

PROCEDURE

Reference	
Title	Professional Accountability Procedure - Medical Staff
Scope	CALHN employees, including staff from partner organisations, including universities.
Document owner	Workforce
Lead contact	[REDACTED]
Oversight committee	CALHN Professional Accountability Steering Committee
Committee endorsement	
Sponsor	[REDACTED]
Sponsor approval	
Priority Care Committee (PCC)	PCC: National Standard 1 Clinical Governance
Risk rating	<input type="checkbox"/> Extreme <input type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low
Monitoring/audit	<input checked="" type="checkbox"/> Scheduled for audit <input type="checkbox"/> Not scheduled for audit
Title and reference of parent SA Health Policy	
Keywords (five to eight)	Professionalism, Accountability, Reporting, Medical, Unprofessional behaviour

 Clinical Governance	 Partnering with Consumers	 Preventing and Controlling Healthcare Associated Infections	 Medication Safety	 Comprehensive Care	 Communicating for Safety	 Blood Management	 Recognising and Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Version	Change summary	Next scheduled review
1.0	Draft procedure	
1.1	Draft – changes incorporated (May 2022)	
1.2	Draft – further changes (July 2022)	
1.3	Final	July 2024



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PROFESSIONAL ACCOUNTABILITY PROCEDURE

1. Purpose

The purpose of this procedure is to provide guidance to all CALHN employees regarding the use of the CALHN Professional Accountability Reporting System (the 'System') as part of the broader Professional Accountability Program.

All CALHN employees are expected to conduct themselves in a professional, collaborative and cooperative manner consistent with the *CALHN Values*, *Clinical Compact* and the *Code of Ethics for South Australian Public Sector Employees*.

CALHN is committed to building a culture where feedback and speaking up for safety is encouraged, supported and welcomed, and where behaviour that undermines patient, consumer and employee safety, reliability of care and accountability is appropriately addressed.

This procedure outlines CALHN's process for the use of the System. The System can be used by employees to report instances where they witness or in some way experience behaviour that is inconsistent with the *CALHN Values*. In addition, the System can be used to acknowledge or recognise CALHN employees who are 'living' the *CALHN Values*.

The System is just one avenue that may be used for reporting and addressing unprofessional behaviour.

In the first instance, all employees are encouraged to:

- Have a conversation to provide feedback about behaviours directly to the person concerned.
- Report behaviours that undermine our culture via line management and existing grievance and complaint procedures, including those outlined in the SA Health Respectful Behaviour Policy.

The System should only be used by employees when they do not feel able or safe to provide direct feedback to the employee displaying such behaviour, or they feel unable to report it via their relevant management structure. The System has been developed to allow the details of these behaviours to be reported, reviewed and an appropriate response to be undertaken.

2. Scope

Any CALHN staff member can make a report via the System. Reports or acknowledgements can be made about members of CALHN's Medical workforce.

3. Procedure detail

CALHN ensures that professional standards and behaviours identified through the *CALHN Values* and *Clinical Compact* are upheld by monitoring and responding to unsolicited complaints from co-workers using a defined process overseen by the CALHN Professional Accountability Model Leadership Council.

CALHN has partnered with Vanderbilt's Centre for Patient and Professional Advocacy ('CPPA') in the development of the Professional Accountability Program. The Program is evidence based with risk scores based on Consumer and co-worker complaints. CPPA will assist CALHN to regularly review co-worker complaints documented in the System. Complaints are provided to Vanderbilt University through two coding pathways, and subject to privacy and confidentiality obligations as applicable.

CPPA utilises Co-Worker Observation Reporting to identify professionals who are involved in a co-worker report and those associated with patterns of co-worker reports.

The CALHN Professional Accountability Program Leadership Council directs tiered, graduated coaching with medical professionals. Remediation begins with a peer-delivered message and, if required,



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involvement of the relevant leader to formulate an action plan. Escalation through the peer-to-peer coaching will result in referral to peer-review for consideration of corrective/formalised disciplinary action.

There are four steps in the process of addressing behaviour that undermines safety in the workplace (figure 1) These steps align with the Vanderbilt Centre for Patient and Professional Advocacy Pyramid for Promoting Reliability and Professional Accountability.

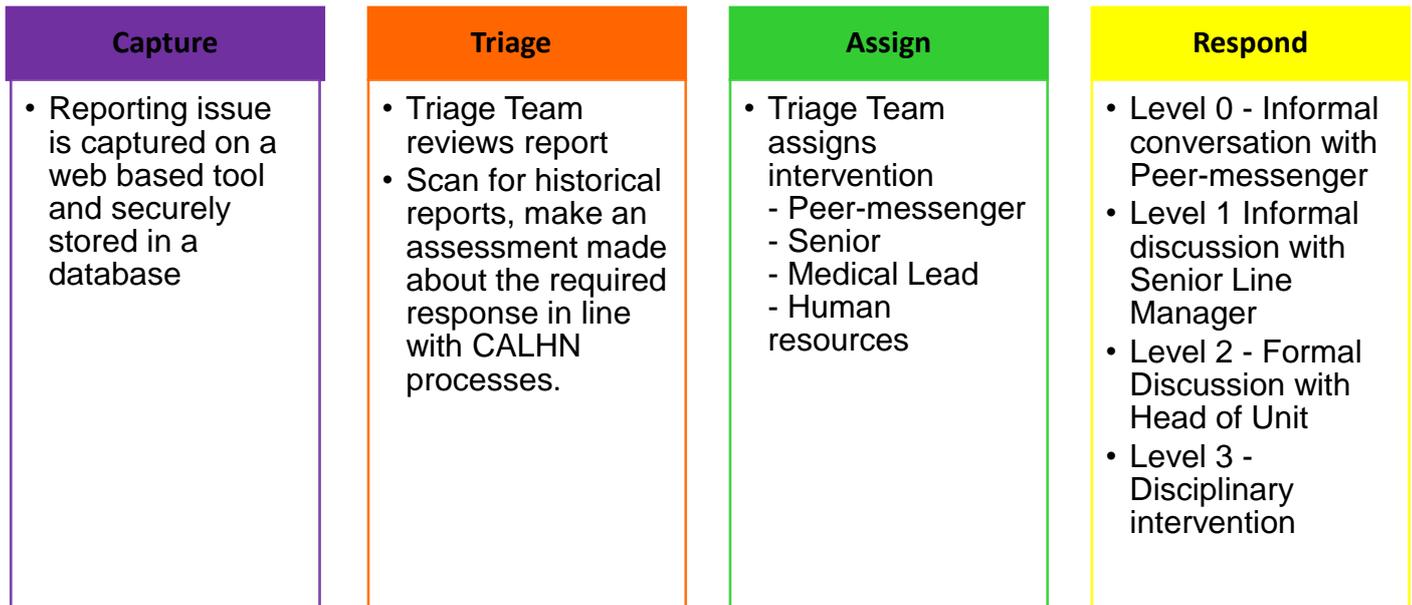


Figure 1

Capture Behaviours

When an employee witnesses or experiences behaviour that is inconsistent with the *CALHN Values* and *Clinical Compact* and they feel they are unable to speak up to the person involved, the following steps are taken to report that behaviour:

- Employee logs in to the System via the intranet using their [redacted] ID and password.
- Employees are given the opportunity to provide their name or remain anonymous when submitting a report. Employees are encouraged to provide their names, as it allows for confidential follow up in serious cases or in the situation of a vexatious report.
- Anonymity is offered as an option where employees feel unable to include their identifying information. However, in certain circumstances, the reporter’s identity may still be disclosed to the Executive Director, Workforce Management and Reform (see further details below)

Triage

Following a report being lodged in the System, a Triage Team will review the report and allocate an appropriate response. Reports are reviewed as follows:

- The Triage Team reviews the system database daily.
- The Triage Team assesses any reports received and evaluates the seriousness of the incident based on the information provided and follows the incident reporting matrix to formulate the appropriate response.
- Where there is an indication of previous reports received about the same employee the Triage Team reviews these and assesses whether an escalated response is required through the tiers.



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- The Triage Team compiles a brief report and makes a recommendation to the CALHN Professional Accountability Assessment team regarding the appropriate level of response required to address the reported behaviour.

The Triage Team is limited to responding to Level 0-1 intervention without consulting the Assessment Team.

If the Assessment Team determines that the report warrants a Level 2 or Level 3 intervention the Triage Team can request the reporting employee's identity be disclosed to the Executive Director, Workforce Management and Reform, who will be the only contact with the reporter.

Where the incident is an egregious issue and the report is anonymous, the identity of the reporter must be disclosed to the Executive Director, Workforce Management and Reform to enable an investigation to determine if a law has been broken or a serious breach of CALHN policies has occurred.

The identity of the person making the report will not be disclosed to the person who is the subject of the report as part of this program. Under particular circumstances, where the reported event is determined to represent a risk to patient safety or the welfare of a CALHN employee or where disciplinary action is being considered, the reporting employee may need to be consulted, and their identity disclosed, as part of any investigation that occurs. In these circumstances the permission of the reporting employee will first be sought.

Assign response

In response to a report:

- The Triage Team meets to review the Triage Manager's summary report and collectively make an informed decision regarding the level of response required.
- The Triage Team will categorise the complaint and agree on the required level of response. Depending on the level of response, the Triage Team will assign the appropriate person or refer the matter to the Assessment Team for consideration.
- Based on the level of response required, the Triage Team sends a response request and summary report to a peer-messenger, Supervisor, Head of Unit, Medical Lead or other relevant leader outlining the action that needs to be taken.

Response

The level of responses and the action required is provided in the table below. A Peer-messenger will be allocated for responses at Level 0. The Peer-messenger will be in an equivalent role where possible, but not from their immediate unit.

Peer-Messengers will:

- Review the report provided by the Triage Manager.
- Peer-messenger will aim to deliver the intervention with 48 hours or as soon as practicable.
- Peer-messenger will meet informally with the employee who is reported to have displayed the behaviour that is inconsistent with CALHN's values.
- Peer-messenger provides feedback to the reported employee about the reported behaviour.
- Peer-messenger will complete a brief survey via a provided link informing the Triage Team the intervention has occurred. No records are kept of the content of the conversation and no records retained on the employee's personnel file.

Where a persistent pattern is evident (Level 2), the reported employee's Head of Unit is contacted and will be asked to undertake a formal discussion, including investigation where necessary with support from the appropriate Human Resources Business Partner.

For more serious reports where disciplinary action may be required (Level 3), the Executive Director of Medical Services must be notified of the report. The Medical Lead or Head of Unit must seek advice from the Principal Integrity Officer.

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Any investigative or disciplinary action taken as a result of the System will comply with existing investigation and disciplinary procedures.

Response Level	Response Definition	Action
Level 0 – Informal intervention	Where the Triage Team receives a single report for an individual employee.	Triage Manager allocates a peer-messenger to have an informal conversation with the employee reported. No investigation will be undertaken to determine the merit of the report.
Level 1 – Apparent pattern (informal)	Where the Triage Team determines that there is an apparent pattern in the reports of behaviour that is inconsistent with the <i>CALHN Values</i> and <i>Clinical Compact</i> for an individual employee that indicates a higher-level response is required.	Following initial assessment, the Triage team refers the matter to the Assessment Team. The Assessment Team allocates the HOU/Medical Lead or Line Manager (most appropriate senior) to have a conversation with the employee reported. No investigation will be undertaken to determine the merit of the report. The reported employee will be advised that the System data reveals a pattern of behaviours that is inconsistent with <i>CALHN Values</i> and <i>Clinical Compact</i> , and if additional reports are received these may be investigated formally (in accordance with existing investigation procedures).
Level 2 – Persistent Pattern (formal)	Where the Triage Team determines that there is a persistent pattern of reports about the employee's behaviour, despite attempted prior interventions being implemented; or where the behaviour report is deemed to be a mandated or egregious issue.	Following initial assessment, the Triage team refers the matter to the Assessment Team. The Assessment Team will inform the Principal Integrity Officer identified on the CALHN Professional Accountability Assessment Team of the report and the need for intervention. HOU/Medical Lead will be informed of the report and initiate a formal conversation with the reported employee and a formal investigation will take place if necessary (in accordance with existing investigation procedures). The EDMS is advised of the intervention. Support is provided to ensure that the reported employee's behaviour or performance is addressed if deemed necessary.
Level 3 – Disciplinary Intervention (formal)	Where the Triage Team determines that a disciplinary intervention may be required due	Following initial assessment, the Triage team refers the matter to the Assessment



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	<p>to ongoing persistent behaviour that undermines CALHN's Values and Clinical Compact or where the behaviour is deemed to mandated or egregious issue.</p>	<p>Team with a huddle coordinated within 4 hours.</p> <p>The Assessment Team refers the matter directly to the Medical Lead or other relevant leader who will investigate if necessary and initiate a formal disciplinary process with the reported employee (in accordance with existing investigation and disciplinary procedures).</p> <p>Senior Leadership (EDMS, EDWM&R) to be notified of report by the Principal Integrity Officer, who will act as an advisor in the response.</p>
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Timeline

CALHN is committed to ensuring reports are addressed in a timely manner and that the time from receipt of the report to the message being delivered is ideally between 48 hours to one week where practicable.

Responses to egregious reports will occur within four hours where practicable.

Reporter protection

CALHN prohibits retaliation against reporters who in good faith report behaviour that undermines the *CALHN Values* and *Clinical Compact*. In the event of retaliation, the matter will automatically be escalated to a Level 3 intervention and CEO notification and disciplinary process will be commenced.

Examples of retaliation include but are not limited to:

- Approaching an employee suspected of lodging the report, even to apologise.
- Demanding the peer-messenger reveal who placed the report.
- Approaching staff members asking them to reveal who may have reported against them.
- Threatening to apply retaliatory action through assessment procedures/PR&D reviews.
- Terminating employment, denial of promotion, suspension, harassment, transfer, or in any other manner discriminating or threatening to discriminate against an employee in the terms and conditions of the employee's employment.
- Exclusion of the suspected reporter from ward activities, unit communications, training and promotional opportunities.

Vexatious reporting

If a report submitted via the System is found to be vexatious or malicious, the identified employee reporting the incident will automatically be referred to the Executive Director, Workforce Management and Reform for investigation and possible disciplinary action.

If an anonymous report is suspected to be vexatious or malicious, the Triage Manager can request for the reporting employee's identity to be revealed only to the Executive Director, Workforce Management and Reform for investigation.

Employee Reporting



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Employees who submit reports will not be provided with a progress update or information on the response or actions taken from the report, except in circumstances where the response is Level 3 and disciplinary action has been taken.

Governance and Reporting

Summary reports will be produced as follows:

- Aggregated and de-identified summary reports will be provided to the CALHN Professional Accountability Leadership Council and the CALHN Governing Board on a quarterly basis.
- Relevant Executives/Medical Leads/Heads of Units will be updated with reports as per the allocated response interventions at Levels 2 and 3.

Employee Support

CALHN offers the following support for both reported and reporting employees and line managers:

- [Employee Assistance and Wellbeing Programs](#)
- [HR Business Partner](#)
- [Doctors' Health SA](#)
- [Beyond Blue](#)
- [Doctors' Health Advisory Service \(DHAS\)](#)
- [South Australian Salaried Medical Officers Association \(SASMOA\)](#)

4. Membership of the Triage Group, Assessment Team & Leadership Council

Triage Group

- Principal Integrity Officer (Triage Manager)
- System Administrator, Professional Accountability and Reporting System
- Manager, HR Operations
- Project Manager, Professional Accountability Program

Assessment Team

- Executive Director, Medical Services
- Executive Director, Workforce Management and Reform
- Medical Lead
- Principal Integrity Officer
- Manager, HR Operations
- Project Manager, Professional Accountability Program

Leadership Council

- CALHN Clinical Council
- Executive Director, Workforce Management and Reform

5. Responsibilities

All managers across CALHN are responsible for:



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- Creating a positive and collaborative environment in which employees can speak up for patient, consumer and employee safety and quality of care, and are supported if they do so.
- Ensuring that the Professional Accountability Reporting system is appropriately communicated within their work settings.
- Initiating and/or carrying out informal or formal conversations, in line with the stated response levels and actions (see Table 1).

All employees are responsible for:

- Behaving in a manner consistent with CALHN's Values, Clinical Compact and the Code of Ethics for South Australian Public Sector Employees.
- Reporting instances of behaviour that undermines our culture via the System when they do not feel able to provide feedback directly to the employee/s concerned or through their relevant management structure.
- Ensuring that instances of behaviour that undermines our culture that are entered into the System are factual.

6. Acronyms and abbreviations

- CALHN – Central Adelaide Local Health Network
- HOU – Head of Unit
- ML – Medical Lead
- CPPA - Centre for Patient and Professional Advocacy

7. Links to resources/references

[Public Sector Act 2009](#)

[SA Health \(Health Care Act\) HR Manual](#)

[SA Health Respectful Behaviour Policy Directive](#)

[SA Health Management of Disrespectful Behaviour Policy Guideline](#)

[Guideline of the Commissioner for Public Sector Employment - Management of Unsatisfactory Performance, Including Misconduct](#)

[Code of Ethics for the South Australian Public Sector](#)

[CALHN Clinical Compact](#)

[CALHN Values](#)

[SA Health Addressing Workplace Bullying – a guide for junior doctors](#)

8. Relevant Legislation

- *Disability Discrimination Act 1992* (Commonwealth)
- Discipline specific Codes of Ethics and Codes of Professional Conduct
- *Equal Opportunity Act 1984* (SA)
- *Fair Work Act 1994* (SA)
- *Work Health and Safety Act 2012* (SA)
- *Work Health and Safety Regulations 2012* (SA)
- *Public Sector Act 2009* (SA)
- *Sexual Discrimination Act 1984* (Commonwealth)
- *Public Interest Disclosure Act 2018* (SA)



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- *Return to Work Act 2014 (SA)*
- *Return to Work Regulations 2015 (SA)*
- *WorkCover Performance Standards for Self-Insurers*
- *WorkCover Corporation Act (1994) (SA)*
- *Volunteers Protection Act (2001) (SA)*