



annual report 2014-15

National Health Practitioner Ombudsman and Privacy Commissioner annual report 2014–15

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## Letter of transmittal

The Hon. Jack Snelling MP Chair Australian Health Workforce Ministerial Council PO Box 344 Rundle Mall ADELAIDE SA 5000

#### Dear Minister.

In accordance with Regulation 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 2014 to 30 June 2015.

The report has been prepared in accordance with the requirements of the Health Practitioner Regulation National Law Regulation (No. 42/2010).

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

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

Yours sincerely,

Samantha Gavel

National Health Practitioner
Ombudsman and Privacy Commissioner

Samontha Garrel

## Foreword from the Ombudsman

#### Overview

The office of the National Health Practitioner
Ombudsman and Privacy Commissioner is an
independent, statutory agency established under the
Health Practitioner Regulation National Law (the National
Law) as enacted in participating states and territories.
The office provides ombudsman, privacy and freedom
of information services, and has an important role in
promoting public and health practitioner confidence
in the administration of health practitioner regulation.

I was appointed as Ombudsman and Privacy Commissioner in November 2014. This is my first annual report since taking up the position – a role I have found interesting, challenging and rewarding.

The National Health Practitioner Ombudsman and Privacy Commissioner was established on 1 July 2010, to coincide with the introduction of the National Law. In the past, the office had difficulties with resourcing and effectively managing its statutory responsibilities.

Following an independent review in early 2014, the Australian Health Ministers' Advisory Council appointed Ms Pauline Ireland as Ombudsman. Ms Ireland employed a number of staff to manage the complaints backlog and set up improved complaints handling and financial management procedures for the office. In 2014, the Australian Health Ministers' Advisory Council also agreed to provide funding of \$1.5 million a year to resource the office, as recommended by the independent review.

When I started my appointment in late 2014, I was pleased to find that due to the work of Ms Ireland and staff, the complaints backlog had been significantly reduced and the office was operating effectively and efficiently.

In mid May 2015, the office moved to more suitable accommodation at the premises of the Victorian Department of Health and Human Services at 50 Lonsdale Street, Melbourne. This co-location will reduce administration costs as it allows us to use the Department of Health and Human Services infrastructure, services and systems on a shared services basis.

Work on the complaints backlog is now complete, with 350 complaints, including a number of older complex and difficult cases, finalised during 2014–15. This is a significant achievement and reflects the hard work of past and present staff. I would like to place on record my sincere appreciation of their dedication over the past year.

Now that the complaints backlog has been finalised, the office can deal with complaints as they are received and focus on longer-term priorities. The recruitment of two suitably qualified and experienced staff members has now been completed, which will ensure the office has sufficient expertise to manage its statutory and administrative requirements now and in the future.

Longer-term priorities for the office include:

- sourcing a complaints management and reporting system
- updating the office website.

A complaints management and reporting system will allow us to better manage our workload and provide accurate monitoring and reporting. It will also enable us to deal with complaints more effectively and efficiently and improve complaint-handling timeframes.

Updating and improving our website will provide better information to stakeholders, including health practitioners and the public, and make the site more accessible and user friendly. It will also raise the profile of the office and our services, particularly outside Victoria.

#### Complaints

A key role for the National Health Practitioner
Ombudsman and Privacy Commissioner is promoting
confidence in the national regulatory scheme, particularly
in relation to the administrative actions of the Australian
Health Practitioner Regulation Agency and the 14 national
boards that regulate health professionals. We act as an
independent and impartial third-party reviewer in relation
to complaints about aspects of the national scheme.
We also provide feedback to the Australian Health
Practitioner Regulation Agency and the national boards
about systemic issues identified through complaints
and assist them to improve their processes.

We aim to provide a complaints handling service to consumers and health practitioners that is independent, objective, accessible and timely. Many of the complaints the office receives are of a complex and difficult nature. This means we need staff who are well qualified and experienced in investigation and complaints handling.

The office has a relatively narrow jurisdiction, which focuses on the administrative actions of the Australian Health Practitioner Regulation Agency and the boards in respect of their regulation of Australian health practitioners. Administrative actions include actions taken by the Australian Health Practitioner Regulation Agency to assess and investigate notifications under the National Law, and the way the relevant board makes decisions on matters raised. We examine whether due process is followed and if relevant considerations are taken into account.

As Ombudsman, I have no power to overturn the decisions of the Australian Health Practitioner Regulation Agency or a board. However, based on evidence, I can raise issues with these bodies and make recommendations for them to consider. The office also has jurisdiction to investigate complaints about privacy and freedom of information issues, but these complaints currently form only a very small portion of our complaint caseload.

We also provide feedback to the Australian Health Practitioner Regulation Agency and the national boards about systemic issues identified through complaints and assist them to improve their processes.

The majority of complaints concern the administrative actions of the Australian Health Practitioner Regulation Agency and the boards in relation to notifications about matters such as the health, conduct or performance of health practitioners. Other issues include complaints by health practitioners in relation to their registration and a small number of complaints about privacy issues.

In 2014–15, almost half (47 per cent) the complaints were lodged by members of the public in relation to the way their notification about a health practitioner was handled by the Australian Health Practitioner Regulation Agency and the boards. Twenty-three per cent were lodged by health practitioners regarding the way a notification about them was handled by the Australian Health Practitioner Regulation Agency and the boards. Twenty-four per cent of complaints were from health practitioners regarding problems with their registration.

The office received a total of 75 complaints during 2014–15, which is a significant decline from the 196 complaints received in 2013–14. The decline in complaints in 2014–15 may be due to:

- improved timeframes and communication with notifiers and registrants by the Australian Health Practitioner Regulation Agency
- national boards not making significant changes to registration requirements during this time
- finalising many older complaints brought to the Australian Health Practitioner Regulation Agency for review after the introduction of the National Law on 1 July 2010.

In addition, we have worked more effectively with the Australian Health Practitioner Regulation Agency and the boards to provide feedback about complaints and to identify process improvements, which may assist in reducing the number of complaints.

## The year ahead

I look forward to continuing the very real progress the office has made since early 2014. Priorities for the year ahead include:

- updating our website
- sourcing complaints-handling software
- working with the Australian Health Practitioner
   Regulation Agency and the national boards to improve processes and reduce the number of complaints
- providing improved information and advice to health practitioners and the public about our work and relevant aspects of the National Law
- improving the public profile of the office to ensure people are aware of our services.

Samontha Garrel

Samantha Gavel

National Health Practitioner Ombudsman and Privacy Commissioner



# About the National Health Practitioner Ombudsman and Privacy Commissioner

#### Our office

The office of the National Health Practitioner Ombudsman and Privacy Commissioner is an independent, statutory agency established under the National Law. The Ombudsman is an independent statutory officer, who is appointed by and reports to the Australian Health Workforce Ministerial Council. Our office is hosted by the Victorian Department of Health and Human Services, which allows us to reduce our administrative costs by accessing accommodation, information technology and other systems on a shared services basis.

The Ombudsman is assisted by a small staffing complement, which in 2014–15 comprised two senior investigators and a lodgement and investigations officer. An office manager was also seconded from the Department of Health and Human Services during the reporting period. Staff of the office are departmental employees who report to the Ombudsman for day-to-day operational duties.

The Health Practitioner Regulation National Law Regulation (No. 42/2010) sets out a number of requirements in relation to financial and other matters, including the requirement to produce an annual report, to ensure the office is managed effectively and efficiently.

These arrangements ensure the accountability, transparency and responsiveness of the regulatory system...

#### The role of the National Health Practitioner Ombudsman and Privacy Commissioner under the national scheme

The National Health Practitioner Ombudsman and Privacy Commissioner is responsible for providing ombudsman, freedom of information and privacy oversight of the actions of the national agencies established under the National Law.

The National Law confers specified jurisdiction on the National Health Practitioner Ombudsman and Privacy Commissioner that is derived from the Ombudsman Act 1976 (Cwlth) (the Ombudsman Act), the Privacy Act 1988 (Cwlth) and the Freedom of Information Act 1982 (Cwlth). These Commonwealth Acts are modified by the National Law Regulation to make them suitable for the National Registration and Accreditation Scheme for Health Practitioners (the national scheme), noting in particular that the Privacy Act 1988 (Cwlth) and the Freedom of Information Act 1982 (Cwlth) both apply as if the amendments made to these Acts by the Freedom of Information Amendment (Reform) Act 2010 (Cwlth) had not taken effect. For efficiency, the separate Ombudsman and Privacy Commissioner roles are combined in the single office of the National Health Practitioner Ombudsman and Privacy Commissioner.

These arrangements ensure the accountability, transparency and responsiveness of the regulatory system administered by the national agencies for the national scheme, namely:

- the Australian Health Practitioner Regulation Agency
- the national boards (Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy, Podiatry and Psychology)
- the Australian Health Practitioner Regulation Agency's Agency Management Committee
- the Australian Health Workforce Advisory Council.

The Australian Health Practitioner Regulation Agency is the national agency responsible for administering the national scheme. This includes supporting the national boards to exercise their functions, which include:

- registering qualified and competent health practitioners and, if necessary, imposing conditions on their registration
- developing standards, codes and guidelines for the 14 registered health professions
- approving accredited programs of study
- overseeing the assessment and investigation of notifications (complaints) about registered health practitioners
- establishing panels to conduct hearings about the performance or health of health practitioners and, where necessary, referring matters to the responsible tribunal in a participating jurisdiction.

The 14 national boards are the ultimate decision makers regarding whether a person is qualified and suitable for registration as a health practitioner, or whether action should be taken against a registered health practitioner following a notification (complaint) about the practitioner's professional conduct.

However, some of the boards' functions are delegated to the Australian Health Practitioner Regulation Agency, which is why the National Health Practitioner Ombudsman and Privacy Commissioner must generally take into account both the actions of the Australian Health Practitioner Regulation Agency and the national boards when considering administrative processes that are the subject of a complaint.

# Notifications (complaints) under the national scheme

When notifications about matters such as the health, conduct or performance of a health practitioner are received, the relevant national board's role is to assess the matter to determine whether the health practitioner's conduct may warrant some action (such as cautioning the practitioner, cancelling or suspending their registration, or imposing conditions on their registration). To assist the national boards, the Australian Health Practitioner Regulation Agency makes inquiries and gathers information to inform the boards' consideration of the issues.

The National Health Practitioner Ombudsman and Privacy Commissioner's role is to investigate administrative actions the Australian Health Practitioner Regulation Agency and the national boards have taken in relation to a notification. Administrative actions include the actions the Australian Health Practitioner Regulation Agency takes to assess and investigate notifications under the National Law, and how a board makes decisions after considering a matter. The National Health Practitioner Ombudsman and Privacy Commissioner examines whether the Australian Health Practitioner Regulation Agency and the board followed due process and took account of relevant considerations. We do not have the power to overturn decisions of the Australian Health Practitioner Regulation Agency or the national boards. However, based on evidence we can raise issues with these agencies and make recommendations for them to consider.

The National Law does not give the National Health Practitioner Ombudsman and Privacy Commissioner, the Australian Health Practitioner Regulation Agency or the national boards the ability to determine whether compensation should be paid to individuals.

#### Complaint handling

The National Health Practitioner Ombudsman and Privacy Commissioner seeks to ensure that the objectives and guiding principles of the national scheme are adhered to by providing an independent complaint-handling mechanism for members of the Australian public, health practitioners and relevant students in relation to the administrative actions of agencies under the national scheme.

The National Health Practitioner Ombudsman and Privacy Commissioner's complaint-handling powers are derived from the following pieces of legislation:

- Health Practitioner Regulation National Law, as applied by the law of all states and territories
- Health Practitioner Regulation National Law Regulation (No. 42/2010)
- Ombudsman Act 1976 (Cwlth), as modified by the National Law Regulation
- Privacy Act 1988 (Cwlth), as modified by the National Law Regulation
- Freedom of Information Act 1982 (Cwlth), as modified by the National Law Regulation.

The National Health Practitioner Ombudsman and Privacy Commissioner can only deal with complaints about the administrative actions taken by one of the agencies under the national scheme. Generally, this means that a complaint is from one of the following:

- a registered health practitioner
- an individual who has applied to the Australian Health Practitioner Regulation Agency for registration as a health practitioner
- an individual who has made a notification or a complaint to the Australian Health Practitioner Regulation Agency about a registered health practitioner
- the nominated representative of an individual in one of the above categories.

An administrative action is any action taken by an agency in relation to carrying out its duties and functions, or in exercising its powers or discretion in doing so. Administrative actions that may be the subject of a complaint include:

- the actions taken by the Australian Health Practitioner Regulation Agency to assess and investigate notifications or complaints under the National Law
- how a national board makes a decision after considering matters raised as a result of a notification or complaint
- how a national board makes a decision to refuse registration or place conditions on a registration.

The National Health Practitioner Ombudsman and Privacy Commissioner also handles complaints about how an agency under the national scheme has handled personal information, or a decision that one of the agencies has taken in relation to a freedom of information request.

There is no cost to an individual for lodging a complaint with the National Health Practitioner Ombudsman and Privacy Commissioner.

#### How the National Health Practitioner Ombudsman and Privacy Commissioner deals with complaints

The majority of complaints are lodged by letter or email via the complaints form on our website. In line with good complaints-handling practice, we generally require complainants to first lodge their complaint with the relevant agency. In most cases, this is the Australian Health Practitioner Regulation Agency. If the complainant is unsatisfied with the outcome of their complaint to the Australian Health Practitioner Agency or one of the national boards, they may then approach us for assistance.

When we receive a complaint, we first determine if it is in jurisdiction. If it is, we may conduct preliminary inquiries under s. 7A of the Ombudsman Act. This involves seeking and reviewing full information from the complainant and from the Australian Health Practitioner Regulation Agency, which may include copies of correspondence, the original notification, preliminary assessment report and where relevant, the investigation report.

Once preliminary inquiries are finalised, the Ombudsman may proceed to formally investigate the complaint. However, the Ombudsman has discretion to decide not to formally investigate certain complaints, including where the Ombudsman forms the opinion that an investigation is not warranted having regard to all the circumstances. If this discretion is exercised, the Ombudsman provides the complainant with reasons for the decision not to investigate the complaint, which may include an explanation of the administrative actions of the Australian Health Practitioner Regulation Agency or the relevant board.

An investigation by the Ombudsman under s. 8 of the Ombudsman Act is a more formal process, which also enables the Ombudsman to use the formal investigative powers under the Act, including interviewing witnesses and requiring the provision of information. At the conclusion of an investigation, the Ombudsman may choose to produce a formal report regarding the investigation, which can include any recommendations the Ombudsman thinks fit in all the circumstances.

Most complaints we receive can be dealt with as preliminary inquiries. It is only in exceptional circumstances that a formal investigation is required. The office currently has two ongoing investigations in progress.

An important part of our work is to provide feedback to the Australian Health Practitioner Regulation Agency and the boards to assist them to continuously improve their processes. Complaints can provide valuable insights for process improvements to prevent similar problems in future, particularly in relation to systemic issues.

The National Health Practitioner Ombudsman and Privacy Commissioner can:

- investigate the administrative actions of the Australian Health Practitioner Regulation Agency and the national boards
- determine whether the Australian Health Practitioner Regulation Agency and the national boards have followed due process and taken into account all relevant considerations
- recommend to the Australian Health Practitioner Regulation Agency or a national board that it –
  - review its process or reconsider a decision
  - change a policy or procedure.

Complaints can provide valuable insights for process improvements to prevent similar problems in future, particularly in relation to systemic issues.



- change the outcome of an administrative action or decision taken by the Australian Health Practitioner Regulation Agency or a national board
- force the Australian Health Practitioner Regulation Agency or a national board to review or change a decision
- provide legal advice or act as an advocate for anyone aggrieved by a decision or action taken by the Australian Health Practitioner Regulation Agency or a national board
- recommend that the Australian Health Practitioner Regulation Agency or a national board pay compensation
- force the Australian Health Practitioner Regulation Agency or a national board to release a document determined to be exempt under the Freedom of Information Act
- recommend that the Australian Health Practitioner Regulation Agency or a national board take an action that is not available to it under the National Law.

## Complaint issues

The majority of complaints are from members of the public regarding a notification (complaint) made to the Australian Health Practitioner Regulation Agency about a health practitioner.¹ Anyone can complain about a registered health practitioner. In general, agency staff investigate the notification and put the information gathered before the relevant board. The board then determines whether the health practitioner's conduct meets the threshold for action against their registration. If a board decides to take action against a health practitioner's registration, they have a number of options, including issuing a formal caution or imposing conditions on their registration. In the most serious cases, the practitioner can be suspended or de-registered.

A board can also decide to take no further action against a health practitioner, after considering the information gathered by the Australian Health Practitioner Regulation Agency.

The National Law requires the Australian Health Practitioner Regulation Agency to inform the notifier of the board's decision. If action is taken against the health practitioner, the National Law limits the information that can be given to the notifier. This lack of information can be a factor in the notifier complaining to the National Health Practitioner Ombudsman and Privacy Commissioner.

Most complaints to the office concern notifications where the board has decided to take no further action against the health practitioner. In the past, notifiers' dissatisfaction with an outcome resulting in no further action against the health practitioner was compounded by a lack of information given to them about the reasons for the decision by the board. The Australian Health Practitioner Regulation Agency now provides more detailed explanations to notifiers, which helps notifiers to understand why the board has made a decision to take no further action. This practice is likely to reduce complaints over time.

1 The National Health Practitioner Ombudsman and Privacy Commissioner does not have jurisdiction to deal with notification complaints from New South Wales and Queensland, as notifications in these states are dealt with by the New South Wales Health Care Complaints Commission and the Queensland Office of the Health Ombudsman, rather than by the Australian Health Practitioner Regulation Agency, as in the other states and territories. In reviewing complaints about notifications against health practitioners we can only review the administrative actions of the Australian Health Practitioner Regulation Agency and the boards. We cannot overturn the board's decision. In this context, our role is as an independent third party reviewer, to ensure that all relevant aspects have been appropriately investigated by the Australian Health Practitioner Regulation Agency and considered by the relevant board. Where our investigation reveals deficiencies in the investigation or consideration of the notification, we can make suitable recommendations to the Australian Health Practitioner Regulation Agency and the boards.

Complaints from health practitioners regarding the notification process are the second most common issue. Many of these complaints concern the length of time an investigation has taken. Investigations should be conducted as expeditiously as possible, bearing in mind the need to ensure the investigation is thorough.

Lengthy investigation timeframes were a feature of some of the complaints from health practitioners that came before the National Health Practitioner Ombudsman and Privacy Commissioner shortly after the National Law came into effect on 1 July 2010. Some of these complaints were about issues raised prior to the introduction of the National Law. It is pleasing to see that investigation timeframes have improved in recent years. We will continue to monitor this over the coming year.

Another issue that has been the subject of complaints from health practitioners has been in regard to health practitioner registration. These complaints usually concern issues around processing delays or accreditation requirements. We received significant numbers of complaints from overseas-trained nurses in early 2014, when the Nursing and Midwifery Board changed registration requirements. This created significant problems for some nurses and midwives, particularly those who had been trained overseas and were seeking accreditation to practise in Australia. The Australian Health Practitioner Regulation Agency was able to assist many of these nurses and midwives, but a small number were unable to gain registration under the new requirements.

## Stakeholder engagement

We seek to maintain positive, collaborative relationships with stakeholders. The Ombudsman meets regularly with the Australian Health Practitioner Regulation Agency's chief executive officer and other senior staff to discuss complaint issues. The Ombudsman has also attended meetings of the agency's Agency Management Committee and national boards to discuss the Ombudsman's role in dealing with complaints and to provide feedback about complaints, as well as ways of managing and reducing complaints. In this way, the Ombudsman is able to assist the Australian Health Practitioner Regulation Agency and the boards to improve their processes and achieve better outcomes for consumers and health practitioners.

The Ombudsman also meets with other stakeholders, including the Victorian Health Services Commissioner and the Commonwealth Privacy Commissioner, as well as the Australian Health Workforce Ministerial Council Secretariat.

We seek to maintain positive, collaborative relationships with stakeholders.

## Workload

During 2014–15 the National Health Practitioner Ombudsman and Privacy Commissioner received 166 approaches from the public (75 complaints and 91 inquiries). In the previous year there were 320 approaches to the office (196 complaints and 124 inquiries).

Table 1: Complaints to the office pre-July 2012 to June 2015

	Pre-July 2012	2012–13	2013–14	2014–15
Complaints received	200	176	196	75
Complaints closed	94	64	124	350
Complaints open	106	218	290	15
Inquiries received	1	1	124	91

Table 1 outlines the complaints to the office pre-July 2012 to June 2015.

Figure 1: Complaints to the office pre-July 2012 to June 2015

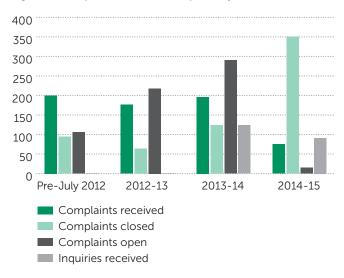


Figure 1 shows complaints to the office over a number of years. The most notable and pleasing aspect of this graph is the significant work in closing 350 complaints during 2014–15 and reducing the office's significant complaints backlog to zero.

The reduction in approaches (complaints and inquiries) to the office over the past financial year may be due to:

- improved timeframes and communication with notifiers and registrants by the Australian Health Practitioner Regulation Agency
- national boards having not made significant changes to registration requirements during this time
- finalising many older complaints brought for review after the introduction of the National Law on 1 July 2010.

In addition, we have worked more effectively with the Australian Health Practitioner Regulation Agency and the boards to provide feedback about complaints and help identify process improvements, which may lead to a reduction in complaints.

Of the complaints received in 2014–15, 72 were under the National Health Practitioner Ombudsman jurisdiction and required preliminary inquiries to be undertaken with the agency concerned, including one complaint about freedom of information issues. Three complaints were within the jurisdiction of the National Health Practitioner Privacy Commissioner.

In order to be classified as a complaint, an approach to the office needs to be an expression of dissatisfaction with the administrative actions of one of the agencies under the national scheme, which in most cases is the Australian Health Practitioner Regulation Agency or one of the national boards. Complaints can also be expressions of dissatisfaction with how an agency under the national scheme has handled personal information, or a decision that one of the agencies has taken in relation to a freedom of information request.

In addition, 91 inquiries were received from health practitioners and members of the public regarding aspects of the national scheme. In these instances, we provided advice about relevant issues or how to lodge a complaint with the Australian Health Practitioner Regulation Agency.

Table 2: Complaints and inquiries 2014–15

Ombudsman complaints	71
Privacy complaints	3
Freedom of information complaints	1
Inquiries	91

Table 2 outlines the complaints and inquiries received by the office in 2014–15.

# Complaint issues

The majority of complaints received in 2014–15 were related to notifications (70 per cent, comprising 47 per cent notification by patient and 23 per cent notification by health practitioner), while 24 per cent of complaints were about registration issues. In comparison, in 2013–14, 62 per cent of complaints were related to notifications and 35 per cent related to registration issues.

Table 3: Complaint issues 2014-15

Notification – complaint by patient	35
Notification – complaint by health practitioner	17
Registration – delay	13
Registration – process or policy	5
Accreditation process	1
Freedom of information complaint	1
Privacy complaint	3

Table 3 outlines complaint issues 2014–15.

Figure 2: Complaint issues 2014-15

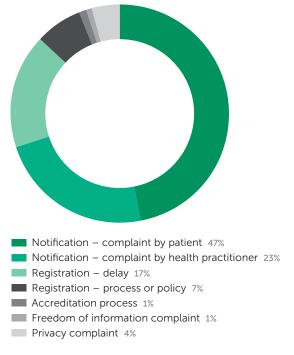


Figure 2 outlines the percentage of complaints by complaint type/category.

# Complaints by state

The majority of complaints originate in Victoria, followed by Queensland, South Australia, Western Australia, New South Wales, the Australian Capital Territory and Tasmania. The National Health Practitioner Ombudsman and Privacy Commissioner does not have jurisdiction to deal with notification complaints from New South Wales and Queensland, as notifications in these states are dealt with by the New South Wales Health Care Complaints Commission and the Queensland Office of the Health Ombudsman, rather than by the Australian Health Practitioner Regulation Agency, as in the other states and territories.

It is therefore well within expectations that most complaints originate in Victoria, given the significant number of registered health practitioners in that state, and given the limited jurisdiction in relation to complaints originating in New South Wales and Queensland.

Table 4: Complaints by state 2014-15

Victoria	35
Queensland	14
Western Australia	9
South Australia	8
New South Wales	6
Australian Capital Territory	2
Tasmania	1

Table 4 outlines complaints by state/territory 2014–15.

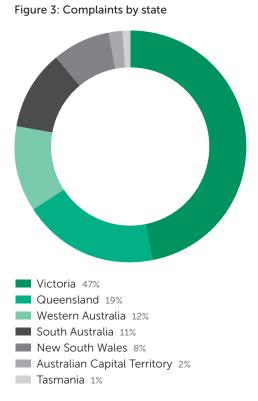


Figure 3 shows the percentage of complaints by state/ territory 2014-15.'

# Complaints by board

Most complaints concern medical practitioners, followed by nursing/midwifery. Again, this is within expectations, as these professions have the largest number of registrants.

Not surprisingly, fewer complaints are received about professions where there are smaller numbers of registrants. During the reporting period, complaints concerned eight of the 14 professions regulated under the National Law.

Table 5: Complaints by board 2014-15

Medical Board	29
Nursing and Midwifery Board	21
Dental Board	8
Psychology Board	8
Occupational Therapy Board	2
Physiotherapy Board	2
Chiropractic Board	1
Pharmacy Board	1

Table 5 outlines complaints by board 2014–15.

Figure 4: Complaints by board

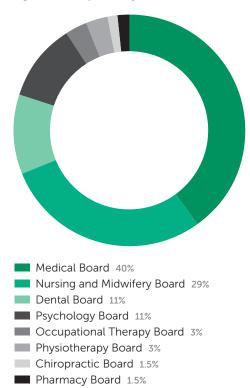


Figure 4 shows the percentage of complaints by board.

# Complaints by state and board

Table 6: Complaints by state and board

	Vic.	QLD	WA	SA	NSW	ACT	Tas.	NT
Medical Board	15	5	4	2	2	2	1	
Nursing & Midwifery Board	7	6	1	4	3			
Dental Board	5	1	1					
Psychology Board	4		2	2				
Occupational Therapy Board	1				1			
Physiotherapy Board			1					
Chiropractic Board		1						
Pharmacy Board	1							
AHPRA Privacy	2	1						
Total	35	14	9	8	6	2	1	0

Table 6 outlines the number of complaints received according to national board and state/territory. As previously noted, the National Health Practitioner Ombudsman and Privacy Commissioner does not have jurisdiction to deal with notification complaints from New South Wales and Queensland, which means that higher numbers of complaints originate in Victoria, even though New South Wales and Queensland also have significant numbers of registrants.

## Complaint outcomes

During 2014–15, 350 complaints were closed. In 55 per cent of cases, we provided the complainant with an explanation of the reasons for the Australian Health Practitioner Regulation Agency's actions, or the national board's decision. In 11 per cent of cases, we assisted complainants to reach a resolution of the issues they had raised.

The Ombudsman made a number of informal recommendations to the Australian Health Practitioner Regulation Agency and the national boards regarding their investigations of some individual notifications.

No formal recommendations were made. However, we worked with the agency and the national boards to provide feedback about complaints. This feedback helped to identify general process improvements for registration and notification issues, as well as investigation methods and reporting.

Table 7: Complaint outcomes

Explanation given	191
Assisted resolution	40
Declined – referred to AHPRA	36
Declined – not within jurisdiction	24
Withdrawn	23
Declined – exercised discretion under ss. 6(1) and 6(2) of the Ombudsman Act	36

Table 7 outlines complaint outcomes.

Figure 5: Complaint outcomes

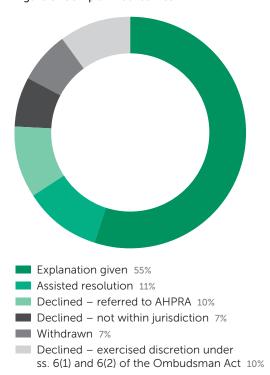


Figure 5 outlines the percentage of complaint outcomes.

# Time taken to close complaints

Of the 75 complaints received in 2014–15, 67 were closed by the conclusion of the financial year. The average time taken to close complaints was 66 days. Now that the complaints backlog has been finalised and the office is able to deal with complaints as they are received, the average time taken to close complaints should decrease.

Table 8: Time taken to close complaints 2014-15

1 to 10 days	15
11 to 30 days	10
31 to 60 days	12
60 to 90 days	8
Over 90 days	22

Table 8 outlines the time taken to close complaints 2014–15.

Figure 6: Time taken to close complaints 2014–15

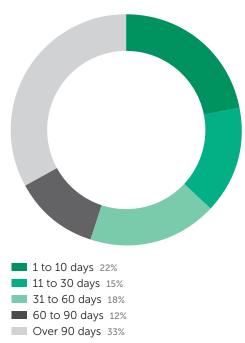


Figure 6 outlines the percentage of time taken to close complaints 2014–15.

## Financial information 2014-15

## Funding arrangements

Following an independent review of the office in 2014, the Australian Health Ministers' Advisory Council agreed to provide funding of \$1.5 million a year for the National Health Practitioner Ombudsman and Privacy Commissioner office to employ sufficient staff to manage its statutory and operational requirements in an effective and efficient way.

The Australian Health Ministers' Advisory Council also agreed that this funding would be sourced from registrations via the Australian Health Practitioner Regulation Agency, which now provides this funding in quarterly instalments of \$375,000.

The Department of Health and Human Services established a trust account for the National Health Practitioner Ombudsman and Privacy Commissioner office. This trust account is not linked to the Victorian Government consolidated revenue account and any unspent funding is automatically rolled over in the trust account each year for the exclusive use of the National Health Practitioner Ombudsman and Privacy Commissioner office.

The majority of expenditure will be spent on staff salaries, with the remainder used to cover supplier and accommodation costs. Any unspent monies rolled over into the trust account will cover future costs such as the purchase of a complaints management and reporting system and improvements to the office website.

#### Financial statement

The Department of Health and Human Services provides financial services to the National Health Practitioner Ombudsman and Privacy Commissioner. The financial operations of the National Health Practitioner Ombudsman and Privacy Commissioner are consolidated into those of the Department of Health and Human Services and are audited by the Victorian Auditor General's Office. A financial summary of the expenditure for 2014–15 is provided below.

#### Revenue

Income received	\$1,500,000
Total revenue	\$1,500,000
Expenditure	
Salaries	\$495,684
Salary on-costs	\$46,024
Supplies and Consumables	\$170,353
Indirect expenses (includes depreciation and LSL)	\$26,395
Total expenditure	\$738,455

