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22 February 2016

Committee Secretary
Senate Standing Committees on Community Affairs
Parliament House
Canberra ACT 2600

Dear Committee Secretary,

Re: Senate Inquiry into Medical Complaint Process in Australia

Thank you for the opportunity to comment on the Senate Inquiry into the Medical Complaint Process in Australia. My submission pertains to the Term of Reference points: b, c and g.

Due to my profession I will be commenting on the terms of reference from the human perspective. I am the Managing Director of Cultural Inspirations providing change facilitation services focusing on aligning structures, systems and culture. I assist leaders in working through complexity to connect to future possibilities. My work is research based incorporating neuroscience, human evolution, consciousness, values and purpose work, and coaching methods.

This submission is written from experiences in working in health education and other industries. The examples provided are universal in all industries as they are universally human. The issues addressed in this submission are interconnected across all three terms of references.

I, Claudia Perry-Beltrame authorise this submission for the Senate inquiry into Medical Complaints.

In Peace

Claudia Perry-Beltrame
Managing Director

We Value PEACE: People, Engagement, Accountability, Creativity, Ethics

B. Any barriers, whether real or perceived, to medical practitioners reporting bullying and harassment:

The medical complaint process should be viewed as one process within an entire system. This system includes the structure of the profession including the Medical Board of Australia and AHPRA, and the broader health services structure; the systems/processes most relevant here (but not limited to) include the training and career development pathways, supervision and support, and complaints processes. These structures and processes occur within the culture of the profession and its professional bodies, the culture of the broader health system and the individual health organisation providing services.

The easiest way to imagine this is through the analogy of a tree. A tree without roots would be without foundation. Culture is the foundation of a profession or organisation or community. Culture is shaped by leadership and how people have to interact with systems and processes.

Within this context the barriers to report are interconnected within structure, systems and culture.

Structure

1. Hierarch and salary structures of medical profession: A hierarchy gets tighter at the top. This pyramid creates wrangling for the higher level positions. It takes a long time to train and develop a career. And young professionals have to wait for 'room' to be created to move up in the profession.
2. The medical profession has an institutionalised elite and power structure. It takes a lot of courage to make a complaint against this power structure. Personal fears easily take over. Fears usually relate to a loss. How a complainant's manages this depends on their emotional intelligence and resilience. Fear of loss may be perceived or real and include missed opportunities for career advancement, loss of income, loss of reputation, loss of belonging to the working community i.e. colleagues or team members, or loss of self-esteem due to others negative behaviour.
3. Fear also drive falsified complaints. These fears have a self-centred motivation including (but not limited to) the time or speed it takes for career advancement, jealousy, greed for more income or reputation, or trying to hide reputational implications by getting to the complaint making first. Hence, a complaints system needs to include a mechanism that deters people making complaints out of personal interest.

System

4. Identification of complainants. Medical professionals work within a team or community of medical professionals that is well known to each other. Identification may be easily possible in a small and closed community. Repercussions are possible.
5. Conflict of interest. It may not be apparent where allegiances lie. Fairness in a complaints process can be jeopardised by alliances. And allegiances may be detrimental to the complaints process and the complainant.
6. Whistle-blowers still too often become the victims. Making a whistle-blower into a victim is a self-defence mechanism that can play out as a collective self-protection. If the whistle-blower does it ones, s/he may do it again against 'me'.

Culture

7. The Royal Australasian College of Surgeons commissioned a report into bullying, harassment and discrimination during 2015. It was published in November 2015. The report highlights the toxic culture within the profession of surgery. While an improved complaint process will assist trust in the process actions are ultimately the measure that will reinforce a bad culture or change the culture.
8. It is well known in change facilitation circles that most Health organisations have a toxic culture. Research by the Barrett Values Centre has shown that toxic culture require significant leadership and structural changes.
9. Systemic issues also need addressing with organisational culture issues. Should there be issues found with the complaints process in the Medical Board of Australia and AHPRA the leadership structure will also need examining (refer to point 8).
10. A culture of fear increases distrust and reduces the ability to build trust. Neuroscience tells us that when fear based relationships become the norm it takes significant behavioural change to turn these around. A culture of fear can reduce complaints as outlined in point 2.
11. A complaints process needs to be fair, transparent, independent and informed within a culture that supports transparency and fairness.
12. In other cultures people are not used to making a complaint. For example people from a patriarchal and hierarchical culture will find it difficult to make a complaint. For people from Asia it is about losing face for both parties as a complaint means they cannot deal with the situation themselves.
13. Conversational misunderstandings due to conversational blind spots. These blind spots are detrimental to relationships. Misunderstandings can play out before it ever comes to a complaint but can build up to one. Blind spots are based on assumptions, wanting to be right, and meaning making of what happened. Individuals make up stories in their heads which then translate into conversations. These stories can influence a complaints handling process from application to decision making. These conversational patterns become part of the overall culture norm. For more information I suggest the research by Judith E. Glaser on Conversational Intelligence.

C. the roles of the Medical Board of Australia, the Australian Health Practitioners Regulation Agency and other relevant organisations in managing investigations into the professional conduct (including allegations of bullying and harassment), performance or health of a registered medical practitioner or student.

14. There needs to be clarity who makes a complaint where. For example the Royal Australasian College for Surgery based on its findings in 2015 (see report link above) is now investing resources into its complaint handling process. If other Colleges implement their process and AHPRA and the Medical Board of Australia have one as well, responsibilities need to be clear.
15. For any benchmarking to occur it would be best if one organisation is dealing with complaints in the medical profession. Otherwise medical professionals will have the ability to slip through a convoluted system potentially supporting professionals with multiple complaints because of privacy laws and a lack of transparency.

16. Independence of complaint handling at least in the initial assessment and research is necessary (refer to point 5 and 11).

G. the desirability of requiring complainants to sign a declaration that their complaint is being made in good faith;

17. A declaration that the complaint has been made in good faith and that the information provided is true and correct from the perspective of the complainant would be a means to deter intentionally false complaints. However, there also need to be consequences for complainants who make complaints that are not deemed to be in good faith. The term 'Faith' itself will need defining so its meaning is understood.
18. Potentially a register of professionals making and receiving complaints could be of use. This register would show if one person is making or receiving multiple complaints. Multiple complaints should then be investigated on the basis that there is a story and patterns that lead to these complaints and if they are made in good faith.

<end of submission>