

Guidelines, Policies and Statements

ASUM Complaint Management Policy

May 2026

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1. Introduction

The Australasian Society for Ultrasound in Medicine (ASUM) is a multidisciplinary society with a vision to ensure quality health outcomes when using ultrasound.

ASUM promotes and values feedback and is committed to providing quality management of complaints. This ensures effective management of risks and resolution of issues, enabling all stakeholders involved with ASUM to participate in service improvement.

2. Purpose and Scope

This policy defines the complaint management process, including the systematic recording of issues, risks, complaints, and their outcomes.

A complaint is defined as an expression of dissatisfaction made to ASUM related to its services, policies, procedures, decisions, staff, volunteers or members where a response or resolution is explicitly or implicitly expected.

This policy applies to all complaints made regarding ASUM by members, candidates or the public.

This policy applies to all complaints relating to:

- ASUM services, activities or operations
- ASUM policies or administrative decisions
- Conduct of ASUM staff, volunteers or representatives, including behavioural matters at ASUM events, including serious or criminal events.

This policy does not apply to:

- Employment-related grievances involving ASUM staff
- Academic appeals that must first be addressed through the ASUM Misconduct Policy
- Matters that fall under external regulatory or statutory authorities.
- ASUM Members' professional practice

3. Objectives

The objectives of the complaints policy are to:

- Ensure fair, timely, and effective management of complaints.
- Provide a standard approach to complaints handling and guidance on the key principles of the complaints management process.
- Ensure that ASUM staff are aware of their responsibilities and are equipped to manage complaints.

4. Principles

The Complaint Management Policy is underpinned by the following principles:

- ASUM is committed to its members and to quality improvement by promoting a culture that values feedback, including complaints.

- ASUM members and members of the public are encouraged and enabled to provide feedback on services, policies, processes, and staff.
- All complaints are acknowledged and responded in a timely and sensitive manner, utilising effective communication throughout all stages of the complaint management process.
- Complaints are assessed with integrity and impartiality by considering risk factors, known facts, the complainant's wishes, and accountability of ASUM's staff and volunteers.
- All complaints are dealt with in a manner that is effective, complete, fair, and provides objective outcomes.
- ASUM does not take action in complaints where relevant external bodies hold jurisdiction.
- Complaint information is openly communicated while protecting confidentiality and personal privacy.
- All complaints are recorded, analysed, and reported to assist with continuous improvement.

5. Roles and Responsibilities

All ASUM staff are supported in understanding and working in accordance with this policy. The responsibilities of ASUM stakeholders with a direct role in handling complaints are as follows:

5.1 ASUM Staff

All ASUM Staff are responsible for:

- Being familiar with and able to communicate the complaint management policy principles and procedure.
- Understanding their responsibility in relation to complaints and assisting other members of staff in handling complaints according to the principles of this policy

5.2 Chief Executive Officer (CEO)

The CEO is responsible for:

- Encouraging an environment where complaints are handled seriously and thoroughly.
- Ensuring an effective complaint management system is developed and in place.
- Ensuring appropriate resources are available and utilised for effective complaint management.
- Ensuring appropriate actions are implemented to reduce the risk of similar problems from occurring.
- Managing the process of officially lodged written complaints in line with this policy.

5.3 ASUM President

The ASUM President is responsible for:

- Taking over the CEO's role in the complaint management process where there is a real or perceived conflict of interest, or where the complaint relates directly to the CEO.

5.4 ASUM Board of Directors

The ASUM Board is responsible for:

- Reviewing and evaluating the implementation and effectiveness of the complaint management policy.
- Reviewing reports provided by the relevant ASUM secretariats on complaint data and trend analysis.
- Assigning a delegated investigator if it is determined that the CEO and President are conflicted and cannot review the matter.

6. Steps in the Complaint Management Process



6.1 Receiving Complaints

Complaints may be submitted through the following channels:

1. ASUM Complaint Form
2. Email
3. Telephone
4. Written Correspondence
5. Verbal complaint to ASUM staff

Where possible, complaints should provide:

1. Name and contact details
2. Description of the issue
3. Relevant dates and supporting information
4. Desired outcome

All complainants will be treated with respect and professionalism. It is expected that in turn, staff are treated in the same manner; any behaviour that is abusive, aggressive, violent, or disrespectful will not be tolerated.

Complaints that are received verbally should be dealt with as follows:

1. Confidentially
2. Provide a calm explanation of what happened, if aware of the circumstances and reasons behind the situation.
3. Offer an apology, if warranted.
4. Seek resolution without escalation as appropriate, but know when referral is required.
5. Encourage the complainant to discuss their concerns with the relevant staff member.
6. Advise the complainant of the complaint management process.
7. Comprehensively record the discussion with details of concerns.
8. If the complainant would like to escalate the matter, provide them with a copy of the formal ASUM Complaint Form.
9. All complaint forms must be returned to the ASUM CEO: ceo@asum.com.au
10. Where a complaint relates to the CEO directly, the complaint form must be returned to the ASUM president via president@asum.com.au

6.2 Registering and Acknowledging

Upon receipt of a written complaint:

1. The CEO or ASUM President will assess the complaint and assign an appropriate delegate to coordinate the management process
2. The complaint must be registered in the Complaints Register
3. Acknowledgement of receipt must be provided in two (2) working days and should include:
4. Explanation of the complaints process
5. Contact details of the delegate responsible for handling the complaint
6. Expected timeframes and any further information required from the complainant

6.3 Initial Assessment

6.3.1 Purpose of the Assessment Process

1. Classify the complaint to determine appropriate action
2. Ensure the process is commensurate to the severity of the complaint and issues raised
3. Ensure fairness to all parties involved

6.3.2 Steps of the Assessment Process

6.3.2.1 Conflict of Interest Management / Assessment

Any individual assigned to manage or investigate a complaint must declare any actual, potential, or perceived conflict of interest.

Where conflict exists:

1. Another investigator or delegate is to be appointed
2. The conflict will be documented in the complaint register

6.3.2.2 Identify Issues Raised

1. Identify the issues for resolution, which includes the key concerns raised by the complainant, as well as any other issues that arise or are identified by ASUM.
2. If any or all the issues are unclear, before progressing the matter, clarify them with the complainant.

6.3.2.3 Identify Parties Involved

1. Relevant parties are the key people involved with the complaint process plus those involved with the incident that is the subject of the complaint. They may not always be a respondent to the complaint but may be key people in the provision of service under inquiry.
2. If individual staff or members are identified in a complaint, they must be advised of the concern.

6.3.2.4 Assess Complaint Severity

The complaint may be rated according to their severity and organisational risk level using ASUM's Risk Management Policy.

The CEO will review the complaint to help determine:

- A delegate to handle the complaint management process
- Internal and external stakeholders that need to be contacted
- The best method to achieve resolution

Assessment results may include, but are not limited to:

- Providing information, reassurance, or an apology for perceived unsatisfactory conduct or service.
- Conducting a face-to-face meeting using facilitated resolution or mediation.
- Investigating using Root Cause Analysis or other investigative methodology.

6.4 Investigate the complaint

All complaints require a fact-finding process to determine cause and required course of action. For each complaint, consider the following:

1. What information to obtain
2. Where to find this information
3. How it should best be collected (interview, site inspection, phone call, e-mail)
4. How it is communicated (report, statement)

The CEO should:

1. Consider who may be appropriate to provide specialist or expert advice/review
2. Consider whether information is needed from external agencies
3. Consider whether and what information needs to be secured

4. Construct a chronology of events, or flow chart, particularly if the matter is complex
5. Identify who may be interviewed and the appropriate order of interviews
6. Consider if an interpreter is required
7. Consider whether an on-site investigation is appropriate
8. Develop questions for the key parties based on the analysis of the issues and information required
9. Determine the applicable standards/policies and whether there were deviations

6.5 Analysis and Review

Information will be analysed and reviewed as it is collected. Analysis includes identifying and determining:

1. What is agreed upon
2. What is still in dispute
3. Relevance and reliability of the information collected
4. Whether sufficient information has been gathered to determine if standards have been met, and:
5. Whether there are inconsistencies
6. Whether independent verification has been obtained
7. What systemic and/or performance factors led to the outcome

6.6 Response

Once the information has been analysed, the person managing the complaint makes findings and recommendations for action. Actions taken by ASUM to resolve a complaint must be evidence-based, address any system, process, or practitioner issues, and are informed by the principles of public interest and good clinical governance.

Options for appropriate action may include, but are not limited to:

1. Offering an apology (where appropriate)
2. Waiving or refunding fees
3. Develop or amend a policy/procedure
4. Training/education of staff or members
5. Modification of the environment
6. Requesting a formal review
7. Ongoing monitoring of an issue
8. No action recommended

ASUM must ensure that the outcome and recommendations are clearly communicated to the complainant, staff, and management, and Board of Directors (where appropriate) and integrated into quality improvement systems through appropriate implementation and subsequent review of effectiveness.

6.7 Complaint Resolution

Complaints are finalised within 30 working days of acknowledgement of receipt, with extensions only in extenuating circumstances.

Final responses will be provided in writing from the CEO or their delegate. The final response must be factually correct, and:

1. Include an apology

2. Note: In some cases, this may not be accepting blame or fault, but an acknowledgement of the complainant's experience and their feelings.
3. Address each of the points the complainant has raised with a full explanation or reason(s) why it is not possible to comment on a specific matter.
4. Give specific details about the investigation, i.e., sources of information, what was discovered, with consideration to privacy issues
5. Give details of actions taken as a result of the complaint management process
6. Provide contact details of the appropriate staff member for further queries/discussion
7. The final response will be:
8. Sent to the complainant and
9. Copied to the relevant Education Committee Chair
10. Copied to the relevant Staff Manager
11. Sent to the ASUM Board of Directors (for matters reported as high risk and above in the ASUM Risk Register)

6.8 Follow-Up and Preventive Action

Following the resolution of a complaint, ASUM will undertake appropriate follow-up and preventative actions to address the underlying causes of the issue and reduce the likelihood of recurrence.

This process includes:

1. Monitoring implementation of actions identified during the complaint investigation
2. Assessing whether the actions taken have been effective in resolving the issue
3. Identifying any systemic, procedural, or operational improvements required
4. Updating relevant policies, procedures, or guidelines where necessary
5. Providing training or education to staff or members where gaps have been identified

Where appropriate, ASUM may:

1. Conduct a post-resolution review of the complaint
2. Seek feedback from the complainant regarding the handling and outcome of the complaint
3. Report significant findings and improvements to the ASUM Board of Directors.

Preventative actions must be proportionate to the identified risk and aligned with ASUM's Risk Register.

The effectiveness of preventative actions will be periodically reviewed to ensure continuous improvement in ASUM's complaint management processes and overall service quality

7.External Referral

In some instances, complaints and outcomes may be referred to external authorities. Referral will be determined by the ASUM Board and could include:

1. Professional regulatory bodies
2. Health complaints commissions
3. Legal authorities
4. Professional conduct or accreditation bodies.