Policy Title	Complaints and Feedback Policy
Policy Category	Complaints & Feedback
Manual Reference	Section 9
Applies To	All staff, independent contractor General Practitioners, allied health providers, contractors and workplace participants across all practice locations
Related Standards	RACGP 5th Edition – Safety & Quality RACGP 6th Edition – Patient Safety & Experience
Document Owner	Practice Manager
Approved By	Practice Manager / Principal GP
Effective Date	01/03/2026
Review Date	05/11/2027
Version	1.1

1. Purpose

Village Medical Centre is committed to accessible, respectful and fair processes for receiving, assessing, resolving and learning from complaints, concerns, compliments and suggestions.

This policy establishes consistent responsibilities and documentation requirements across all practice locations and supports patient safety, quality improvement and accountability.

2. Commencement and Application

This revision takes effect only upon approval. It updates the policy originally effective 1 March 2026 and does not retrospectively change past actions.

It applies to all employees, independent contractor General Practitioners, allied health providers, students, volunteers and other workplace participants at all Village Medical locations.

Complaints concerning employment matters are managed under relevant workplace policies; clinical incidents and privacy breaches must also follow their dedicated escalation procedures.

3. Principles

Patients, carers and representatives may raise concerns without intimidation, discrimination or adverse effects on access to appropriate care.

Complaints are addressed impartially, promptly, confidentially and with sensitivity to language, disability, cultural safety and communication needs.

The practice will listen without defensiveness, avoid premature conclusions, provide procedural fairness to people named in a complaint and seek proportionate resolution.

Anonymous feedback will be considered where sufficient information is available, although an individual response may not be possible.

4. Access and Lodgement

Feedback may be given in person, by telephone, in writing, by email or through another practice-approved channel. Patients may request assistance, an interpreter or a support person.

Staff should explain how to contact the Practice Manager and provide the relevant contact details or complaint information upon request.

A complaint need not be made in writing to be taken seriously. Staff should not insist that the patient first speak to the person complained about.

5. Receiving and Initial Response

The receiving staff member will listen respectfully, thank the person for raising the concern, clarify immediate needs and avoid promising a particular outcome.

Where appropriate, straightforward service issues may be resolved immediately within the staff member's authority; material concerns must still be reported to the Practice Manager.

Complaints involving patient safety, threats, alleged abuse, serious professional conduct, privacy incidents or urgent clinical concerns must be escalated immediately to the Practice Manager and relevant clinician or Principal GP.

Staff must not argue, speculate, assign blame, alter records or disclose another person's confidential information.

6. Recording and Confidentiality

The Practice Manager or delegate maintains a secure central Complaints Register for all sites, with a unique reference, date, site, contact details where available, summary, risk rating, assigned owner, actions, communications, outcome and closure date.

Record only information necessary to investigate and resolve the matter. Access is restricted to authorised persons on a need-to-know basis.

Relevant clinical information and patient-care discussions must be recorded in the appropriate clinical record; administrative complaint records are maintained securely in accordance with privacy, retention and information-security requirements.

Complaints received at any site must be referred through the same central process; local copies should not be unnecessarily duplicated.

7. Assessment, Investigation and Escalation

The Practice Manager will assess seriousness, urgency, clinical risk, privacy implications, conflicts of interest and whether independent review is required.

Investigations may include reviewing records, obtaining accounts from relevant staff or clinicians, consulting the Principal GP and speaking with the complainant to clarify the desired resolution.

People whose actions are questioned should be given a fair opportunity to respond before findings are made, subject to safety, confidentiality and legal requirements.

Where the complaint concerns the Practice Manager, or presents a conflict of interest, it must be referred to the Principal GP or another appropriately independent decision-maker.

Where relevant, initiate incident management, open disclosure, mandatory reporting or notifications to insurers, regulators or other authorities as required; this policy does not replace those obligations.

8. Response Timeframes and Communication

Aim to acknowledge complaints within 2–3 business days wherever possible, consistent with the original policy.

Explain who is managing the matter, the anticipated next steps and a realistic expected response timeframe. There is no fixed universal resolution deadline; urgency and complexity determine prioritisation.

Keep the complainant updated if investigation is prolonged or a proposed response date cannot be met, and document significant contacts.

Provide a clear response explaining the matters considered, findings that can appropriately be shared, any apology or corrective action, and available options for further review. Significant complaints should ordinarily receive a written response.

9. Clinical Complaints and Open Disclosure

Concerns about clinical care must be referred promptly to an appropriate treating clinician and clinical leadership for review.

Where an adverse event or unexpected outcome is identified, follow the Open Disclosure Policy, including timely, empathetic communication and appropriate clinical follow-up.

Do not disclose confidential staff, third-party or other patient information in a complaint response.

10. External Review and Advocacy

Patients may seek independent advice or raise complaints externally, including with the Health and Community Services Complaints Commissioner (South Australia), Ahpra or another relevant authority according to the issue.

Staff must not discourage external escalation. Provide current contact details or direct the patient to official information when requested.

Any external complaint, regulator correspondence or legal demand must be promptly referred to the Practice Manager and Principal GP for coordinated handling.

11. Outcomes, Closure and Follow-Up

Possible outcomes include an explanation, apology, service correction, clinical review, training, process change or other appropriate action.

The Practice Manager will document the decision, communication to the complainant, action owners, due dates and completion evidence.

Close a complaint only after required immediate actions and communication are completed; outstanding improvement actions may remain tracked separately until verified.

12. Roles and Multi-Site Governance

All workplace participants: receive concerns respectfully, ensure immediate safety, preserve confidentiality and escalate matters promptly.

Practice Manager: coordinates the central register, triage, investigation, communications, action tracking and reporting across all sites.

Treating clinicians and Principal GP: provide clinical review, patient-safety decisions, open disclosure and oversight of significant clinical matters.

Site teams must apply the same process and provide timely information to central management, regardless of where the complaint originated.

13. Quality Improvement and Monitoring

The Practice Manager will periodically review complaint volumes, recurring themes, severity, response timeliness and overdue actions, and report significant risks through clinical governance arrangements.

Identified improvements will be assigned an owner, deadline and follow-up review to confirm effectiveness.

Lessons learned will inform staff education, patient communication, operational changes and continuous quality improvement without unnecessarily identifying complainants.

14. Breaches and Policy Review

Failure to comply may be addressed through supervision, education, performance management or other appropriate processes, consistent with contracts, applicable law and procedural fairness.

This policy is reviewed at least annually, and earlier following material changes to legislation, accreditation standards, practice operations or identified risk.

15. Associated Documents

Open Disclosure Policy; Incident Management procedures; Privacy Policy; Information Security Policy; Communication Policy; Continuous Quality Improvement Policy; Patient Rights and Responsibilities Policy; Complaints Register.