
- Meeting minutes capturing key discussion points
- Action items assigned with deadlines and responsible staff

This ensures transparent accountability and allows for effective tracking of improvements over time.

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## 5.2 CFEP Survey Review Process

The practice commissions **CFEP Patient Experience Surveys** to formally collect anonymous feedback in accordance with RACGP Standard QI1.2 and AGPAL expectations.

Once results are received:

- The Practice Manager summarises key findings
- A dedicated meeting is held within two weeks, involving all staff groups
- Quantitative and qualitative responses are reviewed
- Opportunities for improvement are categorised into themes (e.g., communication, access, respect, continuity)
- Actionable steps are developed and documented in the **Quality Improvement Plan**

This process ensures that the patient voice is embedded within the practice's quality and risk management systems.

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## 5.3 Quality Improvement Integration

Key insights from the above processes are integrated into the broader practice QI system:

- **Improvements are tracked** in the Quality Improvement Log
- Feedback-derived actions are cross-referenced against clinical audits, patient safety incidents, and performance appraisals
- Adjustments may include:
  - Updated staff training modules
  - Revised workflows or patient communication materials
  - Physical environment enhancements (e.g. signage, comfort items)
- Progress is monitored and re-evaluated quarterly

This ensures the practice maintains a proactive, rather than reactive, approach to service excellence.

## Section 6 – Complaint Records, Privacy, and Consent Requirements

All complaints received at Mediq Broadmeadows are handled with the utmost confidentiality and in compliance with privacy legislation and professional standards. Documentation is securely stored, access-controlled, and retained in accordance with medico-legal requirements.

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### 6.1 Complaint Records and Registers

Two primary registers are maintained to document and track patient input:

#### a. Complaints Register

- Contains all formal complaints received (verbal or written)
- Each entry includes:
  - Date of receipt
  - Complainant details (if provided)
  - Summary of the issue
  - Staff members involved
  - Investigation steps taken
  - Outcome/resolution
  - Date of final response

#### b. Feedback Register

- Logs general feedback, compliments, and suggestions (excluding complaints)
- Includes date, source, summary, and follow-up action if applicable

These registers are stored digitally in an access-restricted folder, maintained by the Practice Manager.

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## 6.2 Confidentiality of Complaint Information

- All complaint-related documents, emails, and investigation notes are stored securely and handled on a need-to-know basis.
- Staff are reminded during induction and annually that breaching confidentiality in relation to a complaint is grounds for disciplinary action.
- If a complaint concerns a specific staff member, the investigation and documentation are handled discreetly and professionally to preserve morale and procedural fairness.

*For more details about how personal information is handled during complaints, see our Privacy Policy available on our website or at reception.*

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## 6.3 Consent for Third-Party Complaints

If a complaint is submitted by someone other than the patient (e.g. a partner, parent, or advocate), the following rules apply:

- **If the patient is an adult with capacity:**
  - The practice must obtain the patient's signed consent to discuss any aspect of care with the third party.
- **If the patient is under 18:**
  - A parent or legal guardian may lodge a complaint on their behalf.
- **If the patient is deceased:**
  - A complaint may be submitted by the estate trustee or legal representative.
  - A copy of the **Grant of Probate** must be provided as evidence of authority to act.

No personal health information will be disclosed or investigated without proper authorisation.

## Section 7 – Patient Access, Complaint Lodgement, and External Escalation Options

Patients and carers must have simple, accessible avenues for submitting feedback or lodging complaints. This section outlines how patients are informed about their rights, how

they may make a complaint, and what external pathways are available if internal resolution is not satisfactory.

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## 7.1 Public Access to the Complaints Procedure

To promote transparency and trust, Mediq Broadmeadows ensures that information about how to provide feedback or make a complaint is publicly visible through the following:

- **Waiting Room Display**
    - A clear sign near the feedback box states:  
“We value your feedback. You may leave a compliment, suggestion, or complaint anonymously using the forms provided. All feedback is confidential and helps us improve our care.”
  
  - **Practice Website**
    - A dedicated section outlines:
      - How to provide feedback
      - Who to contact
      - What to expect during the complaints process
      - A downloadable complaint form
      - A web-based complaints form is available on our website.
      - Patients can submit feedback anonymously or with contact details via the online form.
  
  - **New Patient Information Sheets**
    - Include a short paragraph on feedback rights and complaint handling
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## 7.2 How to Lodge a Complaint

Patients can lodge a complaint through any of the following channels:

Method	Details
In Writing	By letter or feedback form dropped into the suggestion box or handed to reception
By Email	Sent to the practice’s confidential email: <a href="mailto:mediqb@gmail.com">mediqb@gmail.com</a>

<b>By Post</b>	Addressed to: Practice Manager, Mediq Broadmeadows, 25 Olsen Place, Broadmeadows VIC (marked PRIVATE & CONFIDENTIAL)
<b>Verbal</b>	Provided in person to any staff member, who will document it and escalate as needed
<b>Online</b>	Via social media or Google Reviews—handled according to our policy if the post indicates dissatisfaction
<b>Our Website</b>	Via Website Feedback Form - you may submit a complaint directly through our website: <a href="http://www.mediqcentre.com.au">www.mediqcentre.com.au</a> . A feedback submission form is available under the “Contact Us” or “Feedback & Complaints” section.

In all cases, the complainant is encouraged to include:

- Date and time of incident
- Description of what occurred
- Names of involved staff (if known)
- Desired resolution (optional)

### 7.3 External Escalation Pathways

If a patient is dissatisfied with the outcome of their complaint or believes the matter involves serious professional or clinical misconduct, they have the right to escalate their concern to a regulatory body.

#### Health Complaints Commissioner (HCC) – Victoria

- **Address:** Level 26, 570 Bourke Street, Melbourne VIC 3000
- **Website:** <https://hcc.vic.gov.au>
- **Phone:** 1300 582 113
- **Hours:** Monday to Friday, 9am – 5pm

The HCC handles complaints involving:

- Health service quality and safety
- Communication issues or disrespect
- Access and discrimination
- Breaches of privacy or confidentiality

## Section 8 – Roles, Responsibilities, and Governance

Ensuring effective and fair management of complaints requires clear delegation of responsibilities across the practice team. This section defines the roles accountable for implementing, overseeing, and supporting the complaints and feedback processes at Mediq Broadmeadows.

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### 8.1 Staff Responsibilities

Role	Responsibility
<b>Reception Staff</b>	<ul style="list-style-type: none"><li>- Encourage feedback in a welcoming and non-judgemental manner</li><li>- Document verbal complaints in the Feedback Register</li><li>- Escalate complaints to the Practice Manager without delay</li></ul>
<b>All Staff (Clinical and Non-Clinical)</b>	<ul style="list-style-type: none"><li>- Promote a culture of openness and improvement</li><li>- Direct patients to the appropriate feedback mechanisms</li><li>- Respond calmly and respectfully to verbal concerns</li><li>- Maintain confidentiality throughout the process</li></ul>
<b>Practice Manager</b>	<ul style="list-style-type: none"><li>- Maintain the Feedback and Complaints Registers</li><li>- Lead complaint investigations</li><li>- Communicate with complainants during and after resolution</li><li>- Chair monthly feedback review meetings</li><li>- Report trends and risks to the Practice Principal</li><li>- Ensure staff are trained on complaints handling protocols</li></ul>
<b>Practice Principal</b>	<ul style="list-style-type: none"><li>- Oversee serious or unresolved complaints</li><li>- Approve final responses to high-risk complaints</li><li>- Support disciplinary, educational, or systems-based changes</li><li>- Ensure ongoing compliance with accreditation requirements</li></ul>
<b>Allied Health and Dental Teams</b>	<ul style="list-style-type: none"><li>- Cooperate with complaint investigations relevant to their services</li><li>- Participate in feedback review meetings when applicable</li><li>- Action service-specific improvements as assigned</li></ul>

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## 8.2 Governance and Oversight

The Practice Principal and Practice Manager are jointly responsible for:

- Annual review of this policy (or earlier if legislation or standards change)
- Ensuring the complaints process is included in staff orientation and training
- Overseeing implementation of quality improvement actions arising from complaints
- Ensuring proper documentation is maintained for accreditation audits
- Reviewing feedback/complaint trends quarterly to inform risk mitigation

The policy is formally reviewed and updated on an annual cycle, with documentation stored in the practice's governance file system and backed up in accordance with the data retention schedule.

## Section 9 – Associated Documents, Review Schedule, and Version History

This section provides a list of supporting documentation linked to the Complaints and Feedback Policy, outlines the formal review process, and maintains a clear version control log for compliance and transparency.

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### 9.1 Associated Documents

The following documents are maintained and referenced as part of the complaints and patient feedback system at Mediq Broadmeadows:

Document Name	Purpose
Complaints Register	Records all formal complaints, investigation notes, resolutions, and dates
Feedback Register	Records all patient suggestions, compliments, and informal comments
Complaints Investigation Form	Structured template for assessing, investigating, and documenting complaints
Quality Improvement Log	Documents all quality improvement activities including those triggered by feedback

<b>Patient Information Sheet</b>	Outlines how patients can provide feedback and lodge complaints
<b>Waiting Room Signage</b>	Promotes feedback collection and directs patients to the feedback box
<b>Complaint Submission Form (Internal)</b>	Used by staff to record complaints received and actions taken prior to formal investigation. See Appendix A.

All documents are reviewed regularly and stored securely, either in password-protected digital folders or locked physical filing systems.

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## 9.2 Review Schedule

This policy is reviewed annually by the Practice Manager and Practice Principal, or earlier if any of the following occur:

- Updates to relevant legislation or privacy requirements
- Changes to RACGP or AGPAL accreditation standards
- Observed deficiencies in complaint handling or feedback analysis processes
- Introduction of new systems, service models, or feedback mechanisms

*The next scheduled review date is: **24 July 2026***