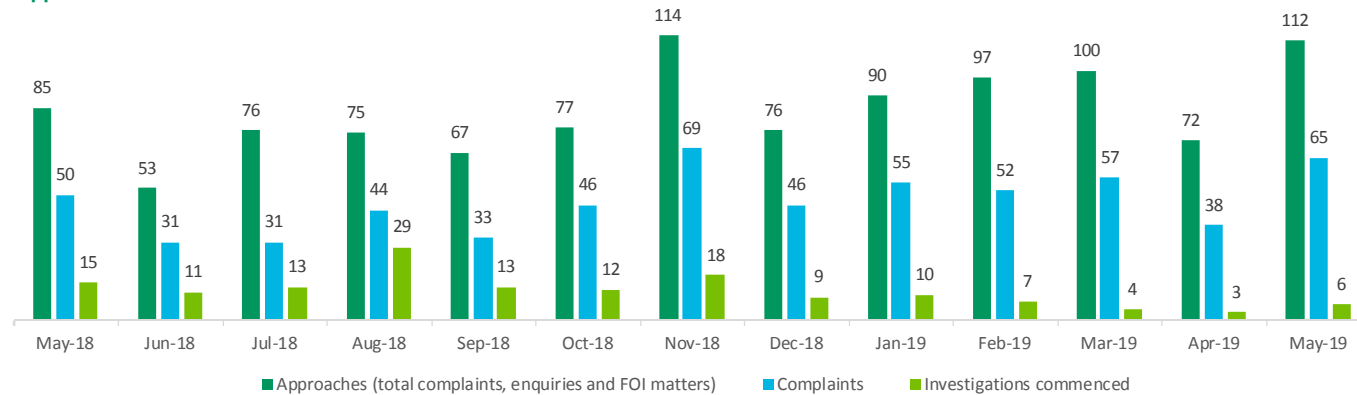


Monthly complaints report

Reporting period: 1 May 2019 to 31 May 2019

Approaches to the NHPOPC



Approach	May 2019	July 2018 – May 2019	May 2018	July 2017 – May 2018
Enquiries	44 ↑	391 ↑	35	328
Complaints	65 ↑	536 ↑	50	413
FOI matters*	3	29	–	–
Total	112 ↑	956 ↑	85	741

*New function of the NHPOPC as of 1 December 2018

Complaints by profession	May 2019
Medical	27
Nursing	16
Psychology	6
Unknown	4
Dental	3
Chiropractic	2
Occupational Therapy	2
Physiotherapy	2
Chinese Medicine	1
Medical Radiation Practice	1
Paramedicine	1
Total	65

Type of complaint	May 2019
Handling of notification – complaint by notifier	26
Registration – delay	25
Registration process or policy	7
Handling of notification – complaint by a practitioner	3
Other	2
General health regulation concerns	1
Registration fees	1
Total	65

Freedom of Information matters	May 2019
Application for review of AHPRA's FOI decision	2
Application by AHPRA for extension of time to process FOI application	1
Total	3

Investigations	May 2019	July 2018 – May 2019
Open investigations	57	n/a
Investigations commenced	6	124
Investigations finalised	9	124
Warm transfers to AHPRA	30	191

Outcomes on investigations	May 2019	July 2018 – May 2019
Further explanation provided to the complainant by the NHPOPC	6	70
Assisted resolution	2	11
Formal comments provided to AHPRA/National Board	1	43
Total	9	124

Case study

After undergoing a medical procedure, Jon experienced chronic pain. Jon formed the belief that the procedure caused his ongoing pain and he made a notification to AHPRA about his doctor.

The Medical Board decided to take no further action. Jon complained to the NHPOPC that the Board did not have all relevant information before it, specifically information he provided to AHPRA about the subsequent procedure he underwent to address his pain.

The NHPOPC investigated Jon's complaint and decided to provide formal comments to AHPRA. The NHPOPC found that AHPRA did not present the supplementary information from Jon to the Board, and that it had not made good records of its investigative decisions resulting from clinical input. The NHPOPC also noted that the reallocation of the matter to another AHPRA Investigator during the course of the investigation resulted in some delay.

AHPRA apologised to Jon and advised that it would return the matter to the Medical Board to determine whether the supplementary information warrants the Board reconsidering the notification in its entirety. AHPRA explained to the NHPOPC that it is developing guidance for staff to better deal with clinical input through the investigation process and is also taking steps to minimise the impact of transferring files between staff.