

# What Makes an Experience Positive in a Regulatory Complaints Management Process? A Qualitative Study

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Lakshmi Bondu, MDS, MPH; Sunita Bapuji Bayyavarapu, MN; Jacinta Evans, MPH; Eva Saar, PhD; Sarah Anderson, PhD; Matthew Hardy, LLB (Hons); Helen Townley, BA/LLB (Hons), GradDipPsySt, MPA; Martin Fletcher, BA(Hons), M Man



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## ABSTRACT:

**Background:** The Australian Health Practitioner Regulation Agency (Ahpra) manages complaints made about registered health practitioners across Australia. The negative effects that complaint processes can have on the mental health of health practitioners are well documented.

**Objective:** To identify factors that help make the complaints process positive and worthwhile for people who made a complaint, practitioners who are the subject of a complaint, and staff who manage complaints processes.

**Methods:** Semi-structured interviews of 26 participants (eight complainants, ten practitioners who were the subject of a complaint, and eight complaints management staff) were conducted. Participants were selected using criterion-based purposive sampling and linked with positive responses from Ahpra's internal surveys. Key themes were identified via thematic analysis.

**Results:** Frequent, clear, and empathetic communication was a key determinant of overall process satisfaction across all participant groups. Staff identified that early engagement to set expectations and regular, proactive provision of information or reassurance throughout the process were essential to improving practitioner experience and making the complaint management process worthwhile for complainants and practitioners alike. Regular updates, direct engagement with staff managing complaints, and having an informed understanding of Ahpra and its role also had positive impacts.

**Conclusions:** Improvements to the provision of process information and continued investment in staff communication training are recommended to enhance positive experiences.

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## Background

The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with 15 National Boards to register over 800,000 health practitioners annually and manages complaints made about possible breaches of professional standards by registered practitioners.<sup>1</sup> These are received from patients, employers, organizations, or referred from other agencies such as health complaints entities or law enforcement. The process of making and receiving a complaint impacts all parties and is often a stressful experience for those involved.<sup>2</sup> Many individuals involved in complaints processes report stress

and dissatisfaction,<sup>3,5</sup> resulting in lasting professional and personal impacts, and prompting recommendations for process improvement.<sup>3,6-8</sup> Ahpra's process satisfaction surveys, administered since 2017, also reveal several 'pain points' for health practitioners who are subject to a complaint.<sup>9</sup> Since 2017, Ahpra has placed an increased emphasis on improved risk assessment, communication and timeliness in overall complaints management.<sup>9</sup> This aims to achieve a kinder and more humane regulatory process while ensuring patient safety.<sup>10</sup>

Not all practitioners or complainants find the process unsatisfactory. While the negative impacts

have been examined,<sup>8,11</sup> very little is known about complainants or practitioners who report a positive experience.<sup>12</sup> Ahpra surveys show that 70% of practitioners and 30% of complainants report satisfaction with the overall complaints management experience. However, 89% of all respondents report experiencing some stress during the process.<sup>9</sup>

Health practitioners who have a professional support system involving managers, employers and colleagues report more positive outcomes and greater satisfaction with the complaints management process.<sup>3,5,13</sup> Complainant satisfaction, meanwhile, has been linked with empathy from those they interact with during the complaints process, and a feeling that justice has been done.<sup>14</sup> There is a paucity of literature examining the positive aspects identified by practitioners subject to a complaint or providing greater detail regarding the complainant experience. Additionally, despite playing a key role, perspectives of staff managing complaints, particularly those directly interacting with both complainants and practitioners participating in the process, remain unexplored in the literature. Understanding what makes a frequently stressful experience satisfactory or even worthwhile can provide insights into the potential benefits of the process and opportunities for further improvement. The aim of this study is to explore what aspects of the complaints process lead those involved to express satisfaction with the process and find it worthwhile, with a view to strengthening complaints management procedures.

## Methods

### Ethical approval

This study was approved by the Prince Charles Hospital Human Research Ethics Committee in Queensland, Australia (Project No. 77208).

### Study design

Experiences of the Ahpra complaints management process were explored following an interpretive description approach of qualitative inquiry, as described by Thorne et al.<sup>15</sup> Three separate interview guides (Supplementary File 1) with open-ended questions<sup>16,17</sup> were developed to conduct semi-structured interviews with complainants, practitioners, and staff.

Throughout the work, reflexivity was sought through post-interview debriefings, and researchers critically reflecting on and comparing results with initial

project preconceptions. The researchers had no direct involvement with complaints management processes or had any contact with the interviewees prior to the study. All interviewers were female, employed by Ahpra within a research and evaluation team, and had been qualified health practitioners during their careers. The researchers have all undertaken postgraduate research study and have experience as qualitative researchers. The consolidated criteria for reporting qualitative studies (COREQ) checklist for the study can be found in Supplementary File 2.

### Sampling and data collection

Respondents were recruited through criterion-based purposive sampling. Complainants, practitioners who were subject to a complaint, and Ahpra staff were identified from administrative data and linked with satisfaction survey responses received after the complaint was closed.<sup>18</sup> Complainants and practitioners were eligible if they completed the satisfaction survey and indicated that they were satisfied with the process, regardless of the outcome. Ahpra staff were eligible if they were employed with Ahpra at the time of participant recruitment and had managed a case where positive experience/process satisfaction was reported by the relevant health practitioner or complainant.

A sample was generated to provide a cross-section of the type of complaint, health profession, and demographic factors relevant to the population involved in complaint management processes. All eligible participants were approached using an e-mail invitation ( $n=170$ ; 52 complainants, 87 practitioners, and 31 staff). Twenty-six participants indicated their willingness to participate and were provided with a participant information statement and consent form prior to the interviews being undertaken. Participants were informed that the interviewers were research staff and not affiliated with regulatory operations.

Between April 2022 and August 2022, 26 individual semi-structured interviews were conducted by researchers ES and SB via telephone or Zoom™ call, based on participant preference, and audio recorded. Interviews ranged from 25 to 60 minutes in length. Informed consent was obtained from all participants prior to the interview commencing. Researchers summarised and verified information with participants during the interview to ensure trustworthiness.<sup>15</sup> At the end of each interview, the interviewer provided a summary overview and asked

for clarifications, if any. Audio transcripts were downloaded, reviewed, and edited for errors by SB and stored in a secure location as per ethical requirements. Anonymized verbatim transcripts were imported into NVivo QSRT<sup>™</sup> software.

### Data analysis

Following a thematic analysis process informed by Thorne,<sup>15</sup> ES and SB read through transcripts multiple times to develop codes and identify themes whilst making notes on similarities and differences described by participants related to the complaints management process.<sup>16</sup> A subset of 13 interviews were reviewed and analysed by LB.

Key themes and sub-themes were defined through researcher discussion and comparison of codes, followed by investigator triangulation, mapping, revising, and reworking to integrate all participant groups' perceptions. Sub-themes were collated

under each finalised theme. Themes and subthemes were collated in the representative diagram presented in Figure 1. To help assess data saturation, analysis commenced prior to the completion of data collection.<sup>19</sup> Data saturation was determined when no new themes for each participant group were identified from interviews, and recruitment was then ceased. For reporting, themes were defined, and representative participant quotes were selected.

### Participant characteristics

Participant characteristics are presented in Table 1.

## Results

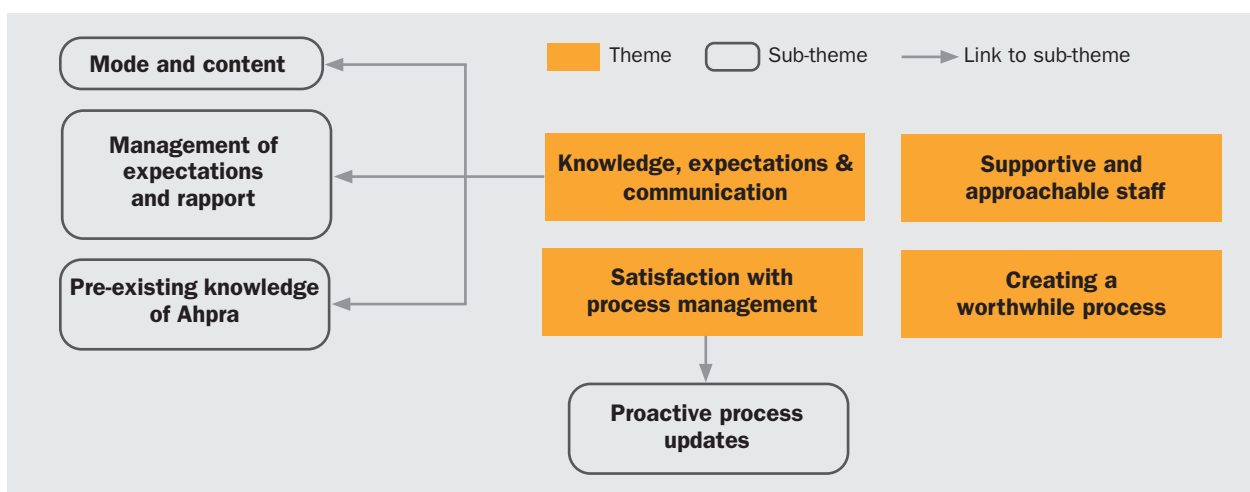
### Themes

Findings from the analysis are summarized under four main themes and four sub-themes (Figure 1)

**Table 1**  
**Participant Characteristics**

Gender	Age range	Location	Complaint outcome
<b>Complainants</b>			
<b>Females (n=4)</b>	45-74	Metropolitan and rural	Cautions, No further action
<b>Male (n=4)</b>	35-64	Metropolitan, rural, and remote	Cautions, No further action
<b>Practitioners</b>			
<b>Female (n=3)</b>	47-58	Psychologist, Nurse, Occupational therapist	Cautions, No further action
<b>Male (n=6)</b>	38-69	Chinese Medical Practitioner, Physiotherapist, Psychologist, Pharmacist, Medical practitioner, Chiropractor	Cautions, No further action
Gender	Age range	Years complaints management experience	
<b>Aphra staff</b>			
<b>Female (n=3)</b>	26-39	5 to 9 yrs.	
<b>Male (n=5)</b>	32-59	2 to 22 yrs.	

**Figure 1**  
**Themes from Interviews with Complainants, Practitioners and Complaints Management Staff**



and additional supporting quotations are provided in Supplementary File 3.

### Knowledge, Expectations and Communication

The complainant and practitioner experience of the process was often shaped by their expectations of the complaint management process, and how well the staff were able to manage these expectations with clear, empathetic yet realistic communication.

#### Mode and content

Complainants and practitioners both appreciated direct telephone contact before receiving a formal letter or e-mail, which provided them with an overview of the process, steps to be taken by Ahpra, and expectations of them. This was echoed by staff, who emphasized that direct contact helped improve the relationships with complainants and practitioners, and contributed to more positive reporting of the experience for the parties involved.

*“I think it would have been so easy for this particular matter, [to] just conduct everything via email and not speak to them both. But I think what made it worthwhile was picking up the phone and speaking to them, and identifying those vulnerabilities and working with them to address those vulnerabilities so that they felt supported through the process.”*  
—Staff, Male.

Communication that was frequent, detail-oriented, ‘unbiased, factual and clear’, along with follow-up e-mails, was valued.

*“Solid written communication: extremely clear, extremely concise, straight forward, factual, and the manner that is in layman’s terms. Very clear presentation [with] font size and headings et cetera.”*  
—Complainant, Male.

This contributed to complainants and health practitioners feeling that their matter was being kept front of mind, which was described by one respondent as keeping Ahpra staff ‘on the task.’

#### Management of expectations and rapport

A core aspect of process satisfaction was an interplay of three elements—expectation management, rapport building and “a sense of being heard”. Staff identified setting expectations early as a key enabler of process satisfaction, where they provide clarity to complainants and practitioners on the National Boards’ and Ahpra’s

regulatory roles early on, including what each cannot do. They felt that this managed any unrealistic process expectations and improved satisfaction, irrespective of the outcome of the complaint.

*“I think some of them want refunds, which is obviously something we can’t facilitate. Some of them want the practitioner struck off, they don’t want them to be practicing anymore. So sometimes it’s all about setting expectations from that initial contact and going ‘what are you hoping to achieve from this process and is it something that we can facilitate?’”*  
—Staff, Male.

While staff highlighted the importance of setting realistic expectations, some practitioners found reassurance within reason most comforting.

*“I spoke to [Ahpra staff] on the phone. They said ‘look, I can’t say what the outcome would be, but don’t lose sleep over it. Most of these [complaints] get turned over anyway. There doesn’t seem to be any supporting documentation. You need to respond. We’re going to have to work through the process, don’t be stressed, don’t lose sleep over it’. They seem to be reassuring. [The complaint] was vexatious and inappropriate in the first place. They were quite helpful.”*  
—Practitioner, Male.

Expectation management was, however, more closely associated with how staff built a relationship of trust with the complainants over time, speaking to them frequently, developing a “rapport” and making them comfortable enough to provide the required information. Both complainants and practitioners framed this as a process of active listening and being “treated as a human.” This reflected staff’s ability to treat practitioners and complainants with respect, dignity and recognizing the inherent value of their experience.

*“Particularly coming from an environment of being non-actively [sic] listened to, I felt the complete reverse with Ahpra for myself, that I was being treated with respect and treated as human, that I was not being discounted, that... the concerns I was raising were considered.”*  
—Complainant, Male.

This form of empathetic and responsive engagement from staff helped build trust in the process and, in turn, in Ahpra as a regulator.

*“This individual could have taken a typical business-like manner and spoken to me in just very short, tough, clinical manner, but instead, they injected humanity within. It is becoming rare in the human species, which impressed me. It also helped [me] to trust the process and the trust in the outcome that Ahpra is going to come out with.”*

—Complainant, Male.

When staff were attentive to what the participant had to say and responsively engaged with them, the participant felt valued. They found a sense of acceptance and validation in being able to tell their story and have someone pay attention to their experience.

*“What Ahpra’s experience did was validate me, and that was a key critical thing because it helped [me] psychologically, lift me back up and feel validated, that my voice was being taken seriously, given weight and is being considered throughout the process.”*

—Complainant, Female.

### **Pre-existing knowledge of Ahpra**

A sub-theme related to communication was participants’ prior knowledge of Ahpra and awareness of the complaints management procedures. For complainants, the ease with which they could lodge a complaint was important. When complainants found this process easy and understood the relevant steps, the complaints management process was viewed more positively. For both complainants and practitioners who were unfamiliar with Ahpra, being able to locate relevant information was helpful in making sense of processes and timelines.

*“I suppose, being new to that sort of situation [...] I was left with a lot of questions about the process and then went on to do some of my own research online on the Ahpra website, and so on about the notification [complaint] process. And I do remember watching a video at that time about what the notification [complaint] process is and what happens... which was helpful.”*

—Practitioner, Male.

### **Supportive and approachable staff**

Analysis showed that for both complainants and practitioners, the role of regulatory staff was pivotal in making the complaints management process more positive. Complainants and practitioners alike

acknowledged that the way Ahpra staff approached their role, and being caring, supportive and approachable, led to a positive experience.

*“They [Ahpra staff] were more helpful and open to communicate... they [were] approachable, and the language, and I still am grateful for the person because they really changed my feelings and my emotional state at that time.”*

—Practitioner, Male.

Staff reporting positive outcomes seemed aware of what was needed to improve the process experience for both complainants and practitioners and would often tailor their approach accordingly. For instance, they would usually speak to a complainant two or three times during the process, but more often in cases where the complainant was a patient or if the complainant appeared very distressed regarding the incident.

Practitioners and complainants also appreciated how staff conducted the whole process and their professionalism.

*“The people were very professional on the phone when I talked to them. I thought the information sent was easy to follow and understand ... if I needed to clarify anything I could. It wasn’t, you know, you weren’t treated like, oh, you know, this person doesn’t know what they’re talking about, and they really should. It was really from a helpful perspective and very professional.”*

—Complainant, Female.

The importance of knowledgeable and experienced staff was highlighted by one practitioner who felt a change in process experience when the staff member managing the case changed.

*“When the second agent took over, she changed the course of the investigation from my side and because she kind of made a difference that way, I [felt] that the investigation would be objective not like a prejudiced persecution or anything. I was more confident.”*

—Practitioner, Male.

### **Satisfaction with process management**

Overall, participants interviewed expressed satisfaction with how Ahpra managed the complaints process, irrespective of the outcome or resolution time. The satisfaction of the complainants and practitioners subject to a

complaint primarily stemmed from the way in which Ahpra staff managed the process. Complainants who were also employers expressed that the process helped them review and improve their organizational procedures to prevent something similar from happening again.

Ahpra complaints management staff derived satisfaction from their ability to implement Ahpra's complaints management process appropriately and manage complainant and practitioner expectations. Staff shared how each complaint is unique, depending on factors such as whether it was made by a patient, employer or others (eg: a colleague or member of the public) or if it was closed at the assessment stage or the investigation stage. For staff, process or communication obstacles that created complexity or slowed down processes being removed or absent added to satisfaction.

*"My positive experiences have been when the practitioner and the [complainant] understand what it is that we do and that expectations have been managed, and they both feel heard; that's when that's been a positive experience for me. Another positive for me, is when I'm able to get to the bottom of an investigation and get a good outcome."*

—Staff, Female.

### Proactive process updates

Insufficient updates regarding complaints were a key factor noted by participants to negatively impact their experience. In one complaint the practitioner described not hearing from Ahpra for two or three months after initial contact from the agency who had referred the matter to Ahpra. This led to the practitioner becoming anxious and contacting Ahpra to follow up.

*"It lasted for a long time. They took over the case, I was in a limbo, I was waiting to hear for many months...you're in limbo because, what is going on? I want to know what is going on."*

—Practitioner, Male.

Similarly, some complainants also reported a lack of contact and described needing to follow up on matters.

*"It really, really took [a] long time and I checked, I had to chase up often. Yeah, it felt like it took a long, long time."*

—Complainant, Female.

Accordingly, positive experiences arose for complainants and practitioners when process

updates were proactive, with participants also speaking positively about the degree of detail and thoroughness they witnessed.

*"[It was] really good just in terms of the timeliness that it took... I think we're following through with an in-depth discussion within about a week, I think it was from memory, and they read through all of the documentation I sent before. The investigator was very thorough and lovely..., and they took time and looked at all of the information, and they just kept making contacts like regularly to keep me up to date. And the thing that I was impressed with was about the system was that every three months or so it sent me an email to let me know that it was still going."*

—Complainant, Male.

### Creating a worthwhile process

The criteria for determining whether the complaints process was worthwhile differed among participants. Complainants who were patients or clients reported that the process was worthwhile depending on the specific outcome achieved, feeling that changes occurred to improve patient safety, and ensuring health practitioners had a reminder of expectations for better practice. In contrast, complainants who were also practitioners considered it worthwhile if it helped them to protect the 'integrity of their profession', while those in clinical governance roles within health organizations considered it worthwhile if it assisted in the evaluation and improvement of their care processes.

Practitioners had mixed feelings about the value of the complaints management process, as many experienced stress and anxiety when the investigation was underway. Practitioners who believed the complaint to be untrue or vexatious were particularly critical of the process's value. The practitioners' outlook going into the investigation also influenced their overall experience. Some considered the process worthwhile as it helped them reflect on their practice, whilst others felt it did not improve their practice as a health practitioner.

*"It is a hard question; I mean, personally, I don't feel that it was [worthwhile] because I don't believe that I did anything wrong. Professionally, I guess it was good for me to go through the process, as I know, what's going to happen if*

*[the complaint] happens in the future again... I guess it's a learning experience."*

—Practitioner, Male.

Staff, on the other hand, considered addressing all complaints to be worthwhile to protect the public and support practitioners in undertaking safe practice.

*"From my point of view, it's always worthwhile. I mean if someone has a legitimate concern about whether [allegations] are correct or not true ... that's what regulation is for. We need to be made aware of those and we can look at those and then, if there's no case to answer, then there's no case to answer, but if we don't get told about them, we will never know that there's a problem, so they're always worthwhile in that sense."*

—Staff, Male.

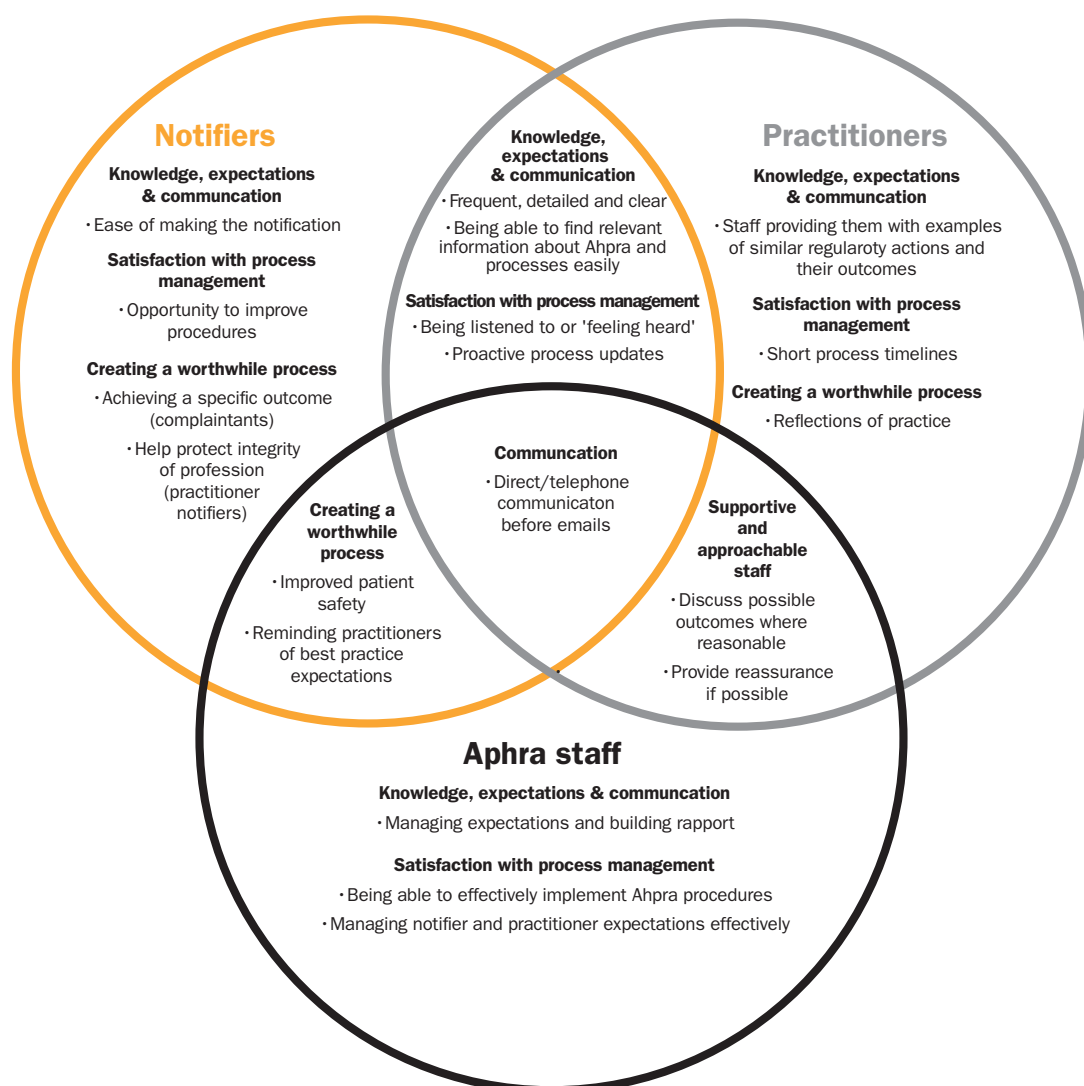
Despite considering the complaints management process worthwhile, staff suggested that lower risk complaints, could take time and focus away from more serious matters.

*"I think it's worthwhile, but I also think that the bar for [complaints] is extremely low, I think that we're letting in a lot of concerns that really don't meet a level that we should be allowing in. Like, for example, we get a lot where 'the practitioner was rude to me', 'the practitioner wouldn't give me a script' and that's not really something that we should be dealing with."*

—Staff, Female.

Each participant group experienced various aspects of the regulatory process differently, though with some overlap (Figure 2). For instance, within the theme of knowledge, expectations and

**Figure 2**  
Each Participant Group's Experiences with the Various Aspects of the Regulatory Process



communication, what staff described as rapport building and ‘managing expectations’ was essentially underpinned by empathy and active listening by Ahpra staff. This was understandably, therefore, described and interpreted by complainants and practitioners as ‘feeling heard’ and being treated with consideration and ‘humanity.’

Similarly, the ability to effectively finalize the complaint while following relevant procedures was a source of satisfaction for Ahpra staff. For complainants and practitioners alike, however, what mattered was staff reassurance and proactive updates from Ahpra. While there was some variation in when practitioners considered the process worthwhile, an appropriate outcome was closely tied to process worth for both staff and complainants. Therefore, while appearing distinct, various aspects of the process management interacted synergistically. Expectation management, staff empathy, process efficiency, and satisfactory outcomes all contributed to overall satisfaction with process management in different ways.

## Discussion

This study examined factors of the complaints process that resulted in complainants, practitioners subject to a complaint, and Ahpra staff reporting a positive experience.

The quality of communication from Ahpra staff during the process was a key determinant of a positive experience for all involved. Both complainants and practitioners subject to a complaint valued personal communication via a phone call. The opportunity to ask questions, talk through issues, and clarify processes through phone contact impacted participants' feeling more positively about their experience through the complaint process. Complainants and practitioners subject to a complaint placed value on when they experienced Ahpra staff adopting a kind and humane approach throughout the process. This is supported in the literature as crucial for satisfaction through complaints processes in various sectors.<sup>5,20</sup>

Research suggests communication factors influence a positive experience more than flexibility, or if the process was completed swiftly.<sup>20</sup> Treating people involved in the process with respect and, understanding and allowing people to ‘tell their story’ determined perceptions of ‘fairness’ of the procedure in some studies.<sup>21-23</sup> These findings were mirrored in the results of this study, which also found sympathetic, clear, and prompt

communication to be important in achieving a satisfactory experience across all groups interviewed. Complaints handling staff within UK's National Health Service (NHS) also emphasised the importance of acknowledging a complainant's lived experience in the complaint management process. They classified an interaction with a complainant as good when they had been ‘heard,’ ‘answered,’ ‘listened to,’ and ‘responded to with empathy.’<sup>24</sup> The study further highlights the overarching priorities of complainants while explaining their complaint—the need to be heard and acknowledged as a ‘reasonable complainant.’ In our study a strong contributor to a positive experience was for a complainant or practitioner to come out of the process feeling that staff empathized with their difficult experience and that they were given an opportunity to ‘tell their story,’ ultimately achieving a sense of validation through the process.

Clear and consistent communication from staff was also important in addressing practitioners' preconceived perceptions of Ahpra and reframing the complaints management process as protective rather than punitive. A study of osteopathic regulation in the UK found that fear of regulatory sanctions may result in ‘fear-based compliance with standards’ or a ‘defensive approach to

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### THIS STUDY EXAMINED FACTORS OF THE COMPLAINTS PROCESS THAT RESULTED IN COMPLAINANTS, PRACTITIONERS SUBJECT TO A COMPLAINT, AND AHPRA STAFF REPORTING A POSITIVE EXPERIENCE.

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regulatory compliance’.<sup>25</sup> To address this, the report recommended that regulatory staff focus on personal engagement with practitioners to increase the likelihood of acceptance of regulatory outcomes. Equally, it is also important that complainants benefit from personal engagement when a decision is made that no regulatory action is needed. Staff responses in this study demonstrate a similar commitment to compassionate communication and working to ensure people felt supported through the complaints management process. Participants also highlighted the importance of regular communication and a compassionate, humane approach from staff to better support them throughout the complaints management process and contribute to a more positive experience.

An analysis of complaints managed by government-run health complaints commissions in Australia found that there was often an expectation gap in sanctions sought by the complainants and the outcomes received. To bridge this expectation gap strategies identified included frontline staff's early understanding of the underlying motives of complainants in making a complaint and their expectations from the resolution process, while providing the complainants with a clear recognition of what the complaints agency can deliver as a resolution and making this clear early in the process.<sup>26</sup> This is in line with findings from our study where staff stressed the importance of setting expectations at the start of the complaints management process and providing clarity on what Ahpra can and cannot do. We found that complainants and practitioners whose expectations were clearly set at the start of the complaints process spoke positively of the thoroughness and detail employed rather than focusing on the outcome or the overall length of time taken.

Within this study, complainants who were patients or clients reporting practice issues described satisfaction with the process when outcomes such as further education or a change in practice were recommended. Literature suggests that if practitioners or hospitals/health services acknowledge an error and this results in a change to practice, the satisfaction with complaints management processes is higher.<sup>5,6,14</sup>

Practitioners also highlighted factors which could lead them to not consider the complaints process worthwhile. The process was described as stressful, especially in instances where the complaint was regarded as vexatious or unfounded, and by extension considered unnecessary. Health practitioners often feel confused, anxious, and powerless throughout regulatory investigations,<sup>3,8,27</sup> with an increased likelihood of psychological and behavioural changes following this process.<sup>28</sup> United Kingdom's General Medical Council's (GMC) internal review into fitness to practise procedures found that doctors undergoing comparable proceedings should feel like they are being treated as 'innocent until proven guilty,'<sup>29</sup> Among the GMC report's recommendations was a suggestion of closer liaison between case examiners with medical practitioners and employing a personalised approach by the examiners, where appropriate, including sharing information proactively. They also suggest taking the practitioner's perspective into account while focusing on aspects of proceedings

that have a direct impact on the practitioner's wellbeing. Ahpra's previous unpublished data demonstrates similar findings, and continued efforts are being made at the organizational level to address these issues.<sup>9,10</sup>

A final takeaway on creating a worthwhile process was staff concerns about the nature of complaints. Staff members interviewed commented that there are complaints received which they believe did not meet the threshold for reporting to a professional standard body and these cases could take time away from what they believe to be more serious matters. An organizational review of the current process to ascertain if a complaint meets the threshold for reporting, to better filter these matters at an earlier stage was conducted by Ahpra to address these concerns. This is in line with a scoping review and ethical analysis by Monteferrante et al.<sup>12</sup> that suggests the importance of examining the 'organizational features and relational interactions,' including unreasonable or unrealistic patient expectations and incorporating the findings in any process improvement measures.

This study recognizes broader implications for practitioner regulation, which aligns with those identified in previous work.<sup>9</sup> Effective communication and setting clear expectations regarding the complaints management process, including possible outcomes, is crucial for a positive experience. Acknowledging the significant role staff play in providing a constructive experience and continued investment in providing them with appropriate tools to achieve these outcomes is key. Additional focus on staff capabilities, selection, and ongoing professional development will further contribute to more compassionate and sensitive management of complaints.

Ahpra currently publishes information about the complaints management process on its website. It is, however, unclear to what extent practitioners are aware of this information and whether they find it helpful. It is recommended that regulators place greater emphasis on directing practitioners and complainants towards the relevant information and consider evaluating its impact. Previous research has shown that providing complaints management scenarios of varied severity and providing numbers around the outcomes of these investigations to practitioners can help assure them that not all complaints lead to serious consequences.<sup>9</sup> Continuing to aim for frequent progress updates, even while investigations are underway, may help to alleviate some anxiety, particularly for practitioners.

This study provides a more in-depth understanding of the factors that lead to a positive experience for complainants and practitioners and reinforces findings from previous Ahpra research. In addition, the study also throws light on previously unexamined staff perspectives, and identifies factors associated with internal processes that contribute to positive process experience. Study limitations include that the data was collected a year after the complaint was closed and after survey completion by participants. As a result, complainants and practitioners might have had difficulty recalling all the process details.

The study focused specifically on the communication and management of the complaint process within Ahpra. It did not examine other contextual factors, such as organizational culture, that could have potentially influenced participants' experiences. The interviewed complainants and practitioners were involved in cases that resulted in no further action or a cautionary outcome, which could have influenced participant responses and views of the complaint management process. Many practitioners subject to a complaint received advice from Ahpra staff to contact their indemnity insurer, legal representative, or union to facilitate a response, therefore, resulting in no further direct communication with Ahpra staff and rather through their selected representative. Consequently, these practitioners may have reported different experiences from those who were in direct contact with Ahpra staff. Finally, this was a qualitative study which by nature describes the experience of a cohort of people and is not designed to be generalized. Additionally, due to the use of purposive sampling there is the potential for selection bias to have been introduced.

## Conclusion

While identifying shortcomings is important to process improvement, understanding what works in the current process and strengthening these factors is equally important. This study has identified that good communication is an important factor for a positive complaints management experience, alongside proactive process updates. The study also demonstrates how crucial complaints staff members are in communication, process management, and providing an empathetic and humane approach to the process.

## References

1. Australian Health Practitioner Regulation Agency. Ahpra and National Boards annual report 2019/20. Ahpra; 2020. Accessed December 16, 2025.
2. Biggar S, van der Gaag A, Maher P, et al. 'Virtually daily grief'-understanding distress in health practitioners involved in a regulatory complaints process: a qualitative study in Australia. *Int J Qual Health Care*. 2023;35(4):mzad076. doi.org/10.1093/intqhc/mzad076
3. Bourne T, Wynants L, Peters M, et al. The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: A cross-sectional survey. *BMJ Open*. 2015;5(1):e006687. doi.org/10.1136/bmjopen-2014-006687
4. Francis R (Chair). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive summary (HC 947). London: The Stationery Office; 2013. Accessed December 16, 2025. <https://assets.publishing.service.gov.uk/media/5a7ba0faed915d13110607c8/0947.pdf>
5. Friele RD, Kruikemeier S, Rademakers JJ, Coppen R. Comparing the outcome of two different procedures to handle complaints from a patient's perspective. *J Forensic Leg Med*. 2013;20(4):290-295. doi.org/10.1016/j.jflm.2012.11.001
6. Bouwman R, Bomhoff M, Robben P, Friele R. Patients' perspectives on the role of their complaints in the regulatory process. *Health Expect*. 2016;19(2):483-496. doi.org/10.1111/hex.12373
7. Hanganu B, Ioan BG. The personal and professional impact of patients' complaints on doctors-A qualitative approach. *Int J Environ Res Public Health*. 2022;19(1):562. doi.org/10.3390/ijerph19010562
8. Haysom G. The impact of complaints on doctors. *Aust Fam Physician*. 2016. Apr;45(4):242-244.
9. Biggar S, Lobigs LM, Fletcher M. How can we make health regulation more humane? A quality improvement approach to understanding complainant and practitioner experiences. *J Med Regul*. 2020;106(1):7-15. doi.org/10.30770/2572-1852-106.1.7
10. Biggar S, Fletcher M, Van Der Gaag A, Austin Z. Finding space for kindness: Public protection and health professional regulation. *Int J Qual Health Care*. 2022;34(3):mzac057. doi.org/10.1093/intqhc/mzac057
11. Baines R, Price T, Archer J, Bryce M. The impact of patient complaints and compliments on medical performance: A systematic review. *The European Journal for Person Centered Healthcare*. 2019;7(3). <http://doi.org/10.5750/ejpc.v7i3.1756>
12. Monteferrante E, Volesky KD, Brisson J, Sigman HH, Laliberté M. The effect of patient complaints on physicians in European and commonwealth countries with public healthcare systems: A scoping review and ethical analysis. *Can J Bioeth* 2022;5:31-42. doi.org/10.7202/1092954ar
13. Bourne T, De Cock B, Wynants L, et al. Doctors' perception of support and the processes involved in complaints investigations and how these relate to welfare and defensive practice: a cross-sectional survey of the UK physicians. *BMJ Open*. 2017;7(11):e017856. doi.org/10.1136/bmjopen-2017-017856
14. Friele RD, Sluijs EM, Legemaate J. Complaints handling in hospitals: an empirical study of discrepancies between patients' expectations and their experiences. *BMC Health Serv Res*. 2008;8:199. doi.org/10.1186/1472-6963-8-199

15. Thorne S, Kirkham SR, MacDonald-Emes J. Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Res Nurs Health*. 1998;20(2):169-177. doi.org/10.1002/(sici)1098-240x(199704)20:2<169::aid-nur9>3.0.co;2-i
16. Thorne S. Interpretive description: Qualitative research for applied practice. New York, NY:Routledge; 2016. https://doi.org/10.4324/9781315545196
17. Liamputtong P, Ezzy D. *Qualitative research methods*. 2nd ed. South Melbourne: Oxford University Press; 2005.
18. Freeman M. Qualitative inquiry and the self-realization of psychological science. *Qualitative Inquiry*. 2014;20(2):119-126. doi.org/10.1177/1077800413510270
19. Thorne S, Kirkham SR, & O'Flynn-Magee K. The analytic challenge in interpretive description. *International Journal of Qualitative Methods*. 2004; 3(1):1-11. doi.org/10.1177/160940690400300101
20. Orsingher C, Valentini S, Deangelis M. A meta-analysis of satisfaction with complaint handling in services. *J Acad Mark Sci*. 2009;38:169-186. doi.org/10.1007/s11747-009-0155-z
21. Cowan J, Anthony S. Problems with complaint handling: expectations and outcomes. *Clin Gov*. 2008;13(2):164-168. doi.org/10.1108/14777270810867366
22. Gee C, Tonkin A, Gaby S, et al. Responding to sexual boundary notifications: The evolving regulatory approach in Australia. *J Med Regul*. 2021;107(2):25-31. doi.org/10.30770/2572-1852-107.2.25
23. Paterson R. Three years on: Changes in regulatory practice since independent review of the use of chaperones to protect patients in Australia. Australian Health Practitioner Regulation Agency. 2020;6. Accessed December 16, 2025. www.ahpra.gov.au/News/2020-07-30-Chaperone-Report-Three-years-on.aspx
24. Rhys CS, Benwell B, Erofeeva M, Simmons R. Harnessing the power of language to enhance patient experience of the NHS complaint journey in Northern Ireland: a mixed-methods study. *Health Soc Care Deliv Res*. 2024;12(33):1-129. doi:10.3310/NRGA3207
25. McGivern G, Fischer M, Palaima T, Spendlove Z, Thomson O, Waring J. Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice. London: General Osteopathic Council; 2015. Accessed December 16, 2025. https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/dynamics-of-effective-regulation-final-report/
26. Bismark MM, Spittal MJ, Gogos AJ, Gruen RL, Studdert DM. Remedies sought and obtained in healthcare complaints. *BMJ Qual Saf*. 2011;20(9):806-810. doi:10.1136/bmjqs-2011-000109
27. Nash L, Tennant C, Walton M. The psychological impact of complaints and negligence suits on doctors. *Australasian Psychiatry*. 2004;12(3):278-282. doi.org/10.1080/j.1039-8562.2004.02079.x
28. Nash LM, Walton MM, Daly MG, et al. Perceived practice change in Australian doctors as a result of medicolegal concerns. *Med J Aust*. 2010;193(10):579-583. https://doi.org/10.5694/j.1326-5377.2010.tb04066.x
29. Horsfall S. Doctors who commit suicide while under GMC fitness to practise investigation. London: General Medical Council; 2014. Accessed December 16, 2025. https://cy.professionalstandards.org.uk/sites/default/files/attachments/Doctors%20who%20commit%20suicide%20while%20under%20GMC%20fitness%20to%20practise%20investigation.pdf

### About the Authors

Lakshmi Bondu, MDS, MPH, is Research and Evaluation Officer, Research, Evaluation, and Insights Team, Australian Health Practitioner Regulation Agency, Melbourne, Victoria, Australia.

Sunita Bapuji Bayavarapu, MN, is Research and Evaluation Officer, Research, Evaluation, and Insights Team, Australian Health Practitioner Regulation Agency, Melbourne, Victoria, Australia.

Jacinta Evans, MPH, is Senior Research and Evaluation Officer, Research, Evaluation, and Insights Team, Australian Health Practitioner Regulation Agency, Melbourne, Victoria, Australia.

Eva Saar, PhD, is Manager, Research, Evaluation, and Insights Team, Australian Health Practitioner Regulation Agency, Melbourne, Victoria, Australia.

Sarah Anderson, PhD, is Professor, Institute of Safety, Compensation and Recovery Research, Monash University, Adjunct Associate Professor School of Allied Health, Human Services and Sport, La Trobe University, Melbourne, Victoria, Australia.

Matthew Hardy, LLB (Hons), is National Director, Notifications, Australian Health Practitioner Regulation Agency, Melbourne, Victoria, Australia.

Helen Townley, BA/LLB (Hons), GradDipPsySt, MPA, Executive Director, Health Workforce, Australian Health Practitioner Regulation Agency, Melbourne, Victoria, Australia.

Martin Fletcher, BA(Hons), M Man, is former Chief Executive Officer, Australian Health Practitioner Regulation Agency, Melbourne, Victoria, Australia.

**Correspondence should be addressed to:** Eva Saar, PhD, Australian Health Practitioner Regulation Agency, Level 9/222 Lonsdale St, Melbourne VIC 3000 e-mail: eva.saar@ahpra.gov.au

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## Supplementary file 1: Interview guides

### Semi structured interview Guide—for complainants

Ethics approved preamble

#### Introductory questions

We will start with a few questions about you. We do this to make sure that the group of people we interview are likely to be representatives of those who have been through a notification.

1. Can you tell me a little bit about yourself?
2. Where did you hear about Ahpra?  
Probes:
  - Did someone recommend us to you?
  - Can you tell us how you found out/heard about Ahpra?
3. Can you tell me the health profession of the practitioner your notification was about?
4. What made you decide to make a notification? Please explain without naming anyone in your description.  
Probes:
  - Have you ever done this before?
  - If yes then, ask the following questions related to the last closed notification.
5. Can you confirm that you have been part of the notification process and this process has ended?

#### Communication questions

Now I am going to ask you about Ahpra's communication with you after receiving a notification from you.

1. How helpful did you find our initial communication explaining the notification process?  
Probes:
  - What about it was most helpful?
  - What, if anything, was not helpful?
  - What sort of information did you receive to help you in the notification process? How helpful was it?
2. How helpful did you find our follow up communication while the process was underway?  
Probes:
  - In what ways did you feel you were supported during the process?
    - Social worker support?
  - Are there things that would have helped your understanding or feelings about the process?
  - Is there a specific time that having these things would have been most useful? Can you tell me more?

#### Experience questions

Now I am going to ask you about your experience with the notification process.

1. Can you describe the notification process to me from your perspective?
2. How did you find the experience overall?  
Probes:
  - *If it was stressful:* Were there elements that you can identify as being most closely linked to that stress?
  - *If it was a smooth/easy process:* Can you tell me what things you think impacted that?
3. What were you hoping for in raising this concern/what outcome were you expecting?  
Probes:
  - Did you get the outcome you wanted?
  - Did this impact on your experience?

4. Overall, were you satisfied with how your concern was managed by us?

Probes:

- If yes then, can you tell us what we did well?
  - Processes, People, Information etc.
  - How much did having [good xxx] assist in you feeling like your experience was positive?
- Would not having [this] impact your feelings of satisfaction?
- If no or neutral then, is there something we could have done better to improve your experience?

5. In retrospect or thinking about the time when your notification was being processed—was that a worthwhile process that you have been through in raising a complaint or concern with us?

Probes:

- If yes then, what aspects made it feel worthwhile?
- What if anything could we have done to have improved or made the process easier for you?

## Conclusion

We are now reaching the end of the discussion. Do you have any further comments to add before we conclude this session?

I would like to thank you for your participation. Your experiences and opinions are very valuable contributions and will help us as we work to improve the experiences of other notifiers.

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## Semi structured interview guide—for practitioners

*Ethics approved preamble*

### Introductory questions

To start with a few questions about you, this is to make sure that the group of people we interview are likely to be representative of those people have been through a notification.

1. Can you tell me a little about yourself and your current practice?

Probes:

- Speciality area you practice in?
- Setting you practice in?
- Location and region you practice in?
- How long have you been practicing?

2. Can you confirm that you have been part of the notification process and this process has ended?

Probes:

- How long ago was your most recent notification process concluded (year)?
- What was your principle place of practice at the time of the notification?
- Were you working part time or full time at that time?

3. Can you briefly tell us about the nature of the notification?

### Communication questions

Now I am going to ask you about Ahpra's communication with you after we received the notification.

4. Can you tell me how you found Aphra's initial communication regarding the notification process?

Probes:

- What aspects were helpful and how they were helpful?
- What aspects were not helpful?
  - From your perspective, what do you think would have been more helpful?

5. How helpful did you find our follow up communication throughout the notification?

Probes:

- In what ways did you feel you were supported during the process?
- Are there things that would have helped you to better manage any the process?  
–Probe re feelings, understanding, stress
- Is there a specific time that having these things would have been most useful? Can you tell me more?  
–Probe if communication talked about: If Ahpra's communication with you contributed positively to your experience, was that largely due to the people (Ahpra staff) or the mode/frequency/type of information provided?

### Experience questions

Now I am going to ask you about your experience with the notification process.

6. Can you describe the process to me from your perspective?

7. Overall, how did you find the process?

[look for cues in response e.g. stressful/worrisome, smooth/easy, satisfactory, unsatisfactory – probe accordingly]

Probes:

- Stressful – were there elements that you can identify as being most closely linked to that stress?
- Smooth – can you tell me what things you think facilitated your experience?
- Satisfactory – what do you think were the most important things that led to your satisfactory experience?
- Unsatisfactory – what were the elements in the process that led to your unsatisfactory experience?

8. What was the outcome of the notification?

Probes:

- Did the outcome of the notification have a significant influence on your overall experience?
- If the result was not in favour of the practitioner: can you explain why you think it was not what you hoped for?

9. Overall, were you satisfied with how your notification was managed by us?

Probes:

- If yes then, can you tell us what specific things we did well?
- If no or neutral, then is there something we could have done to improve your experience?
- If the experience was better than you anticipated, how did you think it would be different?

10. We understand that going through a notification is not something a practitioner would choose; however, in retrospect, was this a worthwhile process for you?

Probes:

- If yes then, what aspects did you find to be worthwhile?
- If no, then what could we have done to have improved or made the process easier for you?

### Conclusion

We are now reaching the end of the discussion. Do you have any further comments to add before we conclude this session?

I would like to thank you for your participation. Your experiences and opinions are very valuable contributions and will help us as we work to improve the experiences of other practitioners who get notified.

## Semi structured interview guide—for Ahpra staff

1. Can you tell me a little bit about yourself?
2. Approximately how many notifications you have been involved in?
3. Thinking about notifications you were involved in, can you give an example of a notification where you had a positive experience? Could you describe it?
4. Thinking about notifications you were involved in, can you give an example of a notification where your experience was not so positive? Could you please describe it?

## Supplementary file 2: COREQ guidelines—checklist for reporting qualitative research

Domain 1: Research team and reflexivity		
No. Item	Description	Location
<b>Personal Characteristics</b>		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	p.6 Sampling and data collection
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	Authorship list
3. Occupation	What was their occupation at the time of the study?	p.5 Study design
4. Gender	Were the researchers male or female?	p.5 Study design
5. Experience and training	What experience or training did the researcher have?	p.5 Study design
<b>Relationship with participants</b>		
6. Relationship established	Was a relationship established prior to study commencement?	p.5 Study design
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	p.6 Sampling and data collection
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	p.5-6 Study design

a

<b>Domain 2: Study design</b>		
<b>No. Item</b>	<b>Description</b>	<b>Location</b>
<b>Theoretical framework</b>		
9. Methodological Orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	p.5 Study design
<b>Participant selection</b>		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowbal	p.6 Sampling and data collection
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	p.6 Sampling and data collection
12. Sample size	How many participants were in the study?	p.6 Sampling and data collection
13. Non-participation	How many people refused to participate or dropped out? Reasons?	p.6 Sampling and data collection
<b>Setting</b>		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	p.6 Sampling and data collection
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	p.6 Sampling and data collection
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	p.8, Table 1
<b>Data collection</b>		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	p.5, Supplementary file 2
18. Repeat interviews	Were repeat inter views carried out? If yes, how many?	N/A
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	p.6 Sampling and data collection
20. Field notes	Were field notes made during and/or after the interview or focus group?	p.7 Sampling and data collection
21. Duration	What was the duration of the interviews or focus group?	p.6 Sampling and data collection
22. Data saturation	Was data saturation discussed?	p.7 Data analysis
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	N/A

Domain 3: Analysis and findings		
No. Item	Description	Location
<b>Data analysis</b>		
24. Number of data coders	How many data coders coded the data?	p.7 Data analysis
25. Description of the coding tree	Did authors provide a description of the coding tree?	N/A
26. Derivation of themes	Were themes identified in advance or derived from the data?	p.7 Data analysis
27. Software	What software, if applicable, was used to manage the data?	p.6, 7 Sampling and data collection, Data analysis
28. Participant checking	Did participants provide feedback on the findings?	p.6-7 Sampling and data collection
<b>Reporting</b>		
29. Quotations presented	Were participant quotations presented to illustrate the themes/ findings? Was each quotation identified? e.g. participant number	p.9-15 Results p.5, Supplementary file 2
30. Data and findings consistent	Was there consistency between the data presented and the findings?	p.16-19 Discussion
31. Clarity of major themes	Were major themes clearly presented in the findings?	p.9-15 Results
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	p.9-15 Results

### Supplementary file 3. Supporting quotes for themes and sub-themes

#### Communication

##### Sub-theme: Mode and content

*"I would say that I mean, for that accept I would give Ahpra credit they were very nice about the communication."*

—Practitioner

##### Sub-theme: Management of expectation and rapport

*"Generally speaking, I think practitioners appreciate a bit of information about what's going on and to spend a bit of time discussing with them the likely outcomes"*

—Staff

##### Sub-theme: Pre-existing knowledge of Ahpra

*"I didn't know that Ahpra existed, even though I'm reading legislation, ... and contacting the QLD office of health ... they work they closely work with Ahpra. That's how I found out about Ahpra"*

—Complainant

#### Supportive and approachable staff

*"The conversation that I had on the phone was really, really helpful and it helped me to put it [notification] to bed... just getting off my chest"*

—Complainant

*"They [notification staff] were like more helpful and open to communicate... they being approachable and the language and I still am grateful for the person because they really changed my feelings and my emotional state at that time.*

—Practitioner

*"I probably spoke to the notifier. It would have been six or eight times, rather than, you know, I might only speak to the notifier a couple of times during the process, but it was necessary to speak to the notifier or to email the notifier a number of times. In fact, I probably spoke to them six or eight times but emailed them additional times as well."*

—Ahpra staff

### **Satisfaction with process management**

*"I felt at least listening and someone has paid attention to and it may not come to much."*

—Complainant

*"I say they were good on the phone call. I would commend them for the management [of the notification]."*

—Practitioner

*"All parties [notifier and notified practitioner] were satisfied with the decision and the process, notwithstanding how it began. It's quiet, you know, nobody was very happy at the start, but at the end of the process, they were happy that everyone was listened to and satisfied with the decision.*

—Ahpra Staff

### **Sub-theme: Proactive process updates**

*"It really really took long time and I checked, I had to chase up often. Yeah it felt like it took a long long time."*

—Complainant

*"It lasted for a long time. They took over the case, I was in a limbo, I was waiting to hear for many months...you're in limbo because what is going on. I want to know what is going on."*

—Practitioner

*"I think. If anything, it's (process time) increased. Yeah, I think before the operation reset, I was sitting at probably 25 to 28 matters. At the start of this year, I was sitting at 43, and that seemed to be quite common across the country".*

—Ahpra Staff

### **Creating a worthwhile process**

*"Yes yes it's [worthwhile] not for myself, but to protect someone else."*

—Notifier

*"Definitely absolutely, you know, I think it [notification process] made me a much better clinician, a better supervisor and yeah it's really honed my attention to how I articulate my clinical judgments. ... you know the phase I am in my career, I guess it's also really helped to make decisions about how I want to work, who I want to work with and relax."*

—Practitioner

*"I think what made it [notification process] worthwhile was picking up the phone and speaking to them and identifying those vulnerabilities and working with them to address those vulnerabilities so that they felt supported through the process."*

—Ahpra Staff