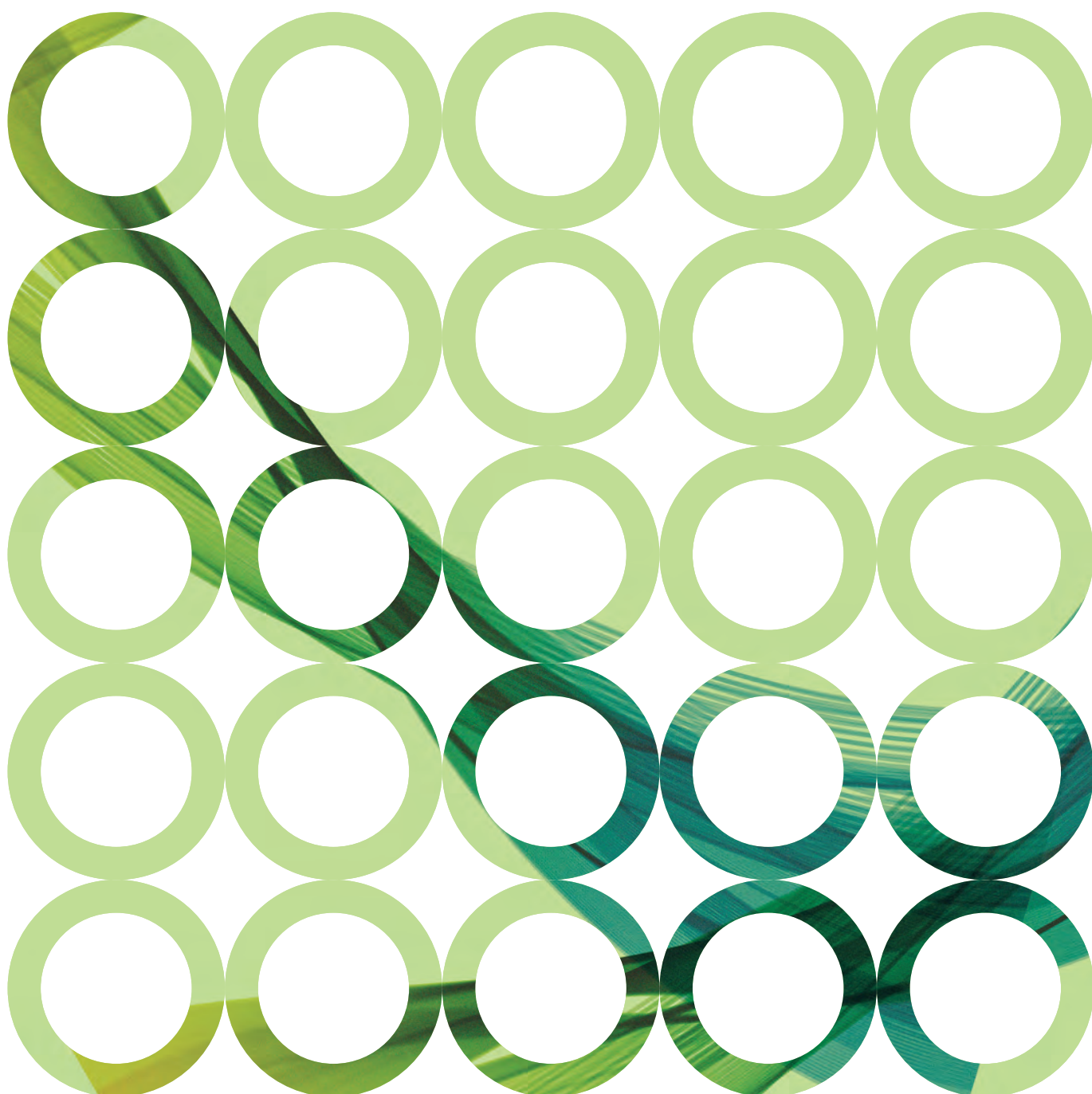


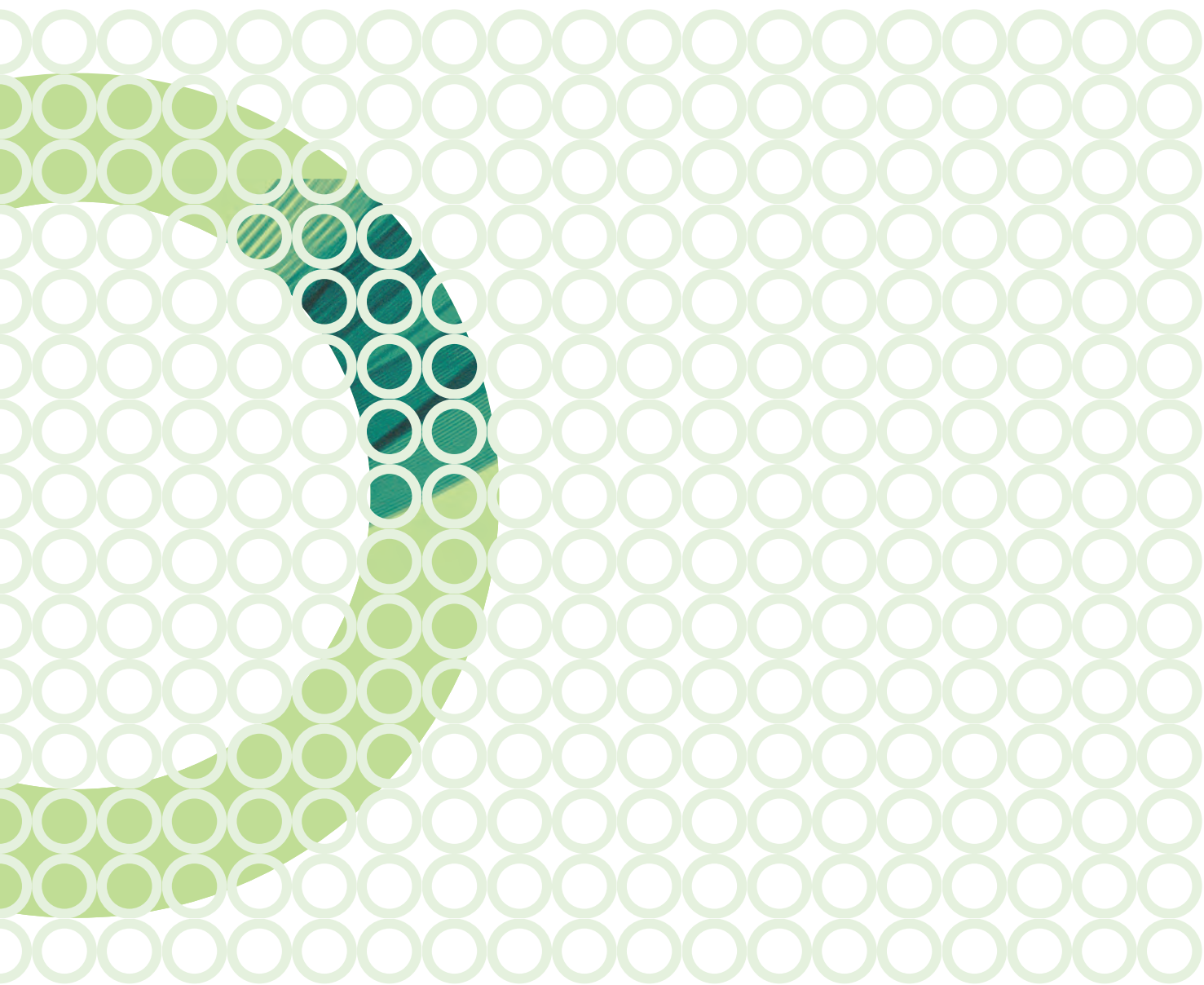
ANNUAL REPORT 2016–17



National Health Practitioner
Ombudsman and Privacy Commissioner

ANNUAL REPORT 2016–17





To receive this publication in an accessible format phone
1300 795 265, using the National Relay Service 13 36 77
if required, or email complaints@nhpopc.gov.au

Authorised and published by the National Health
Practitioner Ombudsman and Privacy Commissioner,
50 Lonsdale Street, Melbourne.

© National Health Practitioner Ombudsman
and Privacy Commissioner, September 2017.

ISSN 2205-4898 (Print)
ISSN 2205-4901 (Online)

Available at www.nhpopc.gov.au

Printed by Digital House, Port Melbourne (1708008)



LETTER OF TRANSMITTAL

The Hon Jill Hennessy MP
Chair
Australian Health Workforce Ministerial Council
PO Box 3410
Rundle Mall
ADELAIDE SA 5000

Dear Minister,

In accordance with Clause 24 of the Health Practitioner Regulation National Law Regulation (No. 42/2010), I am pleased to present you with the National Health Practitioner Ombudsman and Privacy Commissioner's annual report for the period 1 July 2016 to 30 June 2017.

I am satisfied that the office of the National Health Practitioner Ombudsman and Privacy Commissioner has appropriate financial and governance processes in place to meet its specific needs and comply with the requirements of Clause 23 of the Health Practitioner Regulation National Law Regulation (No. 42/2010).

Clause 24 of the Health Practitioner Regulation National Law Regulation (No. 42/2010) requires each member of the Australian Health Workforce Ministerial Council to cause a copy of this annual report to be laid before each House of Parliament of the jurisdiction the member represents.

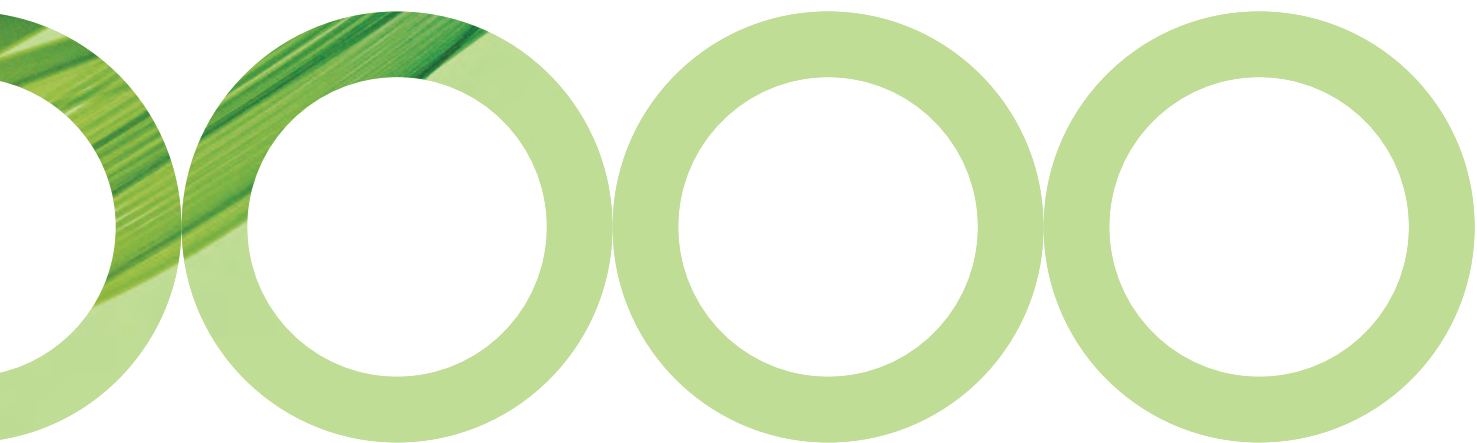
Yours sincerely,



Samantha Gavel

National Health Practitioner Ombudsman and Privacy Commissioner





FOREWORD

During 2016–17, the office of the National Health Practitioner Ombudsman and Privacy Commissioner continued its work to ensure the provision of high quality complaints handling and information services for the public, health practitioners and the agencies within the National Registration and Accreditation Scheme for health practitioners. This included managing an increased complaints workload, as well as contributing to the work of the National Registration and Accreditation Scheme more broadly.

In carrying out our functions in an independent, objective and impartial way, the office of the National Health Practitioner Ombudsman and Privacy Commissioner acts as an accountability mechanism for, and promotes confidence in, the National Registration and Accreditation Scheme.

The office has a competent and experienced complaints handling and investigation team and is continuing to deal with complaints in a timely way, notwithstanding a continuing increase in approaches to the office.

Highlights

The key highlights for the office during 2016–17 included:

- continuing to deal with complaints in a prompt manner, in spite of a doubling in complaints made to the office
- providing secretariat support to the independent review of the use of chaperones to protect patients in Australia, conducted by Professor Ron Paterson
- improved reporting on complaints to the Australian Health Practitioner Regulation Agency and the National Boards, as well as to the public
- providing advice in relation to proposed legislative amendments to the Health Practitioner Regulation National Law
- participating in Senate inquiries into health practitioner regulation.

Office performance

Approaches to the office, including complaints and inquiries, continued to increase during the reporting period. It appears that the reasons for this increase are similar to those that contributed to increased approaches and complaints during the previous year, including:

- year-on-year increases in the number of notifications made to the Australian Health Practitioner Regulation Agency, resulting in an increased number of people approaching the National Health Practitioner Ombudsman and Privacy Commissioner to complain about the way a notification was handled by the Australian Health Practitioner Regulation Agency and the National Boards
- greater public awareness of the National Health Practitioner Ombudsman and Privacy Commissioner's services, due to the work that has been undertaken to increase the office's profile and make its services more accessible to the public and health practitioners
- several high profile investigations in a number of states that have brought issues relating to health practitioner regulation to the attention of the media and the public.

As in previous years, most complaints to the office were received from notifiers who were dissatisfied with the way a notification they had made about a health practitioner had been handled by the Australian Health Practitioner Regulation Agency and the relevant National Board. Around 17 per cent of complaints were made by health practitioners in relation to the way in which a notification about them had been handled by the Australian Health Practitioner Regulation Agency and the relevant National Board. Most of the remaining complaints were from health practitioners about registration issues, or from health practitioners and members of the public regarding other administrative matters, such as the handling of requests for information under the *Freedom of Information Act 1982* (Cwlth).

Although complaint numbers have increased, they still only represent a very small percentage of the total number of notification and registration matters handled by the Australian Health Practitioner Regulation Agency and the National Boards each year. Typically, ombudsman bodies receive relatively small numbers of complaints compared with the total number of transactions handled by the body for which they have oversight. However, as the complaints that this office receives are representative of broader concerns experienced by the public and health practitioners in their interactions with the Australian Health Practitioner Regulation Agency and the National Boards, they provide valuable insights into issues of concern and can also be pointers to systemic issues.

In October 2016, the office provided secretariat support to Professor Ron Paterson to assist him with the independent review of the use of chaperones to protect patients in Australia. The review was completed in February 2017 and the report was released in April 2017. The Medical Board of Australia and the Australian Health Practitioner Regulation Agency accepted all of the review's recommendations. The implementation of these recommendations will provide for greater protection of the public, which is a key focus of the national health practitioner regulation scheme.

The office of the National Health Practitioner Ombudsman and Privacy Commissioner has also provided advice in relation to broader questions about improvements to the National Registration and Accreditation Scheme, including proposed legislative amendments to the Health Practitioner Regulation National Law to implement the recommendations of the Independent Review of the National Registration and Accreditation Scheme which occurred in 2014.

An important part of the National Health Practitioner Ombudsman and Privacy Commissioner's work is to provide feedback to the Australian Health Practitioner Regulation Agency and the National Boards to assist them to continually improve their processes. Complaints can provide valuable insights for process improvements to prevent similar problems in future, particularly in relation to systemic issues. The office also has an important role in promoting confidence in the administration of health practitioner regulation by acting as an independent and impartial complaint-handling body for health practitioners and the public.

I meet regularly with the senior management team of the Australian Health Practitioner Regulation Agency, including the Chief Executive Officer, and with the National Boards to provide feedback about issues of concern identified through the office's complaint handling activities. Some of the issues that I have raised with the Australian Health Practitioner Regulation Agency and the National Boards relate to improving the experience of notifiers and health practitioners when interacting with the Australian Health Practitioner Regulation Agency.

The issue of the timeliness of investigation timeframes is a key challenge for the Australian Health Practitioner Regulation Agency and the National Boards, given the significant and ongoing increases in notifications that have occurred in the past two years. The Australian Health Practitioner Regulation Agency is continuing to focus on how an increasing notifications workload can be managed more effectively and timeframes reduced. My office will continue to monitor timeliness and provide feedback to the Australian Health Practitioner Regulation Agency and the National Boards to assist in better managing this issue.

Since commencing in my role in November 2014, I have seen significant improvements in the Australian Health Practitioner Regulation Agency's processes in relation to communicating with notifiers and practitioners, providing information to the public and health practitioners in plain English, and providing more detailed and informative reasons for decisions.

Health practitioner regulation is an area that requires acceptance of a culture of continual improvement, taking into account:

- issues arising from notification investigations that need to be addressed
- the release of new research into health practitioner regulation
- the implementation of new systems and processes in countries with similar health regulation systems to Australia, including the United Kingdom, Canada and New Zealand, as they may also have relevance in an Australian context. At the same time, reforms made here inform regulators in these countries.

Health practitioner regulation operates in a complex and contested environment. The issues are sensitive and can be emotive, as they often involve the experiences of individuals receiving healthcare, as well as issues that can impact on the livelihood of health practitioners. In this context, it is important that the public and health practitioners have confidence in the National Registration and Accreditation Scheme and its ability to protect the public. The work of the office of the National Health Practitioner Ombudsman and Privacy Commissioner contributes to ensuring that the Australian Health Practitioner Regulation Agency and the National Boards are effective regulators and that the public is effectively protected.

The National Registration and Accreditation Scheme continues to evolve. Amendments to the Health Practitioner Regulation National Law are expected to take effect in the latter half of 2017. These amendments will implement some of the recommendations of the Independent Review of the National Registration and Accreditation Scheme, which occurred in 2014. They will provide for improved communication with notifiers as well as other amendments, including provision for the profession of paramedicine to enter the scheme in 2018. The amendments will also provide for the National Health Practitioner Ombudsman and Privacy Commissioner to take on a new merits review function for freedom of information matters.

As I am moving to a new role outside of the National Registration and Accreditation Scheme in September 2017, this will be my third and final annual report as the National Health Practitioner Ombudsman and Privacy Commissioner. I am very proud of the work of the office and my staff over the past three years to improve the office's processes, reporting and capability, so that it is operating as an effective accountability mechanism for the National Registration and Accreditation Scheme.

I would like to thank my staff for their hard work and dedication over the past year. I would also like to thank the senior management team of the Australian Health Practitioner Regulation Agency for their willingness to engage with my office and take on feedback and suggestions for process improvements in a positive and collaborative way.

Finally, I would like to thank the Council of Australian Government Health Council Secretariat and the Secretary and staff of the Victorian Department of Health and Human Services for their assistance and support during the year.

Samantha Gavel

National Health Practitioner
Ombudsman and Privacy Commissioner



CONTENTS

Letter of transmittal	i
Foreword	iii
Highlights	iii
Office performance	iii
Looking forward	v
About the office	1
The National Health Practitioner Ombudsman and Privacy Commissioner	1
Our role	1
Our vision	2
Our values	2
Our principles	2
Our services	3
Performance	5
Improvements to our complaint-handling processes	7
Notification complaints	8
Registration complaints	9
Privacy complaints	10
Freedom of information complaints	11
Complaints by entity	12
Complaints by location	13
Complaint outcomes	14
Time taken to close complaints	16
Review of our decisions	16
Chaperone review	17
Stakeholder engagement	18
Submission to the inquiry into the complaints mechanism administered under the Health Practitioner Regulation National Law	19
Consultation regarding the amendments to the Health Practitioner Regulation National Law	19
Submission to the Independent Review of Accreditation Systems	20
Corporate governance	21
Accountability	21
Continuous improvement and innovation	21
Financial information	22
Funding arrangements	22
Financial statement	22



PERFORMANCE SUMMARY



14 regulated health professions



678,938 registered health practitioners nation-wide



37% of complaints related to the regulation of medical practitioners



1/2 of all complaints related to the handling of a notification made about a health practitioner



640 inquiries and complaints, compared to **403** in 2015–16



363 complaints, up from **181** in 2015–16



28% of complaints were investigated



85% of complaints were closed within the year



25 days was the average time taken to close a complaint



59% of complaints were closed within **10** days

ABOUT THE OFFICE

The National Health Practitioner Ombudsman and Privacy Commissioner

The National Health Practitioner Ombudsman and Privacy Commissioner is an independent statutory officer appointed by the Australian Health Workforce Ministerial Council.

The National Health Practitioner Ombudsman and Privacy Commissioner for 2016–17 was Samantha Gavel. Ms Gavel will vacate the role in September 2017, as she will be moving to a position outside of the National Registration and Accreditation Scheme.

The National Health Practitioner Ombudsman and Privacy Commissioner is assisted by a small staffing complement. At the end of 2016–17, this comprised a manager and senior investigator, a principal legal policy officer, two senior investigators, a senior project officer, a complainant liaison officer and an administration officer.

Staff of the office are employees of the Victorian Department of Health and Human Services, and report to the National Health Practitioner Ombudsman and Privacy Commissioner for day-to-day operational duties.

Our role

The Health Practitioner Regulation National Law establishes the National Registration and Accreditation Scheme for health practitioners in 14 professions. For the purpose of implementing this scheme, the Health Practitioner Regulation National Law establishes the Australian Health Practitioner Regulation Agency, the Australian Health Practitioner Regulation Agency Management Committee, the Australian Health Workforce Advisory Council, and the 14 National Boards.

The National Boards are:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia.

The role of the National Health Practitioner Ombudsman and Privacy Commissioner is to provide ombudsman, privacy and freedom of information oversight of these entities, particularly the Australian Health Practitioner Regulation Agency and the National Boards.

To fulfil these functions, the Health Practitioner Regulation National Law confers specified jurisdiction on the National Health Practitioner Ombudsman and Privacy Commissioner that is derived from the *Ombudsman Act 1976* (Cwlth), the *Privacy Act 1988* (Cwlth), and the *Freedom of Information Act 1982* (Cwlth). These Acts are modified by the Health Practitioner Regulation National Law Regulation (No. 42/2010) to make them suitable for the national health practitioner regulation scheme.

The office of the National Health Practitioner Ombudsman and Privacy Commissioner has an important role in promoting confidence in the administration of health practitioner regulation by acting as an independent and impartial complaint-handling body for both the public and for health practitioners.

The office of the National Health Practitioner Ombudsman and Privacy Commissioner also provides an accountability mechanism by addressing individual complaints and assessing systemic issues identified through the investigation of complaints.

Our vision

Our vision is to provide an independent and accessible complaint-handling service to ensure that the National Registration and Accreditation Scheme is accountable and responsive.

We seek to work collaboratively with the Australian Health Practitioner Regulation Agency and the National Boards to ensure their conduct and decision making is lawful, reasonable and transparent.

We aim for excellence in providing a professional service to the public and to produce timely and high quality work.

Our values

Independence

We act independently and in the interest of public health and safety.

Integrity

We are open, honest and transparent in our actions and decisions. We act lawfully and ethically with good judgement.

Impartiality

We act impartially, neither as an advocate for complainants nor for the Australian Health Practitioner Regulation Agency and the National Boards. We investigate complaints thoroughly and fairly, and our decisions are based on available facts and evidence.

Professionalism

We maintain high professional standards when delivering our services and treat all people equitably, with dignity and respect.

Excellence

We pursue excellence in all that we do in order to provide the best possible service.

Our principles

Accessible

We are responsive and adapt our approach to meet individual needs.

Our service is free, and we strive to ensure everyone can access and use our information and services. We are committed to making our written material easy to read and understand, and to developing simple processes that are easy to navigate.

Accountable

We keep complainants, as well as the Australian Health Practitioner Regulation Agency and the National Boards, informed about actions and outcomes through regular communication.

The National Health Practitioner Ombudsman and Privacy Commissioner is formally accountable to the Australian Health Workforce Ministerial Council, and submits regular progress reports to the Australian Health Ministers' Advisory Council. Information about the performance of our office is also publically available in our annual report.

Collaborative

We understand the importance of good relationships and communication.

We share what we learn, and we use our resources and information to influence positive change.

Outcome focused

We are focused on providing practical and meaningful outcomes to complainants.

We aim to help the Australian Health Practitioner Regulation Agency and the National Boards meet their obligations to health practitioners and the public by improving the ways they deliver services and handle complaints.

Our services

What we do

We can investigate the administrative actions of the Australian Health Practitioner Regulation Agency and the National Boards. The office also deals with complaints about breaches of privacy by the Australian Health Practitioner Regulation Agency, and complaints about the handling of freedom of information requests by the Australian Health Practitioner Regulation Agency.

An investigation may occur as a result of receiving a complaint or as a result of the National Health Practitioner Ombudsman and Privacy Commissioner deciding to investigate the action on her own motion.

Our investigations seek to determine whether the relevant action was lawful and reasonable, whether applicable policies and procedures have been followed, and whether all relevant considerations have been taken into account.

At the conclusion of an investigation, the National Health Practitioner Ombudsman and Privacy Commissioner may:


- determine that the actions were reasonable in all of the circumstances and take no further action
- provide (or suggest that the Australian Health Practitioner Regulation Agency or a National Board provide) a better explanation of the decision or action to the complainant
- expedite delayed action
- suggest that an apology be offered to the complainant
- suggest that processes or policies be reviewed or changed
- suggest that a decision be reconsidered.

What we cannot do

Our jurisdiction focuses on the administrative actions of the Australian Health Practitioner Regulation Agency and the National Boards.

In general, we cannot:

- force the Australian Health Practitioner Regulation Agency or a National Board to review or change a decision it has made (although we can suggest that it reconsider a decision or take some other course of action)
- provide legal advice to a complainant or act as an advocate for a complainant
- order that compensation be paid to a complainant (except if the complaint is about an interference with privacy, in which case a declaration may be made that a complainant is entitled to compensation for any loss or damage suffered)
- force the Australian Health Practitioner Regulation Agency or a National Board to release a document determined to be exempt under the *Freedom of Information Act 1982* (Cwlth)
- suggest that the Australian Health Practitioner Regulation Agency or a National Board take action that is not legally available to it.



We act
independently
and in the interest
of public health
and safety.

What complainants can expect from us

When a complainant contacts us, they can expect to be treated in a courteous and respectful way.

A complainant can expect that we will:

- give careful attention to their concerns in order to ensure that we understand the complaint
- communicate in a clear way about how we can assist the complainant and what we require from the complainant in order to proceed with the complaint
- provide the complainant with the name of a contact person at the office and keep the complainant regularly informed about the progress of their complaint
- promptly assess all information provided by the complainant or any other relevant party in a fair and impartial way
- effectively explain to the complainant what we can and cannot do about their complaint and provide reasons for our decisions
- refer the complainant to the most appropriate alternative complaint-handling body if we are unable to assist with their particular concerns.

What we expect from complainants

When dealing with us, we expect that complainants will be courteous at all times. Our ability to provide complainants with a high level of service depends on mutual respect.

We believe there are a number of factors that make it easier and quicker for us to assist complainants, including that the complainant should:

- raise their concerns directly with the Australian Health Practitioner Regulation Agency before lodging a complaint with this office
- provide us with accurate information and respond to our requests for information in a timely way
- tell us if they have special requirements, such as requiring assistance from an interpreter
- inform us as soon as possible if they need to correct or update any information they have provided to us, including if they wish to withdraw their complaint
- be polite and willing to listen.

PERFORMANCE

The office of the National Health Practitioner Ombudsman and Privacy Commissioner received 640 approaches during 2016–17 (363 complaints and 277 inquiries).

In general, a 'complaint' to the office is defined as an expression of dissatisfaction regarding an 'administrative action' of an entity in our jurisdiction (typically the Australian Health Practitioner Regulation Agency and/or a National Board).

In contrast, an 'inquiry' is an approach to the office concerning a matter that the National Health Practitioner Ombudsman and Privacy Commissioner is generally unable to assist with, most often due to lack of jurisdiction. When the office receives an inquiry, staff make best efforts to refer the complainant to an alternative complaint-handling mechanism that may be able to better address their concerns.

For clarity, an 'administrative action' is any action taken by an agency in relation to carrying out its duties and functions or in exercising its powers or discretion in doing so. Administrative actions that may be the subject of a complaint to the National Health Practitioner Ombudsman and Privacy Commissioner include:

- the actions of the Australian Health Practitioner Regulation Agency in assessing and investigating notifications made to it
- the actions of a National Board when deciding what action to take in response to a notification
- the actions of a National Board when deciding to refuse registration to a health practitioner or deciding to place conditions on the registration of a health practitioner.

The National Health Practitioner Ombudsman and Privacy Commissioner may also investigate complaints regarding how the Australian Health Practitioner Regulation Agency has handled personal information or a freedom of information request.

Table 1: Approaches to the office from July 2012 to June 2017

Approaches	2012–13	2013–14	2014–15	2015–16	2016–17
Complaints received	176	196	77	181	363
Inquiries received	1	124	96	222	277
Total approaches	177	320	173	403	640

Table 1 outlines the approaches to the office from July 2012 to June 2017.

Figure 1: Approaches to the office from July 2012 to June 2017

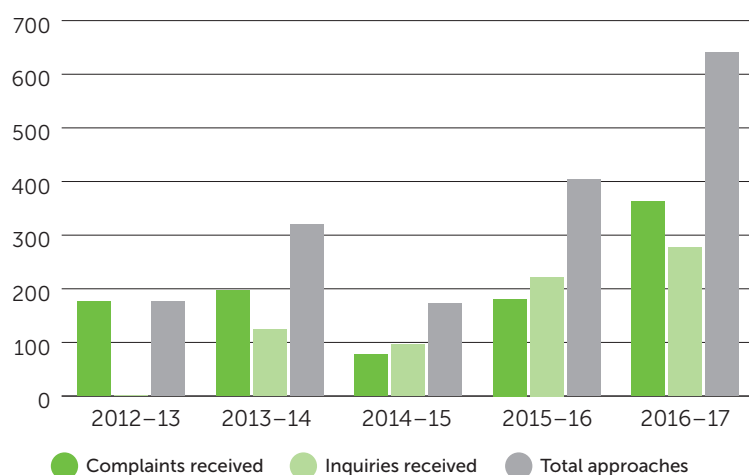


Figure 1 outlines the approaches to the office from July 2012 to June 2017.

The upward trend in the number of approaches received by the office was consistent throughout the financial year and was highlighted in our monthly complaints report publications.

The likely reasons for the increase in approaches include:

- continued increases in the number of notifications made to the Australian Health Practitioner Regulation Agency, resulting in a rising number of people approaching the National Health Practitioner Ombudsman and Privacy Commissioner to complain about the way a notification was handled by the Australian Health Practitioner Regulation Agency and the National Boards
- increased media attention on the regulation of health practitioners due to high-profile investigations in a number of states and increased scrutiny in the form of Senate inquiries, as this is likely to have resulted in greater awareness of the role of the Australian Health Practitioner Regulation Agency and the National Health Practitioner Ombudsman and Privacy Commissioner
- greater public awareness of the National Health Practitioner Ombudsman and Privacy Commissioner's services, due to the work that has been undertaken to increase the office's profile and make its services more accessible to the public and health practitioners.

Table 2: Types of inquiries received 2016–17

Type of inquiry	Number of inquiries
Complaint that is not within our jurisdiction	217
General information about the office	30
Other	25
Media inquiry	5
Total	277

Table 2 outlines the types of inquiries received by the office.

Table 3: Types of complaints received 2016–17

Type of complaint	Number of complaints
Handling of notification – complaint by notifier	140
Handling of notification – complaint by practitioner	62
Registration process or policy	60
Other	41
Registration delay	28
Handling of requests for information under the <i>Freedom of Information Act 1982</i> (Cwlth)	17
Breach of privacy/handling of information	7
Handling of notification – complaint by member of general public	6
Registration fees	2
Total	363

Table 3 outlines the types of complaints received by the office.

Improvements to our complaint-handling processes

The Health Practitioner Regulation National Law confers specified jurisdiction on the National Health Practitioner Ombudsman and Privacy Commissioner that is derived from the *Ombudsman Act 1976* (Cwlth). During 2015–16, the office commenced work on the development of an improved complaint-handling process to more accurately reflect the relationship between the provisions and obligations under the *Ombudsman Act 1976* (Cwlth), and the nature of the investigative work undertaken by the office of the National Health Practitioner Ombudsman and Privacy Commissioner.

The National Health Practitioner Ombudsman and Privacy Commissioner consulted with the Australian Health Practitioner Regulation Agency and the National Boards in regard to the new process and it was agreed that it would take effect from 1 July 2016.

The new arrangements have provided greater clarity in relation to the National Health Practitioner Ombudsman and Privacy Commissioner's investigation powers and a stronger basis on which to obtain information from the Australian Health Practitioner Regulation Agency. The new complaint-handling model has also provided the National Health Practitioner Ombudsman and Privacy Commissioner with an enhanced ability to make comments and suggestions to the Australian Health Practitioner Regulation Agency and National Boards once an investigation has been concluded. This has allowed the office to more effectively provide feedback and suggest process improvements to the Australian Health Practitioner Regulation Agency and the National Boards in relation to areas of concern identified during the course of an investigation.

CASE STUDY: **Comments resulting in improvements to the Australian Health Practitioner Regulation Agency's points of contact with complainants**

Ms A, a health practitioner, contacted this office to complain that she was having difficulty providing feedback to the Australian Health Practitioner Regulation Agency about the registration process.

Ms A explained that it was slow and inconvenient to print out a complaint form and return it to the Australian Health Practitioner Regulation Agency (as was suggested on the Australian Health Practitioner Regulation Agency's website). Ms A stated that it would be preferable for the Australian Health Practitioner Regulation Agency to provide other modes of contact for complainants.

This office raised Ms A's concerns with the Australian Health Practitioner Regulation Agency and it was agreed that a new email address would be created in order to provide an additional point of contact for people wishing to make a complaint about the Australian Health Practitioner Regulation Agency.



Notification complaints

The overwhelming majority of complaints received by the office of the National Health Practitioner Ombudsman and Privacy Commissioner concern the administrative actions of the Australian Health Practitioner Regulation Agency and the National Boards in relation to notifications. A ‘notification’ is a complaint or concern about the health, conduct or performance of a registered health practitioner.

In 2016–17, as shown in Table 3, 39 per cent of all complaints received by the National Health Practitioner Ombudsman and Privacy Commissioner were from people who had lodged a notification about a health practitioner with the Australian Health Practitioner Regulation Agency and were subsequently concerned about how their notification had been handled. Common concerns were that:

- the Australian Health Practitioner Regulation Agency and the relevant National Board did not take into consideration all of the information presented by the notifier
- the Australian Health Practitioner Regulation Agency did not comprehensively investigate all of the issues raised in the notification
- the Australian Health Practitioner Regulation Agency did not adequately explain the reasons for the National Board’s decision in relation to the notification
- the Australian Health Practitioner Regulation Agency did not communicate with the notifier throughout the notifications process and the notification was not processed in a timely manner.

A smaller percentage (17 per cent) of complaints to the National Health Practitioner Ombudsman and Privacy Commissioner in 2016–17 were received from health practitioners who were dissatisfied with the way a notification made about them had been handled by the Australian Health Practitioner Regulation Agency and the relevant National Board.

Table 4: Type of notification complaints received 2016–17

Type of notification complaint	Number of complaints
Handling of notification – complaint by notifier	140
Handling of notification – complaint by practitioner	62
Handling of notification – complaint by member of general public	6
Total	208

Table 4 outlines the type of notification complaints received by the office.

CASE STUDY: Investigation resulting in a matter being reconsidered by a National Board

Dr Z, a health practitioner, raised concerns about how a notification made about him had been handled by the Australian Health Practitioner Regulation Agency and the relevant National Board. Dr Z had been issued with a caution, but he queried whether the evidence gathered during the investigation adequately supported the National Board forming a reasonable belief that the way he practised the profession is or may be unsatisfactory.

We investigated Dr Z’s complaint. During the course of the investigation, it became apparent that there was information regarding the matter that had not been considered by the National Board.

We promptly brought this new information to the attention of the Australian Health Practitioner Regulation Agency. Following this, the National Board decided to revoke its decision to caution Dr Z in order to make a fresh decision taking into account the new information that had come to light. The National Board’s reconsideration of the matter ultimately resulted in the National Board deciding to take no further action in relation to the matter.

Registration complaints

The office of the National Health Practitioner Ombudsman and Privacy Commissioner receives a significant number of complaints from health practitioners regarding registration issues. In 2016–17, 25 per cent of the complaints received by the office related to registration matters.

Common complaint themes this financial year included concerns about the application of registration standards, dissatisfaction with the application of qualification assessment models in relation to internationally qualified health practitioners, the lack of assistance offered by staff of the Australian Health Practitioner Regulation Agency, and delays associated with the processing of applications for registration and renewal of registration.

Table 5: Type of registration complaints received 2016–17

Type of registration complaint	Number of complaints
Registration process or policy	60
Registration delay	28
Registration fees	2
Total	90

Table 5 outlines the type of registration complaints received by the office.

CASE STUDY: Investigation resulting in an apology to the complainant and further education for staff of the Australian Health Practitioner Regulation Agency

Mr K, a health practitioner, complained to this office about the way his application for registration had been handled by the Australian Health Practitioner Regulation Agency. In particular, Mr K was concerned that the processing of his application was unreasonably delayed due to communication difficulties.

This office investigated Mr K's complaint. In summary, it was discovered that the Australian Health Practitioner Regulation Agency had not responded to Mr K's requests for information appropriately and that Mr K had been provided with incorrect and conflicting information regarding the documentation that he was required to submit with his application for registration.

The office brought to the attention of the Australian Health Practitioner Regulation Agency that, in this case, it had not met the standard of service health practitioners can expect as outlined in the Australian Health Practitioner Regulation Agency's Service Charter.

The Australian Health Practitioner Regulation Agency undertook an 'after action review' of the matter and identified a failure to follow baseline procedures. Following this, relevant staff were counselled and provided with further education in relation to the accuracy and timeliness of responses to inquiries from practitioners. The Australian Health Practitioner Regulation Agency wrote to Mr K to apologise and explain what steps it had taken to improve its service delivery.

Privacy complaints

The Health Practitioner Regulation National Law confers specified jurisdiction on the National Health Practitioner Ombudsman and Privacy Commissioner that is derived from the *Privacy Act 1988* (Cwlth). For reason of efficiency, the separate Ombudsman and Privacy Commissioner roles are combined to form the single office of the National Health Practitioner Ombudsman and Privacy Commissioner.

In certain circumstances, the National Health Practitioner Ombudsman and Privacy Commissioner can make a determination regarding what action (if any) should be taken to resolve a complaint about a breach of privacy, and may also make a declaration that a complainant is entitled to compensation for any loss or damage suffered if their privacy has been interfered with.

Since its inception, this office has received very few complaints relating to privacy matters. In 2016–17, the office did not receive any complaints that were specifically considered by the National Health Practitioner Ombudsman and Privacy Commissioner in her capacity as Privacy Commissioner. From time to time, however, the office receives complaints about an administrative action of the Australian Health Practitioner Regulation Agency that also raises privacy concerns. Depending on the nature of the matter, these complaints can be dealt with by the National Health Practitioner Ombudsman and Privacy Commissioner in her capacity as Ombudsman. In 2016–17, the office received seven complaints that fell into this category.

CASE STUDY: Investigation resulting in an apology to the complainant and improvements in the Australian Health Practitioner Regulation Agency's communication

Mr J was a patient of Mr Y, a health practitioner. The Australian Health Practitioner Regulation Agency received a notification about Mr Y and the relevant National Board decided to investigate.

Mr J complained to this office that, during the course of the investigation into Mr Y, the Australian Health Practitioner Regulation Agency sought access to Mr J's clinical records without his consent. This was particularly upsetting for Mr J as his clinical records contained sensitive information that he did not want others to read. Mr J explained to this office that he made several attempts to communicate his distress to the Australian Health Practitioner Regulation Agency, but these concerns were not responded to.

We investigated Mr J's concerns. The Australian Health Practitioner Regulation Agency explained that it was essential to obtain Mr J's clinical records during the course of the investigation into Mr Y and this office agreed that it was reasonably open to the Australian Health Practitioner Regulation Agency to seek Mr J's clinical records under the Health Practitioner Regulation National Law. However, the Australian Health Practitioner Regulation Agency apologised to Mr J that it had not adequately and satisfactorily responded to his concerns about the matter, and also acknowledged that the failure to do so exacerbated the circumstances.

The Australian Health Practitioner Regulation Agency committed to use Mr J's complaint as a case study for providing guidance to staff on ways that 'out of the ordinary' concerns expressed by notifiers or patients can be escalated to senior staff.

Freedom of information complaints

The Health Practitioner Regulation National Law confers specified jurisdiction on the National Health Practitioner Ombudsman and Privacy Commissioner that is derived from the *Freedom of Information Act 1982* (Cwlth).

The office can handle complaints about the administrative actions of the Australian Health Practitioner Regulation Agency and the National Boards in relation to requests for documents made under the *Freedom of Information Act 1982* (Cwlth). The National Health Practitioner Ombudsman and Privacy Commissioner does not, however, have the power to overturn a decision made under the *Freedom of Information Act 1982* (Cwlth) and therefore cannot order the release of any documents.

Based on this, common freedom of information complaints handled by the office include:

- concerns about the Australian Health Practitioner Regulation Agency referring individuals to make a request for documents under the *Freedom of Information Act 1982* (Cwlth) in inappropriate circumstances (such as, in response to a person expressing concern about how a notification had been managed by the Australian Health Practitioner Regulation Agency)
- dissatisfaction with the explanation provided by the Australian Health Practitioner Regulation Agency for refusing to release the requested document/s.

In 2016–17, the office received 17 complaints about the administrative actions of the Australian Health Practitioner Regulation Agency in relation to requests for documents under the *Freedom of Information Act 1982* (Cwlth). The majority of these complaints were resolved by referring the complainant to the freedom of information merits review process (that is, seeking an internal review of the decision by the Australian Health Practitioner Regulation Agency and, following this, seeking merits review of the decision in the relevant tribunal).

We investigate complaints thoroughly and fairly, and our decisions are based on facts and evidence.



Complaints by entity

During 2016–17, 37 per cent of complaints received by this office concerned the administrative actions of the Australian Health Practitioner Regulation Agency and the Medical Board of Australia. The second largest group of complaints were about the Australian Health Practitioner Regulation Agency and the Nursing and Midwifery Board of Australia.

A possible reason for the high number of complaints involving the Medical Board of Australia and the Nursing and Midwifery Board of Australia is that these professions have the largest number of registrants, comprising approximately 74 per cent of the total number of registered health practitioners.

As anticipated, fewer complaints are received from professions with a smaller number of registrants. A breakdown of complaints by entity is detailed in Table 6.

Table 6: Complaints by entity 2016–17

Entity	Number of complaints
Australian Health Practitioner Regulation Agency and the Medical Board of Australia	134
Australian Health Practitioner Regulation Agency and the Nursing and Midwifery Board of Australia	69
Australian Health Practitioner Regulation Agency	59
Australian Health Practitioner Regulation Agency and the Psychology Board of Australia	29
Other	26
Australian Health Practitioner Regulation Agency and the Dental Board of Australia	21
Australian Health Practitioner Regulation Agency and the Chiropractic Board of Australia	6
Australian Health Practitioner Regulation Agency and the Osteopathy Board of Australia	4
Australian Health Practitioner Regulation Agency and the Medical Radiation Practice Board of Australia	3
Australian Health Practitioner Regulation Agency and the Occupational Therapy Board of Australia	3
Australian Health Practitioner Regulation Agency and the Physiotherapy Board of Australia	3
Australian Health Practitioner Regulation Agency and the Chinese Medicine Board of Australia	2
Australian Health Practitioner Regulation Agency and the Pharmacy Board of Australia	2
Australian Health Practitioner Regulation Agency and the Optometry Board of Australia	1
Australian Health Practitioner Regulation Agency and the Podiatry Board of Australia	1
Australian Health Practitioner Regulation Agency and the Aboriginal and Torres Strait Islander Health Practice Board of Australia	0
Total	363

Table 6 outlines the complaints the office received by entity.

Complaints by location

The majority of complaints to this office originate in Victoria (33 per cent). This is to be expected, as the office has limited jurisdiction in relation to health practitioner regulation in New South Wales and Queensland, and a significant number of registered health practitioners reside in Victoria.

In summary, due to co-regulatory arrangements, there are different processes for making a notification (or complaint) in New South Wales and Queensland. In New South Wales, notifications are handled by the Health Care Complaints Commission. The National Health Practitioner Ombudsman and Privacy Commissioner does not have power to receive complaints about how a notification has been handled by the Health Care Complaints Commission.

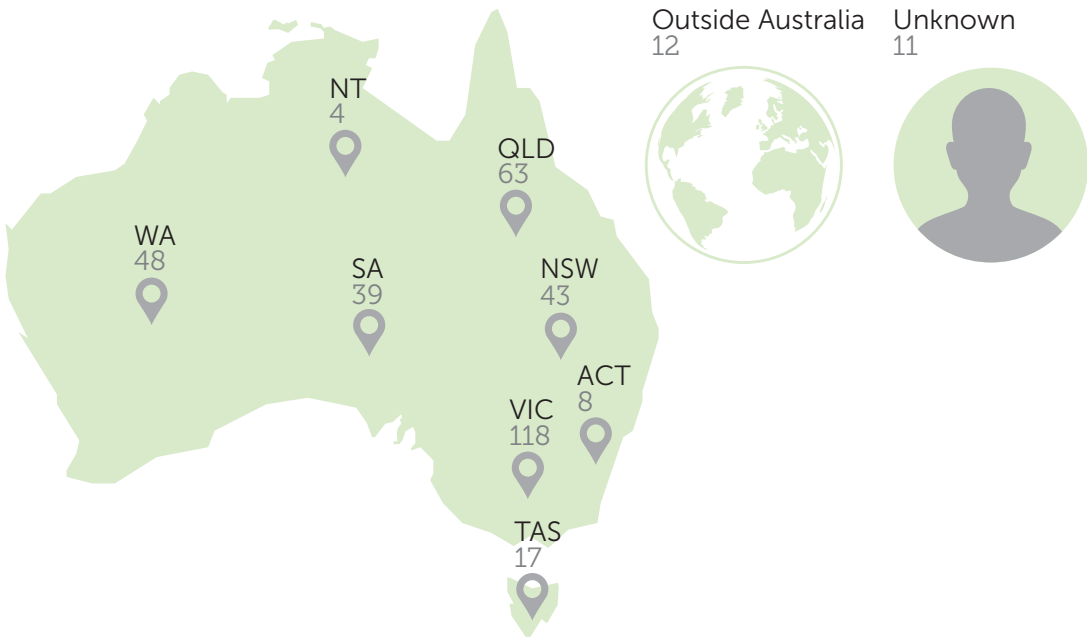
In Queensland, complaints about health practitioners are handled by the Office of the Health Ombudsman. The Office of the Health Ombudsman assesses each complaint it receives to determine if it should be transferred to the Australian Health Practitioner Regulation Agency or should be managed by the Office of the Health Ombudsman. The National Health Practitioner Ombudsman and Privacy Commissioner does not have power to receive complaints regarding how a matter has been handled by the Office of the Health Ombudsman. This office only handles complaints about how a matter has been handled if it has been referred to the Australian Health Practitioner Regulation Agency by the Office of the Health Ombudsman.

Although there is some variation in the office’s ability to handle complaints about the handling of notifications depending on the origin of the notification, this office has jurisdiction to handle complaints about registration matters in all states and territories, including New South Wales and Queensland.

Table 7: Complaints by location 2016–17

Location	Number of complaints
Victoria	118
Queensland	63
Western Australia	48
New South Wales	43
South Australia	39
Tasmania	17
Outside Australia	12
Unknown	11
Australian Capital Territory	8
Northern Territory	4
Total	363

Table 7 outlines the complaints the office received by location.





Complaint outcomes

There are a number of remedies available in cases where the National Health Practitioner Ombudsman and Privacy Commissioner believes there has been some deficiency in the administrative actions of the Australian Health Practitioner Regulation Agency and/or a National Board.

Based on the particular circumstances of the complaint, practical remedies may include:

- providing a further and better explanation of the decision or process to the complainant
- expediting a delayed action
- facilitating an apology being made to the complainant by the Australian Health Practitioner Regulation Agency and/or a National Board
- suggesting a change to a procedure, policy or practice of the Australian Health Practitioner Regulation Agency and/or a National Board.

The National Health Practitioner Ombudsman and Privacy Commissioner does not have power to overturn a decision of the Australian Health Practitioner Regulation Agency and/or the National Boards, but can raise concerns and, in some instances, can make recommendations for consideration.

In 2016–17, the majority of complaints to this office (21 per cent) were resolved when the National Health Practitioner Ombudsman and Privacy Commissioner provided the complainant with a better and further explanation of the reason for the decision or action that they had complained about.

It is important to note that 43 per cent of complaints were closed on the basis that the complainant had not raised their concerns with the Australian Health Practitioner Regulation Agency before contacting the office of the National Health Practitioner Ombudsman and Privacy Commissioner. This office has a consistent process for referring people back to the Australian Health Practitioner Regulation Agency to use its internal complaint process before investigating a matter, as it provides the Australian Health Practitioner Regulation Agency with an opportunity to promptly resolve any outstanding issues before the National Health Practitioner Ombudsman and Privacy Commissioner becomes involved. It also provides the Australian Health Practitioner Regulation Agency with direct insight into systemic issues of concern.

Once a matter has been through the Australian Health Practitioner Regulation Agency's internal complaint process, the complainant can lodge a complaint with the National Health Practitioner Ombudsman and Privacy Commissioner if they remain dissatisfied with the way a matter has been handled.

Table 8: Complaint outcomes 2016–17

Complaint outcome	Number of complaints
Investigation declined – complainant had not complained to the Australian Health Practitioner Regulation Agency/National Board	132
Investigated - explanation provided to the complainant by National Health Practitioner Ombudsman and Privacy Commissioner	64
Investigation declined – matter determined to be outside the jurisdiction of the National Health Practitioner Ombudsman and Privacy Commissioner following assessment	28
Investigation declined – requested information was not provided to the National Health Practitioner Ombudsman and Privacy Commissioner by the complainant	23
Investigation declined – investigation not warranted by the circumstances	22
Complaint withdrawn	7
Investigation declined – matter before court/tribunal or concerns court/tribunal decision	7
Investigated – formal comments provided to the Australian Health Practitioner Regulation Agency/National Board	6
Investigation declined – matter more appropriately handled by a court/tribunal	5
Investigation declined – complainant did not have sufficient interest in the matter	5
National Health Practitioner Ombudsman and Privacy Commissioner assisted the Australian Health Practitioner Regulation Agency/National Board resolve the matter	4
Investigated – National Health Practitioner Ombudsman and Privacy Commissioner assisted the Australian Health Practitioner Regulation Agency/National Board resolve the matter	2
Investigated – other outcome provided	1
Investigation declined – complainant became aware of the action complained about more than 12 months ago	1
Total	307

Table 8 outlines the outcomes of complaints received by the office.

Time taken to close complaints

The office’s service charter aims to provide the public with a better understanding of our practices and to enhance the transparency of our operations.

A key aspect of the service charter is the timeliness benchmarks set by the office.

When we receive a complaint, we aim to:

- acknowledge receipt of the complaint within three working days
- decide whether the complaint is in the jurisdiction of the office within 14 working days
- finalise the complaint within three months
- deal with more complex cases within nine months.

While a matter is open with this office, we aim to:

- provide the complainant with a progress update every six weeks, unless there are circumstances when it is not practical or appropriate to do so
- return any telephone calls within three working days
- respond to written communication within 14 working days.

We are committed to ensuring complaints are handled in a timely manner; however, the complexities of individual complaints must also be taken into account when setting appropriate timeframes for the resolution of a complaint.

Of the 363 complaints received during 2016–17, 307 were closed by the conclusion of the financial year (85 per cent). The average time taken to close a complaint was 25 days. Seventy per cent of complaints received by the office were closed within 30 days, and 88 per cent of complaints were closed within 60 days.

Table 9: Time taken to close complaints 2016–17

Number of days to close	Number of complaints
0–10 days	180
11–30 days	36
31–60 days	54
60–90 days	17
Over 90 days	20
Total	307

Table 9 outlines the time taken to close complaints that were received during 2016–17.

Review of our decisions

Concerns and compliments are important ways of gaining feedback about our services, and we are committed to continuous improvement.

Requests for internal review are carefully assessed to determine if there are sufficient grounds for a review. If the National Health Practitioner Ombudsman and Privacy Commissioner agrees to review a decision, the matter is assigned to a staff member who was not involved in the handling of the complaint in the first instance. The review typically considers:

- the process that was adopted to handle the complaint and whether it fairly and appropriately addressed all of the issues raised
- the merit of the conclusion reached, particularly whether it was reasonably based on the information available
- whether the decision was adequately explained to the complainant.

The complainant is informed of the outcome of the review in writing. Possible outcomes include:

- upholding the original decision
- changing the decision
- referring the matter back to the staff member who originally had responsibility for the complaint so further inquiries can occur.

Once a matter has been reviewed, there is no further avenue of appeal or review of the decision. We only review a matter once.

During 2016–17, the office received a small number of requests for internal review. These requests were carefully considered and actioned in accordance with office policy.

CHAPERONE REVIEW



In August 2016, the Australian Health Practitioner Regulation Agency and the Medical Board of Australia commissioned an independent review of the use of chaperones to protect patients in Australia.

The purpose of the review was to:

- consider whether, and if so in what circumstances, it is appropriate to impose chaperone conditions on the registration of a medical practitioner to protect patients while allegations of sexual misconduct are investigated
- recommend whether changes to regulatory practice and the Health Practitioner Regulation National Law are needed to better protect the public.

The review was undertaken by Professor Ron Paterson, an international expert on patient rights, complaints, healthcare quality and the regulation of health professions.

The office of the National Health Practitioner Ombudsman and Privacy Commissioner provided Professor Paterson with the secretariat for the review. The office's Principal Legal Policy Officer, Richelle McCausland, provided assistance to Professor Paterson by interviewing submitters to the review, researching relevant policies and case law, and working with Professor Paterson to complete the written report. Senior Project Officer, Jessica Micallef, and Administration Officer, Shantal Giles, assisted with website and administrative arrangements and editing the report.

The review was completed in February 2017 and the corresponding report was publicly released in April 2017. In summary, the review found that the use of chaperones does not meet community expectations and does not always keep patients safe. Twenty-eight recommendations were made, including that:

- chaperone conditions no longer be used as an interim restriction while allegations of sexual misconduct are being investigated
- a specialist team be established within the Australian Health Practitioner Regulation Agency to improve the handling of notifications involving allegations of sexual misconduct
- in exceptional circumstances where chaperone conditions are imposed, monitoring of those conditions is strengthened and more information is provided to patients about the conditions.

The Australian Health Practitioner Regulation Agency and the Medical Board of Australia accepted all of the recommendations and promptly commenced work on implementation.

The Australian Health Practitioner Regulation Agency has provided regular updates to the office of the National Health Practitioner Ombudsman and Privacy Commissioner regarding the implementation of the recommendations. The office of the National Health Practitioner Ombudsman and Privacy Commissioner will continue to monitor the status of this project.

STAKEHOLDER ENGAGEMENT

During 2016–17, the National Health Practitioner Ombudsman and Privacy Commissioner continued to strengthen important relationships with the other bodies involved in the National Registration and Accreditation Scheme. This involved meeting and working with a wide array of stakeholders, including:

- Victorian Department of Health and Human Services
- Australian Health Practitioner Regulation Agency
- Australian Health Practitioner Regulation Agency Management Committee
- National Boards
- Australian Health Workforce Ministerial Council Secretariat
- Victorian Health Services Commissioner
- Mental Health Complaints Commissioner
- Australian Information Commissioner.

A key focus during the year was to lift the profile of the office and provide better information resources to health practitioners, patients and the community more generally.

Since the redevelopment of the office's website in May 2016, we have continued to publish important information about the role and performance of the office on our website, including monthly performance reports. During 2016–17, our website received 8,765 visits. Of these visits, 27 per cent were returning visitors and 73 per cent were new visitors. The website received more than 18,600 page views and documents were downloaded more than 2,100 times.

Our website received more than 18,600 page views and documents were downloaded over 2,100 times



Submission to the inquiry into the complaints mechanism administered under the Health Practitioner Regulation National Law

On 1 December 2016, the Senate referred the matter of the complaints mechanism administered under the Health Practitioner Regulation National Law to the Senate Community Affairs References Committee for inquiry and report. This inquiry followed on from a previous inquiry into the medical complaints process in early 2016.

The National Health Practitioner Ombudsman and Privacy Commission made a submission to the inquiry. The key aim of the submission was to inform the Senate Community Affairs Reference Committee's understanding of the role of the National Health Practitioner Ombudsman and Privacy Commissioner in relation to the National Registration and Accreditation Scheme. The submission also responded to the inquiry's terms of reference based on the office's complaints statistics and experience in dealing with complaints about the administrative actions of the Australian Health Practitioner Regulation Agency and the National Boards.

In summary, the National Health Practitioner Ombudsman and Privacy Commissioner submitted the following:

- The Health Practitioner Regulation National Law provides an appropriate legislative framework for handling complaints about health practitioners; amendments to the National Law in relation to the complaints handling process – apart from those which are in the process of being implemented following the recommendations of the Independent Review of the National Registration and Accreditation Scheme – are not required.
- Effective improvements to complaints handling processes can be made, where needed, through changes to administrative procedures and policies, without the need for legislative change.
- We regularly provide feedback to the Australian Health Practitioner Regulation Agency and the National Boards about suggested improvements to its processes, as identified through our complaint handling activities.

Consultation regarding the amendments to the Health Practitioner Regulation National Law

In 2014, the Council of Australian Governments Health Council appointed Mr Kim Snowball to conduct an independent review of the National Registration and Accreditation Scheme. The final report of the review made a number of recommendations involving amendments to the Health Practitioner Regulation National Law. The implementation of the Council of Australian Governments Health Council's response to the review is occurring in two stages.

In addition to this, on 7 October 2016, the Council of Australian Governments Health Council agreed to the inclusion of paramedics in the National Registration and Accreditation Scheme.

In order to implement these decisions, amendments are required to the Health Practitioner Regulation National Law.

During the year, the office of the National Health Practitioner Ombudsman and Privacy Commissioner participated in the consultation regarding the proposed amendments.

On 29 May 2017, the Council of Australian Governments Health Council, sitting as the Australian Health Workforce Ministerial Council, agreed to the stage 1 reforms of the Health Practitioner Regulation National Law, including:

- national regulation of paramedics (including the establishment of the Paramedicine Board of Australia)
- improvements to the notifications management, disciplinary and enforcement powers of the National Boards to strengthen public protection and ensure fairness for notifiers and practitioners
- technical amendments to improve the efficiency and effectiveness of the Health Practitioner Regulation National Law.

Importantly for this office, the Bill includes consequential amendments as a result of changes to the Commonwealth freedom of information and privacy arrangements under the *Australian Information Commissioner Act 2010* (Cwlth) and the *Freedom of Information Amendment (Reform) Act 2010* (Cwlth). In effect, this means that the National Health Practitioner Ombudsman and Privacy Commissioner will have the power to review decisions made by the Australian Health Practitioner Regulation Agency to grant or refuse access to a document under the *Freedom of Information Act 1982* (Cwlth).

On 13 June 2013, the Queensland Parliament referred the *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017* to the Queensland Parliamentary Committee for Health and Disability Services for its consideration. The committee will consider the Bill and report to the Queensland Parliament. Debate on the Bill is expected to occur in September 2017.

Submission to the Independent Review of Accreditation Systems

Mr Snowball's independent review of the National Registration and Accreditation Scheme in 2014 also made several recommendations regarding accreditation, including that the Health Practitioner Regulation National Law be amended to provide that the National Health Practitioner Ombudsman and Privacy Commissioner has jurisdiction over accreditation functions within the National Registration and Accreditation Scheme.

The recommendations relating to accreditation were accepted in principle; however, the Australian Health Ministers' Advisory Council was asked to commission a comprehensive review of accreditation functions. Subsequently, the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions was announced.

The National Health Practitioner Ombudsman and Privacy Commissioner made a submission to the review and expressed the following views:

- The National Health Practitioner Ombudsman and Privacy Commissioner does not currently have jurisdiction to handle complaints regarding accreditation-related matters (except where the complaint concerns the administrative actions of the Australian Health Practitioner Regulation Agency, the National Boards and/or internal accreditation committees established by the National Boards).
- This office has received a small number of approaches about accreditation-related matters since its inception. Typically, these approaches are from overseas trained practitioners who are seeking registration in Australia and must complete an assessment by the relevant accreditation authority in order to meet the eligibility requirements for registration. Concerns raised include delays in the assessment process, unfair outcomes and the high cost of the assessment process.
- We have also received a small number of complaints from education providers regarding concerns about the accreditation of programs of study. A small number of approaches have also been made by students wishing to make complaints about education providers that deliver approved programs of study.
- In general, we refer persons wishing to make complaints about accreditation authorities back to the relevant accreditation authority's internal complaint handling process. However, there are limited options available to people wishing to make complaints about accreditation authorities, which has been a source of frustration to a number of people who have contacted this office.
- The National Health Practitioner Ombudsman and Privacy Commissioner is of the view that complaints about the administrative actions of accreditation authorities should be dealt with by this office.

It is understood that a draft report outlining possible options for reform will be released publicly in September 2007.

CORPORATE GOVERNANCE

Accountability

The office of the National Health Practitioner Ombudsman and Privacy Commissioner is aware of its obligations under the Health Practitioner Regulation National Law Regulation (No. 42/2010) to ensure its operations are carried out efficiently, effectively and economically.

The National Health Practitioner Ombudsman and Privacy Commissioner is formally accountable to the Australian Health Workforce Ministerial Council and the office submits regular progress reports to the Australian Health Ministers' Advisory Council.

The National Health Practitioner Ombudsman and Privacy Commissioner also meets with the Secretary of the Victorian Department of Health and Human Services on a quarterly basis. This promotes timely and effective communication in relation to the services provided to the office by the Department of Health and Human Services.

Staff of the office of the National Health Practitioner Ombudsman and Privacy Commissioner are employees of the Victorian Department of Health and Human Services and are required to comply with departmental policies, including the Code of Conduct for Victorian Public Sector Employees.

Continuous improvement and innovation

We aim for excellence in providing a professional service and we strive to maintain high professional standards.

During 2016–17, the office of the National Health Practitioner Ombudsman and Privacy Commissioner undertook considerable work to further improve key policies and procedures.

One of the key priorities for the year was to improve our strategic and operational planning. The office held its first strategic planning day in August 2016 and staff agreed to focus on four key areas in the year ahead:

1. Excellence in complaints management, focusing on implementing the office's new complaints management system
2. Increased systemic focus, to influence thinking on systemic concerns early
3. Proactive stakeholder engagement, to build confidence and trust
4. Constant operational improvement, driven by a desire to demonstrate best practice

The office will continue to focus on these priorities in 2017–18. The office's second strategic planning day in early 2018 will serve to refocus these priorities in light of the office's increased workload.

The office is committed to providing its staff with learning and development opportunities. This ensures we attract and retain suitably qualified staff, while promoting a positive workplace culture. The Department of Health and Human Services' performance and development process provides a framework to support managers and employees to develop individual plans. The aim is to provide clarity about employee performance expectations, behavioural expectations and development needs, ensure individual efforts are aligned with office priorities and provide a platform for ongoing dialogue about performance between employees and their managers.

FINANCIAL INFORMATION

Funding arrangements

At the Australian Health Workforce Ministerial Council meeting on 11 April 2014, it was agreed that the office of the National Health Practitioner Ombudsman and Privacy Commissioner would be funded by health practitioner registrants to ensure a sustainable source of funds. Accordingly, the Australian Health Practitioner Regulation Agency has agreed to provide ongoing funding to support the office in meeting its statutory obligations.

The office of the National Health Practitioner Ombudsman and Privacy Commissioner is required to submit an annual budget proposal to the Australian Health Ministers' Advisory Council by 1 March each year. On approval, the Victorian Department of Health and Human Services (as the host jurisdiction) raises quarterly invoices on behalf of the office payable by the Australian Health Practitioner Regulation Agency. These funding arrangements are outlined in memorandums of understanding with the Australian Health Practitioner Regulation Agency and the Department of Health and Human Services.

The office of the National Health Practitioner Ombudsman and Privacy Commissioner is conscious of its obligations under the Health Practitioner Regulation National Law Regulation (No. 42/2010) to ensure its operations are carried out efficiently, effectively and economically. Accordingly, the office proposed a lesser amount of funding for the 2016–17 financial year compared to the amount received during 2015–16.

At the end of the financial year, any unspent funds are retained by the office to allow for investment in relevant longer-term projects. Longer-term projects proposed for 2017–18 include the implementation of a new complaint management system.

Financial statement

The Department of Health and Human Services provides financial services to the office of the National Health Practitioner Ombudsman and Privacy Commissioner. The financial operations of the office of the National Health Practitioner Ombudsman and Privacy Commissioner are consolidated with those of the Department of Health and Human Services and are audited by the Victorian Auditor-General's Office. A complete financial report is therefore not provided in this annual report.

A financial summary of the expenditure for 2016–17 is provided below.

Revenue	
Retained earnings balance	\$1,895,525
Income received	\$600,000
Total revenue	\$2,495,525
Expenditure	
Salaries	\$616,270
Salary on-costs	\$87,606
Supplies and consumables	\$210,723
Indirect expenses (includes depreciation and LSL)	\$64,936
Total expenditure	\$979,536



