COMPLAINTS WITHIN AND BETWEEN TEACHING INSTITUTIONS AND CLINICAL INCIDENTS: Guidance for teaching institutions

1.0 Introduction

1.1 This guidance in Part A describes good practice in the handling of complaints, grievances and clinical incidents within teaching institutions. The Board does not wish to define the details of institutional policies related to complaints, grievances and clinical incidents. The brief guidelines and the principles of good practice in Sections 3 and 4 below are intended as guidance for each TI to devise or review its own policies in the light of its own particular situation and context.
The Board recognises that students, staff and patients within a university setting are likely to have recourse to well established processes within the university, outside the faculty or school within which the acupuncture course is sited. As such therefore, this guidance may be more applicable to independent colleges.

2.0 The requirement for Teaching Institution policies on Complaints, Grievances and Clinical Incidents

2.1 All TIs should have both formal and informal feedback/monitoring/evaluation processes relating both to the acupuncture programme itself and to the management of that programme, including clinical practice, to ensure ongoing, self critical and dynamic programme development.

2.2 However, there are occasions when students and others experience problems that are outside the remit of such feedback mechanisms, or about which they consider that the TI has failed to respond appropriately.

2.3 Therefore all TIs should have a **complaints policy** and some may also have a **grievance policy** which specifically deals with staff complaints.

2.4 TIs should define complaints and grievances and should differentiate between those that are informal and those that are formal, the latter being in writing.

2.5 All TIs should also have very clear policies concerning the management of all aspects of the teaching and learning of clinical practice, including at least annual risk assessment and annual audit of compliance with the BAcC's Code of Safe Practice.

2.6 It is recognised that, from time to time, untoward clinical incidents, beyond, for example, that of minor, short term bleeding at acupuncture points, do occur. For this reason, all TIs should have a **clinical incidents policy.**

2.7 TIs should define a clinical incident and should differentiate between minor clinical incidents recorded in the patient's own record and significant clinical incidents, the latter being recorded additionally in the clinic's accident file.

3.0 Outline of what you might consider in a complaints, grievance and clinical incidents policy

3.1. Scope
The scope of the policies should be made explicit. What will be regarded as legitimate and what not? (eg complaints from a student about marks given them in an assignment?) How long after the incident being complained about will a formal complaint be accepted? Also the timescale for considering complaints or grievances?

3.2. Process
a) Initial steps – what will happen immediately after the complaint or grievance is received or the incident occurs? Who will do what? How will transparency be ensured, ie justice be seen to be done, yet appropriate confidentiality respected where necessary?

b) Investigation: Gathering and Reviewing the Evidence
Who will investigate? How will evidence be gathered? How quickly will the investigation be completed and the complainant contacted? Who will review the evidence? How would their objectivity be guaranteed?

c) Outcomes? Written Report?
Who writes, who sees, who agrees the Report? What happens to the Report, internally?

d) Right of appeal?
Who would hear an appeal? How would their objectivity be guaranteed?

4.0 Principles underlying good practice
For all formal complaints, grievances and significant incidents, the policies and processes should:

- ensure that the complainant, student 'model' or patient or member of staff is not disadvantaged in any way by virtue of the complaint, or incident
- enable the complaint/grievance/incident to be fully and fairly investigated by a person not involved in the complaint/grievance/incident itself (the investigating officer)
- guarantee confidentiality of all information received and of the persons involved in the complaint/grievance/incident, its investigation and its adjudication apart from those directly involved
- ensure that the complainant, 'model' or patient, and any person who has been complained about, is supported by a person not otherwise involved in the incident, complaint or grievance and may be accompanied at any meeting by this person and/or other friend or advisor, who may act as their representative
- require that all information gathered in relation to the complaint/grievance/incident to be available both to the complainant/model or patient and to those who are the subject of the complaint/grievance/incident
- give opportunity for the complainant/model or patient to respond to the information gathered
- require that the evidence gathered, including the responses made, will be considered by a senior person(s). This may be the investigating officer, but may alternatively be a separate person who has not otherwise involved in the process to date (the adjudicating officer). Normally this person will be consistent for all complaints/grievances/incidents and have this role within their job description in order that there is equity of decision making and that record keeping and monitoring of complaints/grievances/incidents is properly handled

- ensure that a report is written summarising the complaint/grievance/incident, the process of investigation and the outcome and that this is available to the parties concerned
- ensure that there is an appeals process should the complainant/model/patient be dissatisfied with the process of investigation and/or the outcome and that the persons concerned are aware of the role of the Board. The appeals panel should be comprised of persons not so far involved in the complaint/grievance/incident and include a majority of lay persons not connected with the TI. The appeal should take the form of a complete re- hearing, with new evidence submissable if appropriate
- ensure that factors contributing to the subject of the complaint, grievance or the incident have been identified, processes have been reviewed and action taken if required.

5.0 Role of the Board in review of the TIs' policies and processes

5.1 The Board expects the TIs to have robust policies and processes for dealing with complaints, grievances and clinical incidents.

5.2 The Board does not have any direct or quasi-judicial role in either the investigation or the adjudication of complaints against TIs by individuals. However it does expect to be informed of formal complaints and grievances and also of significant clinical incidents in the context of documents submitted for full accreditation, annual reports and major review (see Parts 3 and 4 of the handbook – 3.5.3, 4.1.2 and 4.3.2).

5.3 As with all other policies, the Board's role is that of review, through scrutiny of documentation, followed by conversations with students and staff within AO, accreditation or major review visits, to ascertain the integrity of the documented policies.

5.4 The Board may comment on the policies and processes in any report (AO visit, response to annual review, accreditation or major review) subsequent to its review.

6.0 Summary of Board requirements of TIs

6.1 All TIs in a formal relationship with the Board will be expected to have both a complaints policy and a clinical incidents policy. TIs may also chose to have a grievance policy specifically for dealing with staff complaints against other staff. These policies and the associated procedures of recording and investigation, should be made available to staff and students and will also be expected to be available for Board scrutiny within accreditation or major review visits, or if asked to submit them at other times by the AC.

6.2 A summary of formal complaints and grievances and significant clinical incidents should form an appendix to the institutions' annual report and a commentary be made on these in the main report.

6.3 The full record of formal complaints and grievances and significant clinical incidents should be made available to the visit team for review at accreditation or major review events.