

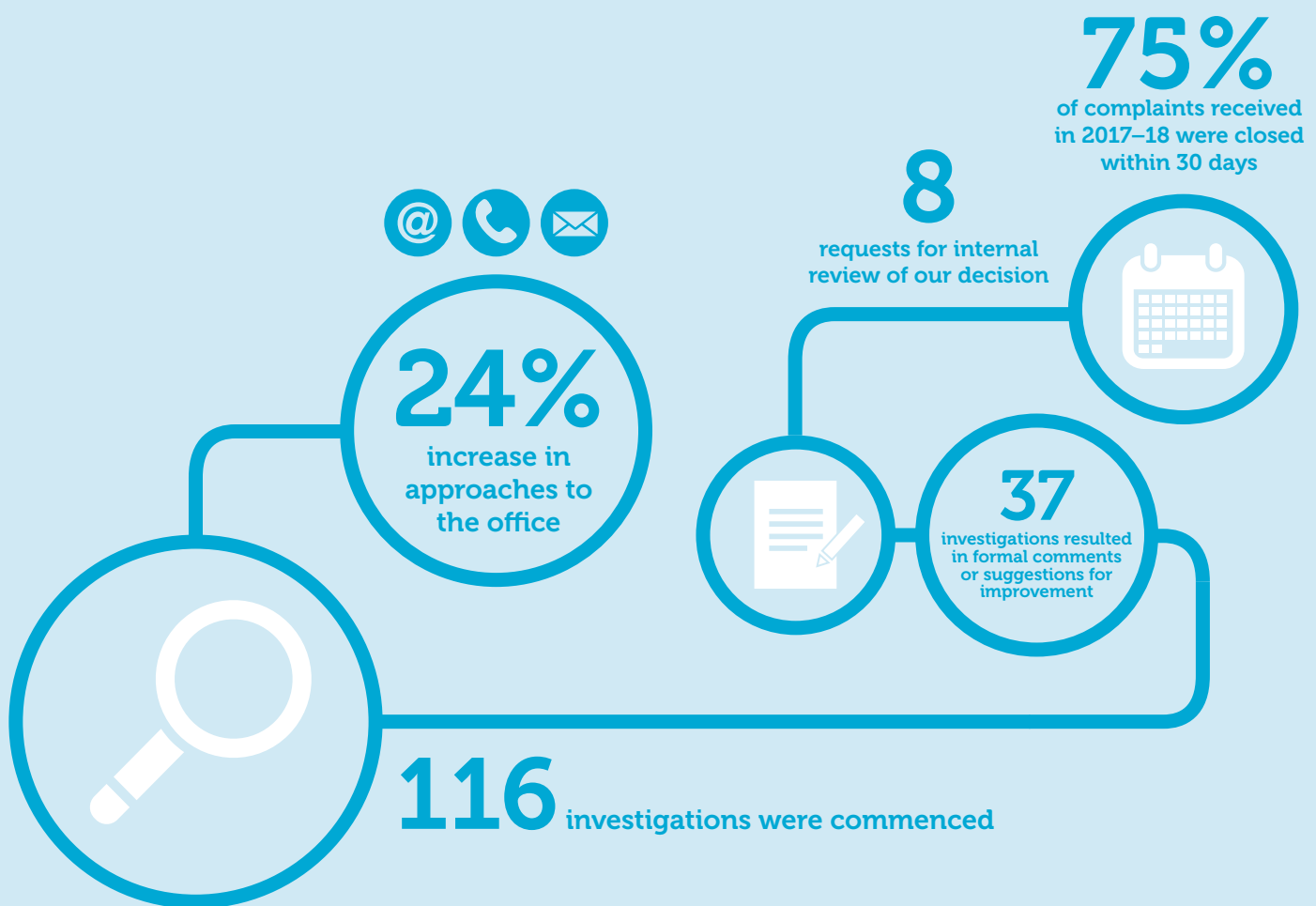
National Health Practitioner  
Ombudsman and  
Privacy Commissioner  
Annual report 2017–18



National Health Practitioner  
**Ombudsman and  
Privacy Commissioner**



# 2017–18 snapshots



**65%**

of complaints related to the handling of a notification about a health practitioner



**46%**

increase in the number of telephone calls received

## Acknowledgement of country

The office of the National Health Practitioner Ombudsman and Privacy Commissioner acknowledges the Australian Aboriginal and Torres Strait Islander peoples as the traditional caretakers of the land.

We recognise the strength, resilience and capacity of the Australian Aboriginal and Torres Strait Islander communities of many languages, cultures and homelands. We are committed to honouring the cultural and spiritual connection of Australian Aboriginal and Torres Strait Islander peoples to their ancestral domains as well as the unique values, stories and resources that they hold.

We also pay our respects to Elders, past and present, and to youth and emerging leaders. We thank them for their enduring and continuing contribution to the life of this place.

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](mailto: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, 2018.

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

Available at [www.nhpopc.gov.au](http://www.nhpopc.gov.au)

Printed by Doculink Australia, Port Melbourne (1807002)

# Contents

<b>2017–18 snapshots</b>	<b>1</b>	<b>Where complaints are from</b>	<b>24</b>
<b>Acknowledgement of country</b>	<b>2</b>	<b>How we resolved complaints</b>	<b>25</b>
<b>Letter of transmittal</b>	<b>4</b>	Complaints that we investigated	26
<b>Message from our Ombudsman and Commissioner</b>	<b>5</b>	Complaints that we did not investigate	27
Our highlights	5	Warm transfers	28
Our future goals	6	<b>Systemic improvements achieved by our office</b>	<b>29</b>
<b>About our office</b>	<b>7</b>	Providing formal comments and suggestions for improvement	29
The National Health Practitioner Ombudsman and Privacy Commissioner	7	Drawing attention to common complaint themes	30
Our team	7	Participating in workshops and audits	30
Our role	9	Commenting on draft policies and templates	30
Our vision	9	<b>How long it took our office to resolve complaints</b>	<b>31</b>
<b>Our work</b>	<b>10</b>	<b>Internal review of our decisions</b>	<b>32</b>
Number of approaches to our office	10	<b>Our stakeholder engagement</b>	<b>33</b>
Reasons for the increase in approaches	10	<b>Contact with our office</b>	<b>33</b>
<b>Enquiries</b>	<b>11</b>	<b>Consultations</b>	<b>34</b>
<b>Complaints</b>	<b>11</b>	Consultation regarding the amendments to the Health Practitioner Regulation National Law	34
How our office handles complaints	12	Submission to the Independent Review of Accreditation Systems	34
<b>What complaints are about</b>	<b>14</b>	<b>Our approach to corporate governance</b>	<b>35</b>
Complaints about notifications	14	<b>Implementing best practice</b>	<b>35</b>
Complaints about registration	15	<b>Holding ourselves accountable</b>	<b>35</b>
Complaints about privacy	16	<b>Continuously improving</b>	<b>35</b>
Complaints about Freedom of Information	17	<b>Our financial information</b>	<b>36</b>
<b>Who complaints are about</b>	<b>18</b>	<b>Our funding arrangements</b>	<b>36</b>
Australian Health Practitioner Regulation Agency	19	<b>Our financial statement</b>	<b>36</b>
Medical Board of Australia	20		
Nursing and Midwifery Board of Australia	21		
Psychology Board of Australia	22		
Dental Board of Australia	23		

# Letter of transmittal

The Hon. Roger Cook MLA  
Chair  
COAG Health Council  
PO Box 344  
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 2017 to 30 June 2018.

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).

Yours sincerely,



**Richelle McCausland**

National Health Practitioner Ombudsman and Privacy Commissioner



# Message from our Ombudsman and Commissioner

Welcome to the 2017–18 annual report for the office of the National Health Practitioner Ombudsman and Privacy Commissioner.

This is my first annual report, having been appointed to the role of Ombudsman and Commissioner on 4 May 2018. After holding senior leadership positions in the office since 2015, it is a great privilege to now build on the important work of my predecessor, Samantha Gavel.

I have recently been reflecting on the changes I have seen in the office's activities over the past three years. When I first joined the office in 2015, 173 approaches were received annually. This year, the office received over four times that number of approaches. It has been hugely rewarding to play a key role in effectively managing this increased workload, while at the same time continuing to provide fair and meaningful outcomes to complainants.

During times of change and workload pressure, the success of the office has rested on its highly talented and committed staff. I would like to thank my team for their professionalism and unwavering focus on providing a fair and empathetic service for complainants. This shared sense of purpose has made it a pleasure to come to work each day.

I would also like to thank senior management at the Australian Health Practitioner Regulation Agency for their willingness to openly discuss issues and feedback. I must also thank the COAG 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.

## Our highlights

Our complaint-handling work continued to increase over the 2017–18 period. In total, we received 794 approaches, which is a 24 per cent increase compared with the previous financial year.

I am often asked why the number of approaches received by my office is increasing so rapidly. This is not an easy question to answer, but I believe the following factors are relevant:

- + The number of registered health practitioners in Australia has continued to increase steadily, meaning that more people are interacting with the National Registration and Accreditation Scheme each year.
- + People most commonly contact us to complain about the handling of a notification, and there have been year-on-year increases in the number of notifications made about registered health practitioners.
- + There is greater public awareness of the role of National Health Practitioner Ombudsman and Privacy Commissioner, which means that people are more likely to contact my office if they have any concerns about the administrative actions of the Australian Health Practitioner Regulation Agency and the National Boards.

Despite the large increase in complaints, I recognise that this number remains small compared with the total number of notification and registration matters handled by the Australian Health Practitioner Regulation Agency and the National Boards each year. Irrespective of this, I believe that each complaint is important, as it may be representative of concerns shared by many others. Each individual complaint has the potential to provide valuable information about a systemic issue that may affect many people and should be addressed.

I am proud of the achievements of my office during 2017–18. The key highlights include the following:

- + We continued to provide a timely complaint-handling service, in spite of increasing workload pressure; this is evidenced by the fact that 75 per cent of the complaints we received in 2017–18 were closed within 30 days.
- + There appears to be a high level of satisfaction with the service provided by my office, as we received only eight requests for internal review since we formally introduced the process in November 2017.
- + We increased our focus on providing feedback and constructive suggestions to the Australian Health Practitioner Regulation Agency and the National Boards; this year, 37 investigations resulted in formal comments or suggestions, compared with only seven in 2016–17.
- + We were innovative in the way we approached our work and successfully introduced a new 'warm transfer' process, to reconnect the Australian Health Practitioner Regulation Agency and complainants in circumstances where we believe the Australian Health Practitioner Regulation Agency may be able to resolve a concern quickly and effectively.
- + We took steps to set ourselves up for continued success by restructuring our operational teams to put in place a long-term plan for the office.

There are, of course, many achievements that are not easily reduced to dot-point summaries. Our overarching purpose is to ensure that the National Registration and Accreditation Scheme is accountable and responsive, and our work towards achieving this goal is not easy to measure. We have therefore included a large number of case studies throughout this annual report, to give an insight into the meaningful work that we do on a daily basis.

## Our future goals

The National Registration and Accreditation Scheme continues to evolve. As it does, my office must also evolve to ensure that we act as an effective accountability mechanism. Our key areas of focus in 2018–19 will be:

- + managing further anticipated increases in workload, taking into consideration the estimated 15,000 new registrants who will enter the National Registration and Accreditation Scheme when paramedicine becomes a regulated profession
- + implementing new functions arising from the application of the most up-to-date version of the Commonwealth's *Freedom of Information Act 1982*, particularly the power to conduct a merits review of Freedom of Information decisions.

As an office, we are strongly committed to continuous improvement of our own policies and processes. Our internal priorities for the year ahead include:

- + further progressing the implementation of specialised complaints management software
- + conducting an audit of our existing policies and procedures
- + developing a comprehensive stakeholder engagement framework.

2018–19 will likely be our busiest year to date.

I have full confidence that the office can manage this challenge, due to the capability of our highly talented staff members and improved internal governance processes. We are enthusiastically looking forward to the year ahead.



**Richelle McCausland**

National Health Practitioner  
Ombudsman and Privacy Commissioner



# About our 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 COAG Health Council. The role was established on 1 July 2010, to coincide with the introduction of the Health Practitioner Regulation National Law (as in force in all states and territories of Australia).

The powers of the National Health Practitioner Ombudsman and Privacy Commissioner are 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 Registration and Accreditation Scheme.

The current National Health Practitioner Ombudsman and Privacy Commissioner is Richelle McCausland. Richelle was the acting National Health Practitioner Ombudsman and Privacy Commissioner from 4 September 2017 until she was officially appointed to the role on 4 May 2018 for a term of three years.

Richelle's predecessor was Samantha Gavel. After holding the role of National Health Practitioner Ombudsman and Privacy Commissioner for three years, Samantha moved to a position outside the National Registration and Accreditation Scheme in September 2017.



## Our team

Richelle is supported by a small team of highly skilled professionals.

During 2017–18, we restructured our operational teams to put in place a long-term plan for the office. Staff are now organised into four teams: two complaints units, a policy and strategy unit and a business services unit.

Although we offer services to health practitioners and members of the public from all states and territories of Australia, we are located in Melbourne, Victoria.

This is because the office is hosted by the Victorian Department of Health and Human Services. All staff of the office are employees of the Victorian Department of Health and Human Services, but report directly to Richelle for day-to-day duties.

We provide a complaints handling service to members of the public and health practitioners that is independent, objective, accessible and timely.

Figure 1: The organisational structure of the office of the National Health Practitioner Ombudsman and Privacy Commissioner

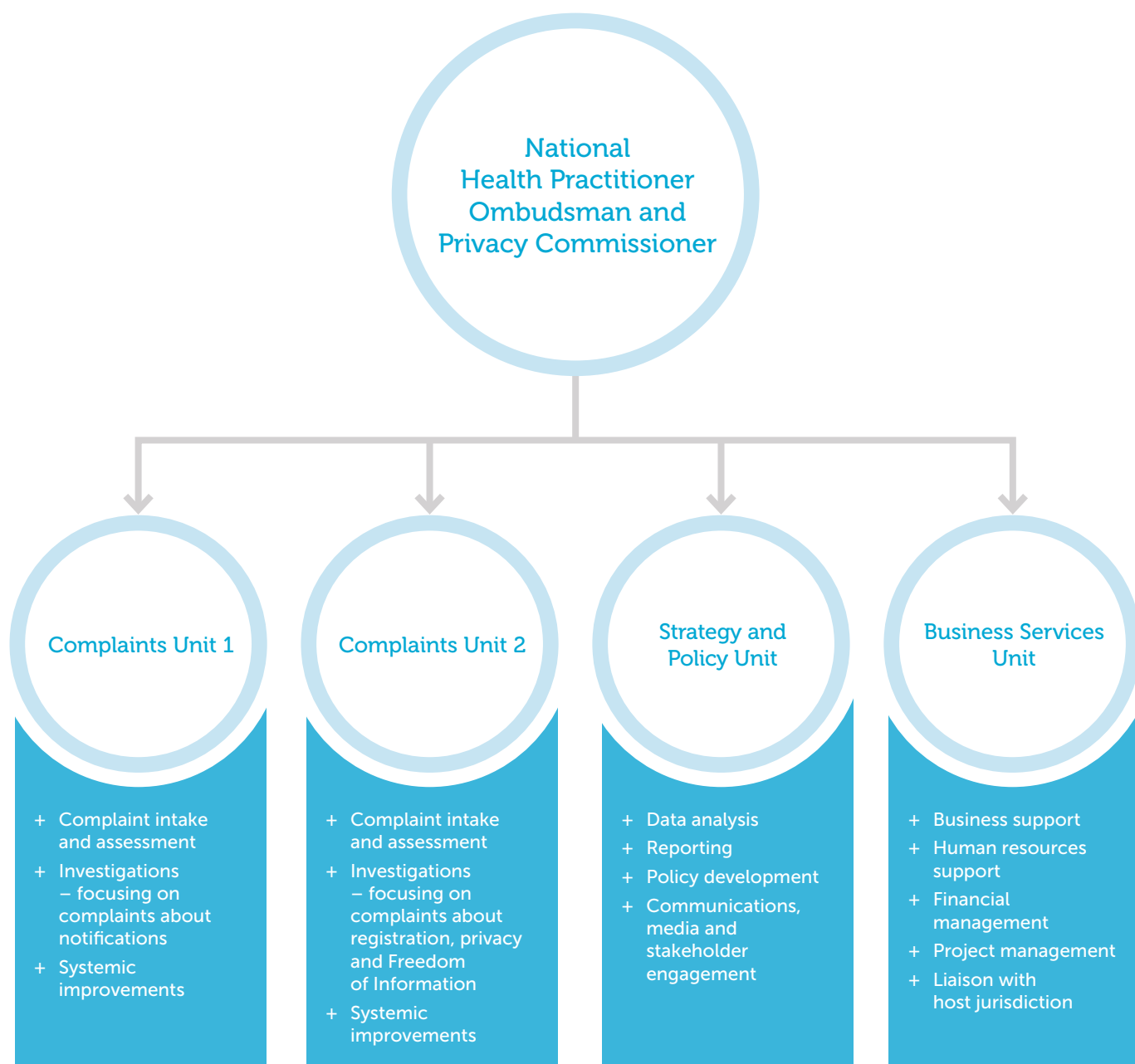


Figure 1 depicts the four units of the office of the National Health Practitioner Ombudsman and Privacy Commissioner.

## Spotlight on: Jessica

Jessica is a Senior Investigator who has handled complaints about the administrative processes of the Australian Health Practitioner Regulation Agency and the National Boards since joining the office in 2016.

Jessica describes the work of the office as being 'thorough, empathetic and collaborative'. A typical day for Jessica involves directly engaging with people who are distressed, angry or frustrated: 'It is profoundly rewarding and a privilege to connect with a person's pain, or with their understanding of what the "truth" is, to help them feel heard or reassured, or to better understand a decision that they are struggling to make peace with.'

Jessica is a highly experienced complaint handler, having worked in ombudsman schemes since 2005. Since joining the office, Jessica has taken a keen interest in complaints about the handling of registration matters. She explains that she is particularly proud of her work on the application of the Nursing and Midwifery Board of Australia's English Language Skills Registration Standard. 'These investigations brought with them a chance to really engage with the Australian Health Practitioner Regulation Agency, and to collaboratively work towards improving clarity around how applicants can demonstrate that they have the required degree of English language competency,' Jessica says.

Despite the challenging aspects of complaint-handling work, Jessica says she is motivated by flipping what went wrong into a positive: 'I am that person in the office who is always talking about complaints being "gifts", because to me they represent opportunities for discovery, learning and growth.'

## Our role

Our primary role is to provide ombudsman, privacy and Freedom of Information oversight of the Australian Health Practitioner Regulation Agency and the following National Boards:

- + 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
- + Paramedicine Board of Australia
- + Pharmacy Board of Australia
- + Physiotherapy Board of Australia
- + Podiatry Board of Australia
- + Psychology Board of Australia.

## Our vision

Our overarching goal is to ensure that the public and health practitioners have confidence in the responsiveness and accountability of Australia's national health practitioner regulation scheme. In order to achieve this goal, we aim to provide ombudsman and commissioner services that:

- + are fair, accessible and based on evidence
- + offer practical and meaningful outcomes
- + align with our values of independence, integrity, impartiality, professionalism and excellence.

We strive to work collaboratively with the Australian Health Practitioner Regulation Agency and the National Boards to ensure that their administrative processes are reasonable and transparent.

We are motivated by the idea that our activities bring about overall improvements to the health system in Australia which benefit everyone.

# Our work

'Ombudsman' is a Swedish gender-neutral word, traditionally translated to mean a representative or protector of citizens. In today's context, Ombudsmen all over the world provide impartial and independent complaint-handling services.

Our office handles complaints and, where appropriate, conducts investigations into the administrative actions of the Australian Health Practitioner Regulation Agency and the National Boards. We assist people (both members of the public and health practitioners) who are dissatisfied with the way a matter has been handled.

Not all complaints result in an investigation, as we have discretion to not investigate complaints in certain circumstances.

We can, however, decide to investigate a matter even if we do not receive a specific complaint about that issue. This is because the National Health Practitioner Ombudsman and Privacy Commissioner can decide to investigate a matter on her own motion.

We also work with the Australian Health Practitioner Regulation Agency and the National Boards to address systemic issues that have been identified during the course of our complaint-handling activities.

While we aim to provide a service that is empathetic and helpful, we do not advocate for complainants. Nor do we advocate for the Australian Health Practitioner Regulation Agency or the National Boards. We are impartial, and we seek to resolve matters in a fair and reasonable way, taking into account all available facts and evidence.

## Number of approaches to our office

The National Health Practitioner Ombudsman and Privacy Commissioner recorded 794 approaches during the 2017–18 financial year.

Of the 794 approaches, 444 were recorded as complaints about the Australian Health Practitioner Regulation Agency and/or one of the National Boards. The remaining 350 approaches were recorded as enquiries.

In general, we define an **enquiry** as an approach to us about a matter we are generally unable to assist with, most often as we do not have the power to look into the matter.

In contrast, a **complaint** is an expression of dissatisfaction about an administrative action of the Australian Health Practitioner Regulation Agency and/or one of the National Boards. In this context, an **administrative action** is any action taken by the Australian Health Practitioner Regulation Agency and the National Boards when carrying out their duties and functions or exercising powers or discretion.

## Reasons for the increase in approaches

Beginning in 2015, we have seen a consistent increase in the number of approaches being made to the office.

This year, there was a 24 per cent increase in approaches compared with 2016–17 and it was our busiest year to date. However, the comparative increase in approaches was smaller than the previous year, when we saw a 59 per cent increase in approaches. Likewise, in 2015–16, we reported a 133 per cent increase in approaches compared with 2014–15. While it is clear that the work of the office continues to grow at a rapid rate, it appears that the rate of growth may be beginning to ease.

There are a number of likely reasons for the continued upward trend in the number of approaches we are receiving. These include the following:

- + The number of registered health practitioners in Australia has continued to steadily increase.
- + There have been year-on-year increases in the number of notifications made about registered health practitioners.
- + There is greater public awareness of the role of National Health Practitioner Ombudsman and Privacy Commissioner.

**Table 1: Approaches to the office from July 2012 to June 2018**

Approaches	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18
Complaints received	176	196	77	181	363	<b>444</b>
Enquiries received	1	124	96	222	277	<b>350</b>
Total approaches	177	320	173	403	640	<b>794</b>

Table 1 outlines the approaches to the National Health Practitioner Ombudsman and Privacy Commissioner from July 2012 to June 2018.

## Enquiries

In 2017–18, we received 350 enquiries, which is a 26 per cent increase compared with the previous financial year.

Most of the enquiries we received were about matters that were not within our jurisdiction. For example, some people contacted us to complain about a health service or because they wanted to make a notification about a health practitioner.

We can, however, only handle complaints about the administrative processes of the Australian Health Practitioner Regulation Agency and the National Boards.

We always make best efforts to refer people making enquiries to alternative complaint-handling mechanisms that may be able to address their concerns.

**Table 2: Types of enquiries received by the office in 2016–17 and 2017–18**

Type of enquiry	2016–17	2017–18
Matter that is not within our jurisdiction	217	<b>301</b>
Request for information about the office	30	<b>30</b>
Other	25	<b>14</b>
Media enquiry	5	<b>5</b>
Total	277	<b>350</b>

Table 2 outlines the types of enquiries received by the National Health Practitioner Ombudsman and Privacy Commissioner in 2016–17 and 2017–18.

## Complaints

We received a total of 444 complaints about the Australian Health Practitioner Regulation Agency and the National Boards in 2017–18. This represents a 22 per cent increase compared with 2016–17.

Complaints typically fell into four main categories:

- + the handling of a notification about a health practitioner (from a notifier, a practitioner, or a member of the public)
- + the handling of a registration-related matter
- + the handling of a request for documents under Freedom of Information legislation
- + a breach of privacy.

There were some interesting changes in complaint trends during 2017–18. In particular:

- + the total number of complaints about the handling of notifications increased by 38 per cent
- + there was a 37 per cent increase in the total number of complaints about the handling of registration-related matters
- + complaints about the handling of requests for documents under Freedom of Information legislation decreased by 53 per cent.

**Table 3: Types of complaints received in 2016–17 and 2017–18**

Type of complaint	2016–17	2017–18
Handling of notification – complaint by notifier	140	194
Handling of notification – complaint by practitioner	62	78
Registration process or policy	60	65
Registration delay	28	56
Other	41	19
Handling of notification – complaint by member of general public	6	16
Handling of requests for documents under the <i>Freedom of Information Act 1982</i> (Cwlth)	17	8
Breach of privacy/handling of information	7	6
Registration fees	2	2
<b>Total</b>	<b>363</b>	<b>444</b>

Table 3 outlines the types of complaints received by the National Health Practitioner Ombudsman and Privacy Commissioner in 2016–17 and 2017–18.

### How our office handles complaints

When we receive a complaint, the first step we take is to comprehensively assess the information we have received from the complainant. We may decide to seek further information from the complainant or the Australian Health Practitioner Regulation Agency (by making preliminary inquiries) to enhance our understanding of the complaint issues.

Following assessment, we generally have three options available to us. We can:

- + proceed to investigate the complaint
- + transfer the complaint directly to the Australian Health Practitioner Regulation Agency for management (a ‘warm transfer’)
- + decide not to investigate the complaint.

If a complaint proceeds to an investigation, we seek to determine whether the relevant administrative action was reasonable, whether applicable policies and procedures have been followed, and whether all relevant considerations have been taken into account.

Irrespective of the outcome, we openly explain the reasons for our decision, so the complainant can understand our approach and the result. We welcome further discussion if a complainant is dissatisfied with

our decision, and it is open to a complainant to request an internal review if they believe we have incorrectly assessed their complaint.

An important part of our work is setting expectations about what an investigation by our office could achieve. We emphasise to complainants that we:

- + do not offer legal advice
- + do not advocate for them, or for the Australian Health Practitioner Regulation Agency and the National Boards
- + expect that they attempt to resolve their concerns with the Australian Health Practitioner Regulation Agency before lodging a complaint with us (but we are also happy to assist with a warm transfer to the Australian Health Practitioner Regulation Agency in circumstances where this has not yet occurred)
- + do not have the power to force the Australian Health Practitioner Regulation Agency or the National Boards to change a decision they have made, nor do we have the power to 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).



Figure 2: The complaints process of the National Health Practitioner Ombudsman and Privacy Commissioner

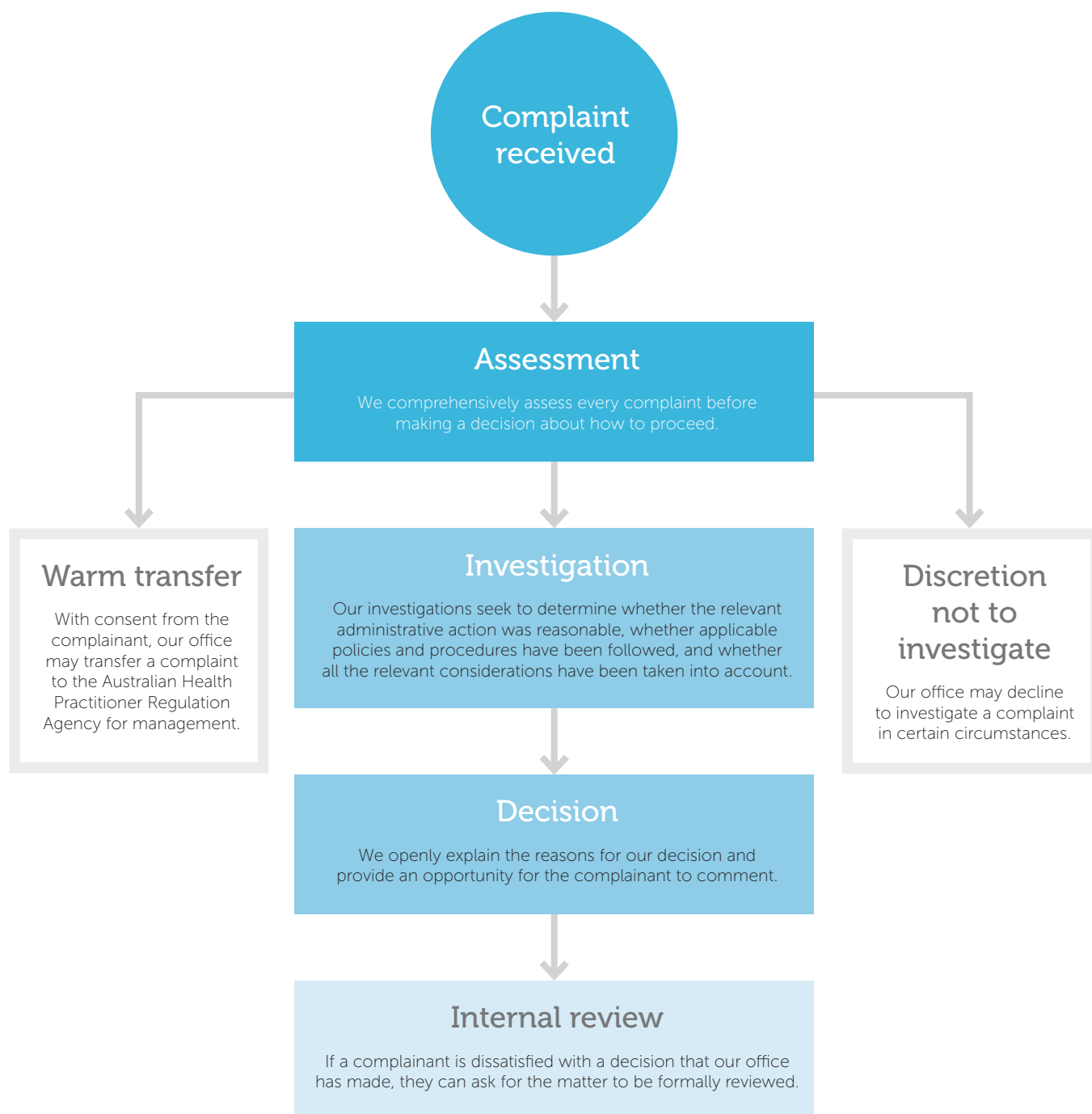


Figure 2 depicts the complaint-handling process of the National Health Practitioner Ombudsman and Privacy Commissioner.

## What complaints are about

### Complaints about notifications

A notification is a complaint or concern about the health, conduct or performance of a registered health practitioner.

As in previous years, the majority of complaints we received concerned the administrative actions of the Australian Health Practitioner Regulation Agency and the National Boards in relation to notifications. In 2017–18, 65 per cent of all complaints were related to notifications.

Common concerns were that:

- + the National Board did not take all relevant information into consideration
- + the Australian Health Practitioner Regulation Agency did not comprehensively investigate all issues
- + the Australian Health Practitioner Regulation Agency did not adequately explain the reasons for the National Board's decision
- + the Australian Health Practitioner Regulation Agency did not communicate updates throughout the notifications process
- + the Australian Health Practitioner Regulation Agency did not process the notification in a timely manner.

**Table 4: Type of notification complaints received in 2016–17 and 2017–18**

Type of notification complaint	2016–17	2017–18
Handling of notification – complaint by notifier	140	<b>194</b>
Handling of notification – complaint by practitioner	62	<b>78</b>
Handling of notification – complaint by member of general public	6	<b>16</b>
Total	208	<b>288</b>

*Table 4 outlines the type of notification complaints received by the National Health Practitioner Ombudsman and Privacy Commissioner in 2016–17 and 2017–18.*

### Case study

#### Working with the Australian Health Practitioner Regulation Agency to resolve a complaint from a highly distressed complainant

Sofia believed that the actions of her doctor resulted in the loss of her pregnancy. When the Medical Board of Australia decided to take no further action against the doctor, Sofia contacted us. She was in a state of significant distress as she could not understand how the Medical Board of Australia had reached its decision.

During the course of our investigation into Sofia's complaint, we found that some of the information she provided to the Australian Health Practitioner Regulation Agency had not been presented to the Medical Board of Australia. Following discussions with the Australian Health Practitioner Regulation Agency, it was agreed that this information would be presented to the Medical Board of Australia for further consideration.

After reviewing all of the relevant documents, the Medical Board of Australia ultimately decided to uphold the original decision to take no further action. As we were concerned about the impact this outcome would have on Sofia, we liaised with the Australian Health Practitioner Regulation Agency to arrange a face-to-face meeting between Sofia and a clinical advisor from the Australian Health Practitioner Regulation Agency. The Australian Health Practitioner Regulation Agency was more than happy to arrange this meeting, which provided an opportunity for Sofia to talk through all of the information that had informed the Medical Board of Australia's decision.

At the conclusion of our investigation, we made suggestions to the Australian Health Practitioner Regulation Agency about how it could have handled this matter better. In particular, we commented on its communications with Sofia, including the use of language that caused her confusion, as well as its response to her highly distressed state. The Australian Health Practitioner Regulation Agency accepted our suggestions and outlined the positive steps it was already taking to improve its communication with notifiers.

## Complaints about registration

In 2017–18, 28 per cent of all complaints were about registration issues. This is relatively consistent with the proportion of registration-related complaints we received in 2016–17.

Common complaint themes this financial year included:

- + concerns about the application of registration standards
- + the lack of assistance offered to applicants by staff of the Australian Health Practitioner Regulation Agency
- + delays associated with the processing of applications for registration and renewals of registration.

While complaints about registration process or policy, and fees remained relatively consistent, the number of complaints about delay doubled from 28 to 56. It is likely that this increase is related to the difficulties experienced by some applicants during the health practitioner graduate application period in early 2018.

**Table 5: Type of registration complaints received in 2016–17 and 2017–18**

Type of registration complaint	2016–17	2017–18
Registration process or policy	60	65
Registration delay	28	56
Registration fees	2	2
Total	90	123

*Table 5 outlines the type of registration complaints received by the National Health Practitioner Ombudsman and Privacy Commissioner in 2016–17 and 2017–18.*

## Case study

### Highlighting the importance of clear and timely communication with applicants

June had previously practised as a doctor in another country. When June moved to Australia, she applied for limited registration as a medical practitioner. She experienced a number of delays in the processing of her application, which she attributed to the Australian Health Practitioner Regulation Agency giving her inconsistent information and not answering her questions within a reasonable timeframe.

Although June was granted registration shortly after she approached our office, she wished to proceed with her complaint. June explained that she was frustrated with the registration process and claimed that it had impacted her personally, professionally and financially.

Our investigation identified that there were aspects of this matter that could have been handled better. At the conclusion of our investigation, we made comments to the Australian Health Practitioner Regulation Agency stressing the importance of providing applicants with clear information about what is required to support an application for registration. We also noted the expectation that enquiries will be promptly responded to and that applications will be processed in a timely manner.

The Australian Health Practitioner Regulation Agency acknowledged that there were points in the processing of June's application which, if managed more appropriately, could have avoided the significant delays June experienced. The Australian Health Practitioner Regulation Agency contacted June directly to apologise for its handling of her application, which June greatly appreciated. The Australian Health Practitioner Regulation Agency also carried out a full review of how it had managed June's application in order to identify further learning and training opportunities for staff.

## Complaints about privacy

Our office can accept complaints from individuals about the handling of personal information by the Australian Health Practitioner Regulation Agency and the National Boards.

In certain circumstances, we can make a determination about what action should be taken to resolve a complaint about a breach of privacy, and we 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.

To date, we have received very few complaints about privacy matters. In 2017–18, 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, our office receives complaints about an administrative action of the Australian Health Practitioner Regulation Agency that also raise 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 2017–18, the National Health Practitioner Ombudsman and Privacy Commissioner received six complaints that fell into this category.

### Notifiable Data Breaches scheme

During 2017–18, the scope of our privacy functions increased as a result of the introduction of the Notifiable Data Breaches scheme.

In effect, the Australian Health Practitioner Regulation Agency and the National Boards are now required to notify this office of data breaches involving personal information that are likely to result in serious harm to any individual affected.

Since the scheme came into effect on 22 February 2018, we have not received any formal notifications from the Australian Health Practitioner Regulation Agency or the National Boards about eligible data breaches.

## Case study

### Encouraging the Australian Health Practitioner Regulation Agency to make a fresh decision

Li Wei made a request to the Australian Health Practitioner Regulation Agency for personal information related to his notification about a medical practitioner. Although it was clear that Li Wei wanted his request to be handled under the *Privacy Act 1988* (Cwlth), the Australian Health Practitioner Regulation Agency's decision referred to the *Freedom of Information Act 1982* (Cwlth).

Li Wei complained to us about the difficulties he was experiencing in having his request appropriately considered under the *Privacy Act 1988* (Cwlth). The reason that this was significant to Li Wei was because the rights of review under the *Freedom of Information Act 1982* (Cwlth) are different to those available under the *Privacy Act 1988* (Cwlth).

After our office became involved in the matter, the Australian Health Practitioner Regulation Agency apologised to Li Wei about the confusion surrounding his request. In order to resolve the complaint, the Australian Health Practitioner Regulation Agency agreed to make a fresh decision about Li Wei's request for personal information under the *Privacy Act 1988* (Cwlth). Li Wei happily accepted the Australian Health Practitioner Agency's apology and the offer to make a fresh decision.

## Complaints about Freedom of Information

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).

In 2017–18, the office received eight Freedom of Information complaints, which is a 53 per cent reduction compared to 2016–17. This suggests that the Australian Health Practitioner Regulation Agency's handling of Freedom of Information requests improved in 2017–18.

Of the eight complaints that we received, common themes included:

- + dissatisfaction with the explanation provided by the Australian Health Practitioner Regulation Agency for refusing to release the requested document/s
- + concern about the redaction process (in circumstances where documents were partially released).

It is our experience that many people who raise concerns about the handling of Freedom of Information requests also have other complaints about the actions of the Australian Health Practitioner Regulation Agency and/or a National Board. It is not uncommon for people to use the Freedom of Information process as a means to gather more information about a decision that they are dissatisfied with or do not understand. This means that we often need to take a global approach to resolving the complainant's concerns, which may involve further exploring why they are dissatisfied with the relevant National Board's decision.

We also explain the Freedom of Information merits review process to complainants (that is, that they can seek an internal review of the decision by the Australian Health Practitioner Regulation Agency and, following this, may seek a merits review of the decision in the relevant tribunal). This is important, as our office does not currently 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.

## Changes to our powers in relation to Freedom of Information decisions

Anticipated changes to the Health Practitioner Regulation National Law (as in force in all states and territories of Australia) will expand our ability to assist people with Freedom of Information concerns in 2018–19.

It is expected that this office will soon have the ability to conduct a merits review of decisions made by the Australian Health Practitioner Regulation Agency regarding applications for release of documents under the *Freedom of Information Act 1982* (Cwlth). In effect, the National Health Practitioner Ombudsman and Privacy Commissioner will be able to:

- + affirm the original decision
- + vary the original decision
- + make a fresh decision about the release of documents.

In addition, it is proposed that our office will have a role in relation to:

- + agreements or applications for extensions of time to process Freedom of Information requests
- + applications for a vexatious applicant declaration.

It is also anticipated that we will have the power to offer guidance to the Australian Health Practitioner Regulation Agency and the National Boards about the application of the *Freedom of Information Act 1982* (Cwlth).



## Who complaints are about

During 2017–18, the top five entities that we received complaints about were:

1. the Australian Health Practitioner Regulation Agency and the Medical Board of Australia (37 per cent of all complaints)
2. the Australian Health Practitioner Regulation Agency alone (34 per cent of all complaints)
3. the Australian Health Practitioner Regulation Agency and the Nursing and Midwifery Board of Australia (13 per cent of all complaints)
4. the Australian Health Practitioner Regulation Agency and the Psychology Board of Australia (7 per cent of all complaints)
5. the Australian Health Practitioner Regulation Agency and the Dental Board of Australia (2 per cent of all complaints).

The breakdown of complaints by National Board roughly corresponds to the size of the professions they represent. The Medical Board of Australia and the Nursing and Midwifery Board of Australia represent professions with the largest number of registrants, and it is therefore expected that we receive higher numbers of complaints in relation to these National Boards.

Fewer complaints are received about National Boards representing professions with a smaller number of registrants.

In the following pages, we explore in more detail the complaint themes for the five entities that we received the highest numbers of complaints about in 2017–18.

**Table 6: Complaints by entity in 2016–17 and 2017–18**

Entity	2016–17	2017–18
Medical Board of Australia and the Australian Health Practitioner Regulation Agency	134	163
Australian Health Practitioner Regulation Agency	59	152
Nursing and Midwifery Board of Australia and the Australian Health Practitioner Regulation Agency	69	58
Psychology Board of Australia and the Australian Health Practitioner Regulation Agency	29	30
Dental Board of Australia and the Australian Health Practitioner Regulation Agency	21	11
Other	26	10
Occupational Therapy Board of Australia and the Australian Health Practitioner Regulation Agency	3	5
Chiropractic Board of Australia and the Australian Health Practitioner Regulation Agency	6	4
Physiotherapy Board of Australia and the Australian Health Practitioner Regulation Agency	3	4
Medical Radiation Practice Board of Australia and the Australian Health Practitioner Regulation Agency	3	3
Pharmacy Board of Australia and the Australian Health Practitioner Regulation Agency	2	2
Chinese Medicine Board of Australia and the Australian Health Practitioner Regulation Agency	2	1
Podiatry Board of Australia and the Australian Health Practitioner Regulation Agency	1	1
Osteopathy Board of Australia and the Australian Health Practitioner Regulation Agency	4	0
Optometry Board of Australia and the Australian Health Practitioner Regulation Agency	1	0
Aboriginal and Torres Strait Islander Health Practice Board of Australia and the Australian Health Practitioner Regulation Agency	0	0
Paramedicine Board of Australia and the Australian Health Practitioner Regulation Agency	0	0
Total	363	444

Table 6 outlines the complaints the National Health Practitioner Ombudsman and Privacy Commissioner received by entity in 2016–17 and 2017–18.



## Australian Health Practitioner Regulation Agency

All complaints received by our office involve the Australian Health Practitioner Regulation Agency, as it is the point of contact for members of the public and health practitioners in relation to the National Registration and Accreditation Scheme.

Some complaints are solely about the Australian Health Practitioner Regulation Agency, while others also involve a National Board. This depends on the circumstances of the matter (particularly who the relevant decision maker was) and the issues being raised by the complainant.

The complaints that are solely about the Australian Health Practitioner Regulation Agency typically raise concerns about matters that have not yet been considered by a National Board. Alternatively, some complainants raise issues about their interaction with staff of the Australian Health Practitioner Regulation Agency, such as delays in progressing matters, communication problems or a failure to offer assistance.

In 2017–18, we received 152 complaints about the Australian Health Practitioner Regulation Agency only. This is an increase of 158 per cent compared to 2016–17.

The key driver of this increase was a rapid rise in the number of complaints about delay in the Australian Health Practitioner Regulation Agency's processing of applications for registration. This may be attributed to the difficulties experienced by some applicants during the graduate registration period in early 2018. Our discussions with the Australian Health Practitioner Regulation Agency established that the number of applications for graduate registration was higher than projected, which put pressure on timeframes. We worked with the Australian Health Practitioner Regulation Agency during this time to effectively resolve the complaints we received from graduates, and we are satisfied that the Australian Health Practitioner Regulation Agency has taken steps to ensure that the same issues do not arise in 2018–19.

## Case study

### Improving the accessibility of the Australian Health Practitioner Regulation Agency's services

Verena wanted to make notifications about two health practitioners. She wrote to the Australian Health Practitioner Regulation Agency requesting that any required forms be mailed to her as she did not have access to a telephone or computer. Approximately six weeks passed before the Australian Health Practitioner Regulation Agency provided Verena with the two notification forms she had requested. In addition to this delay, Verena was frustrated to find that the correspondence from the Australian Health Practitioner Regulation Agency invited her to either call or email if she had any questions about the notification forms.

When we investigated Verena's complaint, we also found that there were instances where Verena's letters to the Australian Health Practitioner Regulation Agency were not answered or there was an unreasonable delay in responding to Verena.

We asked the Australian Health Practitioner Regulation Agency to consider whether the notification process is accessible to all members of the public, particularly in circumstances where a person does not have access to a computer or a telephone. Although such circumstances may not be everyday occurrences, the Australian Health Practitioner Regulation Agency recognised that Verena's case highlighted potential barriers to its services for a range of groups who might have specific communication or accessibility needs, such as people with low literacy levels or specific disabilities. The Australian Health Practitioner Regulation Agency advised that it had initiated a wider review of policies and procedures regarding accessibility.

## Medical Board of Australia

In 2017–18, we received 163 complaints about the administrative actions of the Australian Health Practitioner Regulation Agency and the Medical Board of Australia. This means that more than one-third of the complaints we received this year related in some way to the Australian Health Practitioner Regulation Agency and the Medical Board of Australia (which is consistent with the previous year).

The large majority of these complaints (67 per cent) were made by notifiers about the handling of a notification. A smaller number of complaints (18 per cent) were from medical practitioners who were dissatisfied with how a notification made about them had been handled. It is generally the case that we receive more complaints from notifiers, as opposed to practitioners, in relation to the handling of notifications across all National Boards.

However, it is interesting to note that there was a noticeable increase in the number of complaints made by members of the general public about the handling of a notification (up from five in 2016–17 to 15 in 2017–18). In general, these complaints related to high-profile matters that appeared in the media during the year, which is something that appears to be more common in relation to medical practitioners.

We traditionally receive a small number of complaints from medical practitioners about registration issues. In 2017–18, only five per cent of complaints about the Australian Health Practitioner Regulation Agency and the Medical Board of Australia related to registration.

## Case study

### **Underlining a 'best practice' example for the Australian Health Practitioner Regulation Agency and the Medical Board of Australia**

Tom was unhappy with the outcome of his surgery, as he experienced an adverse outcome. In particular, he claimed that he now had limited mobility and that his level of pain had increased. Tom made a notification about the surgeon and was then upset to learn that the Medical Board of Australia had decided to take no further action.

Tom approached our office to complain that his notification had been mishandled. He believed that the Australian Health Practitioner Regulation Agency must have presented the Medical Board of Australia with incorrect information.

Our investigation found no administrative deficiencies in the handling of Tom's notification. Not only was the handling of the notification timely, but it appeared that consideration had been given to Tom's individual circumstances, particularly the severe distress he experienced following his surgery. We were particularly pleased to see that the Australian Health Practitioner Regulation Agency and the Medical Board of Australia had attempted to provide support and guidance so Tom could better understand the Medical Board of Australia's decision. We spent time explaining this point of view to Tom and he accepted our decision.

At the conclusion of our investigation, we provided positive feedback to the Australian Health Practitioner Regulation Agency about its handling of Tom's notification.

## Nursing and Midwifery Board of Australia

The number of complaints relating to the Australian Health Practitioner Regulation Agency and the Nursing and Midwifery Board of Australia decreased in 2017–18. In 2016–17, we received 69 complaints, while in 2017–18, we received only 58.

It is pleasing to see that complaints about the handling of notifications and registration matters have both decreased. This trend is not consistent with what we have seen across other National Boards.

It is also unusual that there was a much higher number of complaints within this group that were made by practitioners about the handling of a notification (43 per cent of complaints), rather than notifiers (only 12 per cent). This is something that we will continue to monitor in 2018–19.

Approximately 45 per cent of complaints about the Australian Health Practitioner Regulation Agency and the Nursing and Midwifery Board of Australia in 2017–18 related to registration issues. A key theme in the complaints that we investigated during 2017–18 was the application of the Nursing and Midwifery Board of Australia's English Language Skills Registration Standard. We have been working with the Australian Health Practitioner Regulation Agency and the Nursing and Midwifery Board of Australia to ensure greater consistency and accuracy in relation to this registration standard in the future.

## Case study

### Identifying complaint themes to influence better communication

Andrej had applied for registration as a nurse. Andrej contacted our office as he believed the Australian Health Practitioner Regulation Agency was incorrectly applying the Nursing and Midwifery Board of Australia's English Language Skills Registration Standard. Andrej believed that he had met the requirements of the extended education pathway for registration. However, the assessment undertaken by the Australian Health Practitioner Regulation Agency indicated that he did not fulfil this requirement.

Our investigation identified that the Australian Health Practitioner Regulation Agency had provided Andrej with as many as five different assessments of the English language study he had completed. Although we were able to confirm that Andrej was not eligible for registration via the extended education pathway, we provided suggestions for improvement to the Australian Health Practitioner Regulation Agency regarding the application of the Nursing and Midwifery Board of Australia's English Language Skills Registration Standard. In particular, we suggested that:

- + sections of the English Language Skills Registration Standard and its supporting policy be clarified to enhance consistency and accuracy in how assessments are carried out
- + current public-facing materials be amended to clarify the requirements of the extended education pathway in a way that is not open to misinterpretation
- + a clearly defined mechanism be created through which applicants can dispute an assessment made in relation to the English Language Skills Registration Standard.

In response, the Australian Health Practitioner Regulation Agency advised that the Nursing and Midwifery Board of Australia will review the relevant material and publish further information about the extended education pathway. The Australian Health Practitioner Regulation Agency's Quality Assurance Team has also been engaged to undertake a review of the application of the extended education pathway.



## Psychology Board of Australia

The number of complaints relating to the Australian Health Practitioner Regulation Agency and the Psychology Board of Australia remained relatively constant between 2017–18 and 2016–17, rising from 29 to 30.

While the overall number of complaints has been stable, the themes raised by complainants in relation to the Australian Health Practitioner Regulation Agency and the Psychology Board of Australia have changed.

In 2017–18, the majority of complaints concerned the handling of a notification (77 per cent). This is a change from 2016–17, where 52 per cent of all complaints about the Australian Health Practitioner Regulation Agency and the Psychology Board of Australia were about this theme. The increase in complaints about the handling of notifications was seen in relation to complaints made by both notifiers and practitioners.

In 2016–17, complaints about registration-related matters represented 34 per cent of all complaints raised. In 2017–18, this number dropped to 20 per cent of all complaints made about the Australian Health Practitioner Regulation Agency and the Psychology Board of Australia.

## Case study

### Working with the Australian Health Practitioner Regulation Agency to better explain a National Board's decision

Lakshmi made a notification about the way a psychologist handled a sensitive situation involving her children. The Psychology Board of Australia decided to take no further action against the psychologist.

Lakshmi approached us, claiming that the Psychology Board of Australia had failed to consider important elements of her notification.

Our investigation concluded that Lakshmi's matter had been accurately presented to the Psychology Board of Australia. The Psychology Board of Australia had given clear reasons for its decision, with direct reference to the issues raised by Lakshmi. However, the decision communicated by the Australian Health Practitioner Regulation Agency to Lakshmi did not accurately reflect the reasons that the Psychology Board of Australia gave for its decision.

The Australian Health Practitioner Regulation Agency acknowledged that the information provided to Lakshmi was not sufficiently representative of the Psychology Board of Australia's decision. The Australian Health Practitioner Regulation Agency took immediate steps to write to Lakshmi to apologise and to provide full reasons for the Psychology Board of Australia's decision.

In response to our comments about the handling of this matter, the Australian Health Practitioner Regulation Agency outlined the significant body of work it is currently undertaking to improve how it communicates reasons for decisions to notifiers.

## Dental Board of Australia

The number of complaints relating to the Australian Health Practitioner Regulation Agency and the Dental Board of Australia decreased by almost half between 2016–17 and 2017–18.

While it remains that the Australian Health Practitioner Regulation Agency and the Dental Board of Australia are the fifth most-complained about entities, it is pleasing to see such a large reduction in the number of complaints.

In 2017–18, the number of complaints made by notifiers about the handling of a notification remained relatively constant, decreasing by only one, from 11 to 10. However, the number of complaints made by practitioners about the handling of a notification decreased, reducing in number from six to zero.

Historically, our office has received very few complaints about registration issues in relation to the Australian Health Practitioner Regulation Agency and the Dental Board of Australia. In 2017–18, we received only one complaint about a registration-related matter.

## Case study

### Being clear on what we can and cannot do

Klaus claimed that a dentist misdiagnosed an issue with his teeth, which led to him unnecessarily losing six teeth. Klaus made a notification about the dentist and sought compensation.

When the Dental Board of Australia decided to take no further action, Klaus contacted us. He believed that the Australian Health Practitioner Regulation Agency had only presented the dentist's side of the story to the Dental Board of Australia and he was particularly upset that he had not been awarded compensation.

We were careful to manage Klaus' expectations about what an investigation by our office could achieve. In particular, we explained that we do not have the power to award compensation (or compel others to pay compensation). We outlined to Klaus that our investigation would be looking at whether all relevant information was presented to the Dental Board of Australia when it made its decision and whether the communication with him was reasonable in all of the circumstances.

Although our investigation confirmed that it was reasonably open to the Dental Board of Australia to make a decision to take no further action, we offered further information to Klaus so he could better understand this outcome. In particular, we carefully explained that all of the materials he submitted to the Australian Health Practitioner Regulation Agency were made available to the Dental Board of Australia when it was making its decision.

We noted that there were some instances where the Australian Health Practitioner Regulation Agency's communication with him could have been better. However, we reassured Klaus that the Australian Health Practitioner Regulation Agency is actively working to improve its communication with notifiers and that this is an area that we will continue to monitor closely in the future.

## Where complaints are from

Being a national body, we receive complaints from all states and territories of Australia. We also receive a small number of complaints from people located outside Australia who have come into contact with the Australian Health Practitioner Regulation Agency or a National Board.

The majority of complaints to our office in 2017–18 originated from Victoria. This has been a consistent trend for our office, and it is likely due to the significant number of registered health practitioners who reside in Victoria.

It is also relevant that New South Wales and Queensland have different arrangements in place for making notifications about health practitioners, and these arrangements impact the number of complaints we receive from these locations. Specifically:

- + In New South Wales, notifications are handled by the Health Care Complaints Commission. We do 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 referred to the Australian Health Practitioner Regulation Agency or should be managed by the Office of the Health Ombudsman. We only handle complaints about a matter 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 our ability to investigate complaints about the handling of notifications depending on the origin of the notification, we have the power to handle complaints about registration matters in all states and territories of Australia, including New South Wales and Queensland.

**Table 7: Complaints by location in 2016–17 and 2017–18**

Location	2016–17	2017–18
Victoria	118	158
Queensland	63	95
South Australia	39	59
Western Australia	48	45
New South Wales	43	28
Unknown	11	20
Tasmania	17	16
Northern Territory	4	10
Australian Capital Territory	8	7
Outside Australia	12	6
<b>Total</b>	<b>363</b>	<b>444</b>

Table 7 outlines the complaints the National Health Practitioner Ombudsman and Privacy Commissioner received by location in 2016–17 and 2017–18.

**Figure 3: Complaints by location in 2017–18**



Figure 3 depicts the complaints the National Health Practitioner Ombudsman and Privacy Commissioner received by location in 2017–18.



## How we resolved complaints

When we receive a complaint, we carefully assess the concerns raised before making a decision about how to proceed. We consider the outcome that the complainant is hoping to achieve, as well as what we believe could be possible ways to resolve the complainant's concerns.

During 2017–18, we closed 414 complaints. As we received 444 complaints in 2017–18, this means that we closed almost as many complaints as we received. It is also important to note that we closed 25 per cent more complaints in 2017–18 compared with last financial year.

Of the 414 complaints that we closed in 2017–18:

- + 206 were closed after we exercised discretion not to investigate the matter
- + 87 were closed following an investigation of the issues raised
- + 63 were transferred to the Australian Health Practitioner Regulation Agency as per our 'warm transfer' arrangements
- + 31 were finalised after we assisted the Australian Health Practitioner Regulation Agency and/or a National Board to resolve the matter
- + 27 were withdrawn.

**Table 8: Complaint outcomes in 2016–17 and 2017–18**

Complaint outcome	2016–17	2017–18
Decided not to investigate – complainant had not complained to the Australian Health Practitioner Regulation Agency/National Board	132	66
Warm transfer of complaint to the Australian Health Practitioner Regulation Agency	–	63
Decided not to investigate – requested information was not provided to the National Health Practitioner Ombudsman and Privacy Commissioner by the complainant	25	59
<b>Investigated</b> – further explanation provided to the complainant by the National Health Practitioner Ombudsman and Privacy Commissioner	68	48
<b>Investigated</b> – formal comments and/or suggestions provided to the Australian Health Practitioner Regulation Agency/National Board	7	37
National Health Practitioner Ombudsman and Privacy Commissioner assisted the Australian Health Practitioner Regulation Agency/National Board to resolve the matter (without conducting an investigation)	6	31
Decided not to investigate – investigation not warranted by the circumstances	26	29
Complaint withdrawn	7	27
Matter determined to be outside the jurisdiction of the National Health Practitioner Ombudsman and Privacy Commissioner following assessment	28	16
Decided not to investigate – complainant did not have sufficient interest in the matter	5	14
Decided not to investigate – matter more appropriately handled by a court/tribunal	5	8
Decided not to investigate – matter before court/tribunal or concerns court/tribunal decision	7	6
Decided not to investigate – other reasons	9	6
Decided not to investigate – complainant became aware of the action complained about more than 12 months ago	1	2
<b>Investigated</b> – National Health Practitioner Ombudsman and Privacy Commissioner assisted the Australian Health Practitioner Regulation Agency/National Board to resolve the matter	3	2
Investigated – other outcome provided	1	–
<b>Total</b>	<b>330</b>	<b>414</b>

Table 8 outlines the outcomes of complaints received by the National Health Practitioner Ombudsman and Privacy Commissioner in 2016–17 and 2017–18.

## Complaints that we investigated

Of the 414 complaints that we closed in 2017–18, 87 were closed following an investigation.

Our investigations seek to determine whether the relevant administrative action was reasonable, whether the applicable policies and procedures were followed, and whether all information was taken into account when making a decision. In order to form a point of view about these issues, we consider the information received from the complainant and that obtained from the Australian Health Practitioner Regulation Agency and the relevant National Board.

In 2017–18, the majority of investigations (55 per cent) were finalised when we provided the complainant with a better and further explanation of the reason for the decision or action that they had complained about. This means that we did not identify any major deficiency in the administrative actions of the Australian Health Practitioner Regulation Agency and the relevant National Board, but that further information could be provided to the complainant to assist with their understanding of the matter.

Forty-three per cent of investigations were finalised when we made formal comments and/or suggestions for improvement to the Australian Health Practitioner Regulation Agency and the relevant National Board. In general, the purpose of these comments and suggestions is to provide constructive feedback about how a similar matter could be handled better in the future. When this occurs, we explain to the complainant what our investigation has found.

Other practical remedies for complaint concerns in 2017–18 included expediting a delayed action and facilitating an apology by the Australian Health Practitioner Regulation Agency and a National Board to the complainant.

Although we do not have the power to overturn a decision of the Australian Health Practitioner Regulation Agency and the National Boards, there were occasions in 2017–18 when we suggested that further consideration be given to a matter, to ensure that all relevant information was presented to the relevant decision maker.

## Case study

### Assisting the Australian Health Practitioner Regulation Agency to provide greater support to witnesses

The Medical Board of Australia called on Ellen to give evidence at a tribunal hearing. The hearing related to a medical practitioner who had allegedly engaged in sexual misconduct. The Australian Health Practitioner Regulation Agency explained to Ellen that she would be reimbursed for all costs associated with attending the hearing. However, Ellen felt that the Australian Health Practitioner Regulation Agency did not reimburse her in a timely manner following the hearing.

Ellen contacted us, as she felt that the Australian Health Practitioner Regulation Agency's communication with her was poor and that she was inadequately supported throughout the tribunal process.

Soon after we commenced an investigation into Ellen's complaint, the Australian Health Practitioner Regulation Agency confirmed that it had taken action to reimburse Ellen for the expenses she had incurred.

Our investigation found that there were improvements that could be made to the way the Australian Health Practitioner Regulation Agency supports witnesses who are giving evidence at tribunal hearings. We also provided feedback to the Australian Health Practitioner Regulation Agency which pointed to both the lack of guidance offered to Ellen about what expenses she could seek reimbursement for, and confusion among staff at the Australian Health Practitioner Regulation Agency about the reimbursement process. We suggested that the Australian Health Practitioner Regulation Agency review its process to prevent this from happening again.

In response to this suggestion, the Australian Health Practitioner Regulation Agency developed a fact sheet for witnesses, as well as specific information about claiming reasonable expenses associated with attending a hearing. The Australian Health Practitioner Regulation Agency has advised that it will now offer this information to all lay witnesses, complemented by personalised, case-specific communication.

## Complaints that we did not investigate

### Deciding not to investigate complaints

The *Ombudsman Act 1976* (Cwlth) provides our office with the power to decide not to investigate complaints in certain circumstances. Common scenarios include:

- + the complainant has not raised their concerns directly with the Australian Health Practitioner Regulation Agency (meaning that the Australian Health Practitioner Regulation Agency and the relevant National Board have not been provided with an opportunity to resolve the matter)
- + the matter would be more appropriately dealt with by a court or a tribunal
- + the complainant became aware of the action they are complaining about more than 12 months before lodging their complaint with our office.

When we decide not to investigate a complaint, we try to assist the complainant to explore alternative methods to escalate their concerns. Although the decision not to investigate a complaint may be disappointing to some complainants, it is important that we manage expectations from the beginning about what an investigation by our office could achieve, and whether there are alternative bodies who may be better placed to provide assistance.

Following careful assessment, we decided not to investigate 206 complaints in 2017–18. This means that we decided not to investigate half (50 per cent) of the complaints closed.

This is a significant change from 2016–17, where 73 per cent of all complaints were closed when we exercised discretion not to investigate the matter that had been raised with us.

This is an important change, which is linked to our work on developing more satisfactory ways to deal with complaints in circumstances where the complainant has not yet brought their concerns to the attention of the Australian Health Practitioner Regulation Agency. The introduction of the 'warm transfer' arrangements with the Australian Health Practitioner Regulation Agency in January 2018 means that we no longer close these types of complaints without taking any action, but instead transfer the complaint directly to the Australian Health Practitioner Regulation Agency for management.

Although the 'warm transfer' arrangements were only in place for half of the reporting period, we saw the number of matters closed for the reason that the complainant had not raised their concerns with the Australian Health Practitioner Regulation Agency drop from 132 (40 per cent of all closed complaints) to 66 (16 per cent of all closed complaints).

### Assisted resolutions

There was also a significant change in relation to the number of complaints that we closed after we assisted the Australian Health Practitioner Regulation Agency and the relevant National Board to resolve a matter. This means that we were able to resolve the complainants' concerns without having to proceed to an investigation.

In 2016–17, we recorded only six assisted resolutions (2 per cent of all closed complaints), while this year we finalised 31 assisted resolutions (8 per cent of all closed complaints). This change is further evidence of our hard work this year to provide meaningful outcomes to complainants.

### Other reasons for closing complaints

It is important that complainants provide us with adequate information about their concerns. This year, 59 complaints (14 per cent) were closed because the complainant did not provide us with the information we had requested in order to undertake a full assessment of their concerns.

Twenty-seven complaints (7 per cent) were withdrawn by complainants before we proceeded to the investigation stage. This was often because the matter was resolved soon after the complainant lodged their complaint with our office.

## Warm transfers

In January 2018 we introduced a 'warm transfer' arrangement with the Australian Health Practitioner Regulation Agency.

This means that when a complaint is made to us but the complainant has not yet raised their concerns with the Australian Health Practitioner Regulation Agency, we can transfer that matter directly to the Australian Health Practitioner Regulation Agency for management.

This arrangement is underpinned by the following principles:

- + We seek the complainant's consent to transfer the matter before doing so.
- + The Australian Health Practitioner Regulation Agency makes contact with the complainant to acknowledge receipt of the transfer within seven days and endeavours to fully respond to the complaint within 45 days.
- + The complainant can return to us to discuss their complaint further if the Australian Health Practitioner Regulation Agency does not contact them within the agreed timeframes, or if the complainant remains dissatisfied after the Australian Health Practitioner Regulation Agency has provided a response to the transferred complaint.

In 2017–18, we completed 63 warm transfers to the Australian Health Practitioner Regulation Agency.

**Table 9: Type of warm transfers in 2017–18**

Type of warm transfer	2017–18
Registration delay	21
Handling of notification – complaint by notifier	19
Handling of notification – complaint by practitioner	12
Registration process/policy	10
Other	1
Total	63

Table 9 outlines the types of complaints transferred by the National Health Practitioner Ombudsman and Privacy Commissioner to the Australian Health Practitioner Regulation Agency in 2017–18.

## Case study

### Reconnecting the Australian Health Practitioner Regulation Agency with a complainant to quickly resolve a concern

Dewi was an internationally qualified nurse seeking registration in Australia. Dewi contacted us, as he believed the processing of his application was taking too long and that the Australian Health Practitioner Regulation Agency had been unresponsive when he tried to make contact to check the progress.

As Dewi had not made a formal complaint to the Australian Health Practitioner Regulation Agency, it had not yet had an opportunity to resolve Dewi's complaint. We therefore concluded that the quickest way to resolve Dewi's concerns was to transfer his complaint directly to the Australian Health Practitioner Regulation Agency.

The day after we transferred Dewi's complaint, he received notice from the Australian Health Practitioner Regulation Agency that he had been referred to a bridging program approved by the Nursing and Midwifery Board of Australia. This meant that he would be eligible for registration after successfully completing the bridging program.

Dewi was pleased with the outcome and he wrote to our office to thank us for our prompt and effective assistance.



## Systemic improvements achieved by our office

An important part of our work is to influence systemic improvements in the administration of the National Registration and Accreditation Scheme.

Complaints can provide valuable insights into processes or policies that require further refinement and we work collaboratively with the Australian Health Practitioner Regulation Agency and the National Boards to ensure that these insights result in meaningful change.

Throughout 2017–18, we worked with the Australian Health Practitioner Regulation Agency and the National Boards to improve their processes through a number of different methods, including:

- + providing formal comments and suggestions for improvement at the conclusion of individual investigations
- + drawing attention to common complaint themes and suggesting ways to address systemic issues
- + participating in workshops and audits, to communicate the unique perspective offered by our office
- + commenting on draft policies and templates, with a view to proactively identifying areas that may lead to complaints or dissatisfaction in the future.

We have worked hard to develop a positive and productive relationship with the Australian Health Practitioner Regulation Agency and the National Boards to ensure that our suggestions are accepted and implemented.

## Providing formal comments and suggestions for improvement

The *Ombudsman Act 1976* (Cwlth) allows the National Health Practitioner Ombudsman and Privacy Commissioner to make comments with respect to any matter relating to an investigation.

This office has established a highly effective process where we provide comments or suggestions for improvement to the Australian Health Practitioner Regulation Agency and the National Boards at the conclusion of an investigation, in circumstances where we consider that it would be beneficial to do so.

During 2017–18, 37 investigations concluded with this office providing comments or suggestions to the Australian Health Practitioner Regulation Agency and/or a National Board. Twenty-six investigations resulted in specific suggestions for improvement, while 10 investigations resulted in general comments being made about the issue that led to the complaint. While these comments generally highlighted things that could have been handled better, on one occasion this year we provided positive feedback to recognise the outstanding way in which a difficult situation had been handled.

Many of the case studies included in this annual report demonstrate how we have been able to achieve meaningful outcomes for complainants, as well as influence systemic change, by providing comments and suggestions to the Australian Health Practitioner Regulation Agency and the National Boards.

**Table 10: Type of feedback in 2017–18**

Type of feedback	2017–18
Suggestions for improvement	26
Comments	10
Positive feedback	1
Total	37

*Table 10 outlines the types of feedback provided by the National Health Practitioner Ombudsman and Privacy Commissioner to the Australian Health Practitioner Regulation Agency and the National Boards in 2017–18.*

## Drawing attention to common complaint themes

Not every investigation results in formal comments or suggestions for improvement. However, every complaint has the potential to lead to change as a result of the work the office undertakes to influence systemic improvements.

We regularly group common complaint themes or observations together, and we bring these themes to the attention of the Australian Health Practitioner Regulation Agency during our monthly meetings. The National Health Practitioner Ombudsman and Privacy Commissioner also meets regularly with the National Boards and the Australian Health Practitioner Regulation Agency Management Committee to discuss complaint trends and themes.

As an example, during the course of our investigations into a number of different complaints, it became apparent that there was not a consistent approach to how the Australian Health Practitioner Regulation Agency was managing threats of harm or suicide. We suggested to the Australian Health Practitioner Regulation Agency that it provide clear guidance to staff about what steps they should take when they become aware of such a threat.

In response, the Australian Health Practitioner Regulation Agency produced two desktop guides for staff: *Managing threats of self-harm or suicide* and *Managing a call from a distressed person*. We were also advised that staff have received training regarding crisis communication skills. We have been pleased to see that the Australian Health Practitioner Regulation Agency has promptly taken steps to better equip staff to deal with these difficult situations.

## Participating in workshops and audits

In 2017–18, the National Health Practitioner Ombudsman and Privacy Commissioner and staff of the office participated in a number of important workshops and audits. Our involvement in these events means we can explain what complainants tell us and what our investigations uncovered about certain practices or processes.

For example, in late 2017 the Australian Health Practitioner Regulation Agency commissioned an internal audit to assess the adequacy and effectiveness of the controls and systems in place to oversee the administrative complaints it receives. Our role in this review included highlighting key concerns relating to the visibility, accessibility and responsiveness of the Australian Health Practitioner Regulation Agency's administrative complaint-handling processes.

Our office has been pleased to see that the internal audit has resulted in a commitment to improving the Australian Health Practitioner Regulation Agency's complaint-handling framework. The National Health Practitioner Ombudsman and Privacy Commissioner will continue to work with the Australian Health Practitioner Regulation Agency in 2018–19 to ensure that its handling of administrative complaints is more consistent and responsive in the future.

## Commenting on draft policies and templates

We are always pleased to be involved in the development of draft policies and templates by the Australian Health Practitioner Regulation Agency and the National Boards. The purpose of our involvement is to proactively identify areas that may lead to complaints or dissatisfaction in the future.

In 2017–18, our office was invited to provide feedback on the Australian Health Practitioner Regulation Agency's new template letters to notifiers and practitioners. This is important work, as a common theme in the complaints we receive is dissatisfaction with the Australian Health Practitioner Regulation Agency's communication. We were pleased to be able to offer suggestions about how these letters may be improved to address some of the concerns that are regularly raised in complaints.



## How long it took our office to resolve complaints

Our 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 that we have set for ourselves.

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.

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

- + provide the complainant with a progress update every six weeks, unless this is not practical or appropriate
- + return any telephone calls within three working days
- + respond to written communication within 14 working days.

While we are committed to ensuring complaints are handled in a timely manner, we are also committed to providing a high-quality service. This means that we will not sacrifice the quality of our investigations in order to deal with complaints quickly. Every complaint is treated seriously and our investigations are thorough. More complex complaints may take longer to resolve than our service charter timeframes suggest, but we openly discuss this with our complainants to ensure that their expectations are appropriately managed.

Of the 444 complaints we received during 2017–18:

- + 360 were closed by the conclusion of the financial year (81 per cent)
- + 75 per cent were closed within 30 days
- + 85 per cent were closed within 60 days.

The average time taken to close a complaint that was received in 2017–18 was 31 days.

**Table 11: Time taken to close complaints received in 2016–17 and 2017–18**

Number of days to close	2016–17	2017–18
0–10 days	180	<b>187</b>
11–30 days	36	<b>83</b>
31–60 days	54	<b>36</b>
61–90 days	17	<b>12</b>
Over 90 days	20	<b>42</b>
Total	307	<b>360</b>

*Table 11 outlines the time taken to close the complaints received by the National Health Practitioner Ombudsman and Privacy Commissioner in 2016–17 and 2017–18.*

While our previous annual reports have referred only to the time taken to close the complaints we received during the reporting period, it is important to recognise that we also closed a number of complaints that were received by the office prior to the commencement of the 2017–18 reporting period. It is inevitable that the office will carry over complaints from one reporting period to the next.

With this in mind, irrespective of the date the complaint was received:

- + 414 complaints were closed in 2017–18
- + 67 per cent of complaints were closed within 30 days
- + 78 per cent of complaints were closed within 60 days.

## Internal review of our decisions

Criticism and compliments are important ways of gaining feedback about our services and understanding what we are doing right and what we should aim to improve.

We are committed to continuous improvement and proactively seeking feedback, both negative and positive, from our stakeholders.

One way that complainants can provide feedback to us is by requesting an internal review of a decision that they are dissatisfied with.

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 of a review 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 2017–18, the office received a small number of requests for internal review. In November 2017, we instituted a more formal approach to dealing with requests for internal review, to ensure that we are appropriately capturing all opportunities for learning. Since implementing this new process, we recorded eight requests for internal review, including:

- + seven requests that related to our decision regarding a complaint made by a notifier about the handling of a notification
- + one request that related to our decision regarding a complaint about registration process and policy.

Seven of the eight requests for internal review were refused on the basis that there were insufficient grounds to conduct an internal review. In these cases, the National Health Practitioner Ombudsman and Privacy Commissioner was satisfied that the complaint had been appropriately investigated and that the original decision was reasonably based on the information available.

One request for internal review was granted. The reason for this was that the original decision did not address all of the concerns raised by the complainant. The matter was then allocated to a new investigator for management.

# Our stakeholder engagement

## In 2017–18, we worked hard to strengthen our relationships with key stakeholders.

This included members of the community who may approach us to make a complaint, and other bodies involved in the National Registration and Accreditation Scheme, including:

- + Australian Health Ministers' Advisory Council
- + Australian Health Practitioner Regulation Agency
- + Australian Health Practitioner Regulation Agency Management Committee
- + COAG Health Council
- + National Boards
- + Victorian Department of Health and Human Services.

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. We also continued to be responsive to consultations which directly impacted us or our stakeholders.

It is important that all stakeholders have a clear understanding about our role and about the actions that we take to ensure continuous improvement in the operation of the National Registration and Accreditation Scheme.

## Contact with our office

The consistent rise in contact with our office offers further opportunities for us to communicate who we are and what we do.

Since 2016–17, we saw a:

- + 46 per cent increase in the number of telephone calls to our central enquiry line
- + 21 per cent increase in the number of visits to our website.

We use our website to publish important information, including our monthly complaint reports. During 2017–18, our website received 10,637 visits. Of these visits, 86 per cent were new visitors. We will continue to expand our website in 2018–19 to publish fact sheets and guidance for members of the public and health practitioners.

**Table 12: Engagement with our office in 2016–17 and 2017–18**

Engagement	2016–17	2017–18
Telephone calls	969	<b>1,417</b>
Website visits	8,765	<b>10,637</b>

Table 12 outlines the engagement with our office in 2016–17 and 2017–18.

In 2017–18, we received a significant majority (61 per cent) of approaches via telephone. Thirty-six per cent of approaches were made by email.

**Table 13: Method of contact for enquiries and complaints in 2016–17 and 2017–18**

Method of contact	2016–17	2017–18
Telephone	375	<b>485</b>
Email	229	<b>284</b>
Post	34	<b>25</b>
Other	2	–
Total	640	<b>794</b>

Table 13 outlines the method of contact with our office for enquiries and complaints in 2016–17 and 2017–18.

## Consultations

### Consultation regarding the amendments to the Health Practitioner Regulation National Law

The National Health Practitioner Ombudsman and Privacy Commissioner is participating in ongoing consultation on amendments to the Health Practitioner Regulation National Law. This work stems from recommendations of the independent review of the National Registration and Accreditation Scheme in 2014.

Decisions about proposed amendments to the Health Practitioner Regulation National Law are made by Health Ministers and the governments of all states and territories.

Work on the amendments has been broken into two stages. In 2017–18, amendments that were in the process of being implemented as part of Stage 1 included:

- + national registration for the profession of paramedicine
- + recognition of nursing and midwifery as separate professions
- + stronger notifications management (for example, increased discretion to inform notifiers of reasons for a National Board's decision)
- + an expanded role for the National Health Practitioner Ombudsman and Privacy Commissioner in Freedom of Information matters (for example, ability to conduct a merits review of Freedom of Information decisions made by the Australian Health Practitioner Regulation Agency).

In addition to this, in 2017, Health Ministers requested urgent reforms to the Health Practitioner Regulation National Law to strengthen penalties and interim prohibition order powers. In 2018, Health Ministers also agreed to a nationally consistent approach to mandatory reporting for health practitioners, employers and education providers that balances supporting health practitioners who seek treatment for health conditions and protecting patients. We supported these reforms.

Consultation on Stage 2 of the amendments to the Health Practitioner Regulation National Law will progress in 2018–19.

### Submission to the Independent Review of Accreditation Systems

Some of the recommendations of the 2014 independent review of the National Registration and Accreditation Scheme related specifically to accreditation. In particular, it was recommended that the National Health Practitioner Ombudsman and Privacy Commissioner be given jurisdiction to handle complaints related to accreditation functions within the National Registration and Accreditation Scheme.

We provided a submission to the independent review into accreditation systems commissioned by Australian Health Ministers in 2016–17. In essence, we expressed the view that complaints about the administrative actions of the accreditation authorities should be dealt with by this office.

A draft report was released in September 2017.

It was proposed that the National Health Practitioner Ombudsman and Privacy Commissioner be appointed to review any decisions made by the following entities:

- + accreditation committees in relation to programs of study and education providers of those programs
- + postgraduate medical councils and specialist colleges in relation to the accreditation of training posts/sites
- + any designated entity exercising an accreditation function regarding an assessment of the qualifications of an overseas practitioner.

The National Health Practitioner Ombudsman and Privacy Commissioner provided further comments in relation to the draft report in October 2017. It is expected that a final report will be released in 2018–19.

# Our approach to corporate governance

## Implementing best practice

We approach quality from a systems view based on data analysis and evidence of outcomes. We also recognise that a positive organisational culture fosters quality results.

Building on the policy development that began in 2015–16 and continued in 2016–17, our focus this year was on active reflection of what we have learned, on what constitutes best practice and on what resourcing is required to achieve best practice in the future.

Our ultimate aim is to influence real improvements that add clear value to the National Registration and Accreditation Scheme. We seek to prove our value by excelling in all that we do which, to us, means:

- + setting and meeting realistic and achievable performance targets
- + holding ourselves accountable both to high professional and ethical standards, and to all of our stakeholders.

## Holding ourselves accountable

The National Health Practitioner Ombudsman and Privacy Commissioner submits regular progress reports to the COAG Health Council and, more broadly, is accountable to:

- + offer a quality service to members of the public and health practitioners
- + contribute to the success of the Australian Health Practitioner Regulation Agency, the National Boards and all stakeholders under the Health Practitioner Regulation National Law.

In addition to reporting, the National Health Practitioner Ombudsman and Privacy Commissioner meets her obligations by making decisions in line with the Health Practitioner Regulation National Law Regulation (No. 42/2010). In particular, the National Health Practitioner Ombudsman and Privacy Commissioner ensures that our office carries out operations efficiently, effectively and economically.

To promote timely communication about the services provided to our office by the Victorian Department of Health and Human Services, the National Health Practitioner Ombudsman and Privacy Commissioner meets with its Secretary on a quarterly basis.

Our staff are employees of the Victorian Department of Health and Human Services, and we comply with departmental policies, including the Code of Conduct. We also apply the Department of Health and Human Services' performance and development process to provide:

- + a platform for ongoing dialogue between employees and supervisors
- + clarity about employee performance and behavioural expectations
- + opportunities to conduct regular organisational culture and individual 'health checks'
- + a framework to identify staff training and development needs
  - to refine skills relevant to each role
  - to facilitate career growth
- + a vehicle to achieving our strategic goals.

## Continuously improving

For the coming year, we will support and implement best practice in our work, both internally and externally.

This is particularly important as we enter a period of expansion in response to the increasing number of approaches we receive each year.

Our key priorities for the year ahead are to:

- + embed the principles of continuous quality improvement in our thinking, and strategic and operational planning
- + oversee the development, approval and review cycle of strategies, policies and procedures collaboratively across all units
- + support a consistent quality approach by documenting agreed:
  - overarching principles (strategies and policies) that guide our work
  - practices (procedures) that set out the steps involved to complete our work
- + consider how to remove barriers and expand access to our services for all communities
- + ensure that all our output aligns with our vision, values and principles.

# Our financial information

## Our 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.

We are 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 National Health Practitioner Ombudsman and Privacy Commissioner is conscious of her obligations under the Health Practitioner Regulation National Law Regulation (No. 42/2010) to ensure the operations of the office are carried out efficiently, effectively and economically. 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 2018–19 include the implementation of a new merits review function in relation to Freedom of Information decisions. The office will also further progress the implementation of specialised complaint management software.

## Our financial statement

The Department of Health and Human Services provides financial services to our office. 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 2017–18 is provided below.

Revenue	
Retained earnings balance	\$1,516,989
Income received	\$750,000
<b>Total revenue</b>	<b>\$2,266,989</b>
Expenditure	
Salaries	\$842,663
Salary on-costs	\$125,897
Supplies and consumables	\$246,136
Indirect expenses (includes depreciation and LSL)	\$62,659
<b>Total expenditure</b>	<b>\$1,277,355</b>
<b>Balance as at 30 June 2018</b>	<b>\$989,634</b>





