

Assessment Policy

Version 1.1 – April 2026

Purpose

1. This document sets out our assessment policy for complaints made to the National Health Practitioner Ombudsman (the Ombudsman).
2. Our office champions fairness by taking every complaint seriously and shining a light on systemic issues to effect positive change.
3. We can assist with complaints about the handling of matters by the Australian Health Practitioner Regulation Agency (Ahpra), the National Boards, accreditation authorities and specialist medical colleges.

Role of the Ombudsman

4. We join Ombudsman offices around the world in providing an impartial and independent complaint service to communities. Generally, an Ombudsman's role is to help improve administrative processes, especially where complaints suggest a system-wide problem.
5. The National Health Practitioner Ombudsman's role is enshrined in law. It was created by the Health Practitioner Regulation National Law (the National Law) which was enacted in each state and territory in 2009 and 2010. It gives the Ombudsman specific powers which come from the Ombudsman Act 1976 (Cwlth) (the Ombudsman Act). To ensure the Ombudsman's powers are relevant to the National Registration and Accreditation Scheme (the National Scheme), the Ombudsman Act is modified by the Health Practitioner Regulation National Law Regulation 2018.
6. We see every complaint as an important opportunity to address potential issues in the National Scheme.
7. Our complaint service is free and is available to anyone, including health practitioners and the public.
8. We respectfully and carefully look at concerns raised with us and make decisions and recommendations for improvement based on evidence and without taking sides.

Making a complaint

9. We request that complainants first contact the organisation they are making a complaint about to lodge a formal complaint before contacting our office, if possible. This gives the organisation the opportunity to address the concerns raised before we become involved.
10. If the organisation does not provide a timely response, or if the complainant is unhappy with the response, we can be contacted to discuss the complaint further.

How to make a complaint

11. Our professional and empathetic staff are ready to listen. Complaints can be made by:
 - submitting a form on [our website](http://www.nhpo.gov.au/make-a-complaint) at <www.nhpo.gov.au/make-a-complaint>
 - [emailing](mailto:complaints@nhpo.gov.au) <complaints@nhpo.gov.au> (ideally attaching a completed complaint form)
 - mailing the National Health Practitioner Ombudsman, GPO Box 2630, Melbourne, Victoria, 3001
 - calling 1300 795 265 (a translating and interpreting service is available via 131 450). Our staff are available to receive calls between 9:00am and 4:30pm Melbourne time, Monday to Friday (excluding public holidays in Victoria). A voicemail service is also available.
12. We request complainants consider the following questions when preparing to lodge a complaint:
 - Why am I making a complaint?
 - What do I want as a result of making this complaint?
 - What information can I provide to support my complaint?

Anonymous and confidential complaints

13. We accept anonymous complaints and complaints from people using a fake name (pseudonym).
14. We also accept complaints made on a confidential basis. This means that, at the complainant's request, we do not share personal information provided to us with others. For example, a complainant may choose to share their name with us, but not with the organisation they are making a complaint about. We request that people wishing to make a confidential complaint clearly explain this when they first contact us.
15. While we understand that some complainants may be cautious about what information they share about sensitive matters, it is important that we are provided with relevant information to enable us to assess the concerns raised.
16. We always do our best to assist people who wish to make a complaint. However, it may be difficult (and sometimes impossible) for us to progress a complaint without certain information such as the name of the relevant health practitioner, notifier or organisation. This is because:
 - it can be difficult for us to clarify or ask any further details about the complaint if we do not have the contact details of the complainant
 - we may not be able to gather specific information about the issues raised in the complaint from the organisation being complained about
 - we need to ensure those involved in the complaint are given a fair opportunity to respond to allegations and it may be difficult to explain an allegation without disclosing certain information
 - in some circumstances we may be compelled to share information about a confidential complaint with others, such as if the matter is the subject of legal proceedings.
17. Ideally, anonymous or confidential complaints should be made by phone so we can check our understanding of the complaint issues and also discuss the limitations we may face in progressing the complaint.

Making a complaint on behalf of someone else

18. It is possible for a person to contact us on behalf of another person.
19. We generally seek written permission if a complainant wishes to have someone else act on their behalf. We may also accept verbal permission by phone.

'Copied-in' correspondence

20. Our office reviews all correspondence we receive, including correspondence where we have been copied in ('cc'd').
21. We respond to all communication we receive and may request the sender clarifies their specific concerns to determine whether they are within jurisdiction.
22. If the sender doesn't clarify their concerns, or communicate clearly and directly with our office, we may not provide a further response to the matter they have raised.
23. We will only correspond with authorised complainants or applicants to protect and maintain their privacy.
24. For more information, please see our Responding to 'Copied-In' Correspondence Policy.

Our assessment process

25. When someone contacts us, we generally request the following information:
 - name and contact details
 - the organisation they want to complain about
 - whether they have made a complaint to the organisation that is the subject of the complaint (and if not, why not)
 - the nature of their concerns
 - what outcome the person is seeking from contacting us.
26. We seek to acknowledge we have received a new matter within 3 working days.
27. We aim to connect the person who has contacted us with the staff member who will manage their matter within 10 working days (from when their matter is received).

Types of matters we can assist with

28. When someone contacts us, we first consider whether we can look into the issue/s being raised. We are only able to progress complaints and concerns that the law allows us to consider.

Concerns we can assist with

29. We accept complaints about how Ahpra and the National Boards have handled matters including notifications about registered health practitioners and registration matters.
30. We also accept complaints about how accreditation authorities and specialist medical colleges have handled some matters. This can include, for example, accreditation of an education provider and

program of study or assessments of overseas qualified practitioners or specialist international medical graduates. We can also accept complaints about a specialist medical colleges' approved program of study (generally called a 'training program'), including associated training site accreditation processes.

31. The types of concerns we can consider include:

- communication problems, such as an organisation not responding to the complainant or providing updates about their matter
- delay in progressing matters
- unfair policies or procedures
- all relevant information not being considered before a decision was made
- inadequate reasons for a decision being provided to the complainant.

Concerns we cannot assist with

32. Sometimes we are contacted about issues and concerns that we cannot consider further. For example, we cannot help with complaints about:

- individual health practitioners (such as doctors or pharmacists) or health services (such as hospitals or clinics). To find out the best organisation to contact visit our [other health complaints](#) web page.
- an organisation we do not oversight such as the [Health Care Complaints Commissioner](#) or the [Health Professionals Council Authority](#) in New South Wales, or the [Office of the Health Ombudsman](#) in Queensland. We suggest approaching these organisations directly to discuss ways to make a complaint.

33. We cannot consider whether a decision made by Ahpra, a National Board, an accreditation authority or a specialist medical college was right or wrong.

34. We cannot overturn or change a decision made by Ahpra, a National Board, an accreditation authority or a specialist medical college.

Assessing complaints we can assist with

35. The following principles underpin our engagement with people who make a complaint to us. We:

- seek to listen and empathise with the complainant, allowing them the opportunity to fully explain their concerns without judgement
- understand what the complainant is seeking from making a complaint to our office
- explain our role and seek to ensure that the complainant understands what outcomes we can achieve
- provide clear information about what the complainant can expect for our office in terms of next steps, including providing relevant referral information if necessary.

36. Once we have determined that we can assist with a complaint, we carefully consider the most appropriate way to address the concerns raised. We may:

- make preliminary inquiries
- transfer the complaint directly to the organisation being complained about for a response
- start an investigation
- decide not to investigate and close the complaint.¹

37. We consider several factors when we assess complaints to determine the appropriate way forward. This includes:

- how the complainant's concerns can be addressed, including whether our office is the best organisation to achieve the complainant's desired outcome
- when the issue/s that led to the complaint occurred
- the seriousness of the concerns raised, and their significance to the complainant, organisation and the National Scheme as a whole
- the type of issues raised in the complaint, including whether they could indicate a system-wide issue
- the context for the complaint, including whether it is one in a series of complaints.

Complaint outcomes at the assessment stage

38. Our office has the discretion not to investigate certain complaints.²

39. We most commonly finalise complaints at the assessment stage because, in line with our discretion not to investigate, our assessment found:

- the complaint response that had been provided to the complainant by the organisation in question was fair and reasonable
- we were unlikely to be able to achieve what the complainant wanted from making a complaint. In these cases, we generally seek to refer the complainant to another service where possible.
- the complainant is seeking to appeal a decision, and there is a more appropriate organisation to consider their concern. For example, practitioners who wish for conditions to be removed from their registration can appeal to the relevant Court or Tribunal.
- the regulatory matter was still active and involvement from our office was not appropriate
- we did not receive the information we needed from the complainant to progress the complaint further
- the complainant was anonymous and we could not contact them for further information

Early resolution of complaints

40. If a complaint is not finalised at the assessment stage, we consider whether it would be appropriate for an early resolution.

¹ Please note that this policy relates to complaints to the Ombudsman. There are some differences in how we can assess and progress privacy complaints to the National Health Practitioner Privacy Commissioner.

² Refer to s 6 of the Ombudsman Act.

41. Our early resolution processes are designed to make engaging with our office easier and more straightforward. This often leads to faster results for complainants and organisations. In contrast, our investigations are more comprehensive, which means it can take longer to gather and assess the relevant information. Our early resolution pathways include:

- preliminary inquiries
- early resolution transfer.

Preliminary inquiries

42. We use preliminary inquiries to obtain basic information about a complaint.³

43. We can decide to make preliminary inquiries where we:

- need more information to decide whether we can, or should, investigate a complaint
- are seeking an answer to a straightforward and/or limited inquiry.

44. We notify the complainant and the organisation that is the subject of the complaint of our decision to undertake preliminary inquiries in writing as soon as possible.

45. More information about this process can be found in our Preliminary Inquiries Policy.

Early resolution transfer

46. We may decide a complaint is more appropriate for the early resolution transfer process if:

- the complainant has not yet made a formal complaint to the organisation
- it appears the issues should be able to be resolved quickly and easily. This is often because:
 - the issues are clearly identifiable and uncomplicated in nature
 - an outcome is likely to be reached in a short time, either by mutual agreement, or after the relevant organisation has responded
- the complaint, or the matter it relates to, is open or ongoing with the organisation being complained about
- the complainant's concerns relate to delayed action by the organisation.

47. We request consent from the complainant prior to transferring their complaint to the organisation.

48. More information about this process can be found in our Early Resolution Transfer Policy.

Investigation

49. If an early resolution pathway is not appropriate, we may decide that a complaint should be investigated.⁴

³ See s. 7A of the Ombudsman Act.

⁴ Refer to s 8 of the Ombudsman Act.

50. Investigations are generally necessary for complaints which are complex, complicated and where the Ombudsman will likely need to provide formal comments and/or suggestions for improvement to the organisation being complained about.
51. Investigations can take between 3 and 6 months for standard complaints and between 6 and 12 months for more complex complaints. We aim to provide progress updates every 6 weeks.
52. We notify the complainant and the organisation that is the subject of the complaint of our decision to commence an investigation in writing as soon as possible.
53. More information about this process can be found in our Investigation Policy.

Privacy complaints to the Commissioner, notifiable data breaches and Freedom of Information (FOI) matters

54. Complaints which relate to the use or disclosure of personal information by an organisation we oversee, the Notifiable Data Breaches Scheme and FOI matters are handled differently in line with the National Health Practitioner Privacy Commissioner's powers. For more information see our [website](http://www.nhpo.gov.au) <www.nhpo.gov.au>.

Assessing and responding to enquiries and complaints we cannot consider

55. We refer to concerns we have received from people about matters that are outside our core complaint-handling activities as 'enquiries.' Enquiries can include:
 - requests for information or data about our office or complaints
 - questions about the National Scheme (not raising a concern)
 - requests for information from a journalist or media outlet
 - complaints or concerns about an issues or organisation that we cannot consider.
56. We acknowledge all enquiries and seek to provide the person with appropriate guidance or information regarding the specific issues raised.
57. For complaints or concerns we cannot consider, we always seek to provide information about the most appropriate organisation to hear the person's concerns.
58. We handle all media enquiries in line with our Media Policy.

Review of our assessment decision

59. As an office that handles complaints, we understand the unique value of hearing concerns about a decision we have made.
60. If someone is not happy with a decision we have made or actions we have taken when assessing a matter, we recommend raising these concerns directly with the staff member who managed the

matter. They may be able to quickly and effectively address the concerns raised and consider new information related to the matter.

61. If the staff member is not able to resolve these concerns, we welcome applications for a review of the matter. We call this an 'internal review'. We also welcome feedback about our service delivery.
62. Applications for an internal review must be made within 3 months of the decision being issued and must explain why the person is dissatisfied with the decision that was made or the actions taken in relation to their matter.
63. Find out more about how to raise your concerns about us on our [website](http://www.nhpo.gov.au): <www.nhpo.gov.au> or refer to 'How to make a complaint' to contact us to apply.

Privacy

64. We collect and use information in line with our Privacy Policy. We:
 - use the information gathered through the complaint process to manage or resolve concerns, or to address issues arising from the complaint
 - record all complaints and relevant information in our case management system
 - may disclose information (either in data or a case study or story) in a de-identified format to the public.

Recording information

65. All contact with our office is recorded in our case management system.
66. In line with our Privacy Policy, we generally record the following information about complaints:
 - the details of the complainant (and any details of those authorised to represent the complainant)
 - when and how we received the complaint
 - descriptions of the concerns
 - the issues raised (such as concern that not all information had been considered)
 - the complainant's desired outcome (if known)
 - the staff member responsible for handling the matter
 - any action taken, including all contact and response times
 - all correspondence, including emails and information provided by those involved
 - the outcome of the matter
 - any other information relevant to the matter, such as links to other concerns or complaints the person has raised or made, or notes about the handling of the matter
 - when the complaint was finalised.
67. Please contact us with any questions about how we record complaints.

Reporting

68. We regularly report on our complaint handling work, including the number of complaints we have received and finalised in our Annual Report.

Policy review

The Ombudsman will review this policy every 5 years in consultation with staff and relevant stakeholders.

Version	1.1
Responsible work area	Complaints and Freedom of Information Branch
Date introduced	7 February 2023
Date/s modified	28 April 2026
Next scheduled review date	4 January 2027

To receive this document in another format phone 1300 795 265, using the National Relay Service 13 36 77 if required, or [email](mailto:complaints@nhpo.gov.au) our complaints team <complaints@nhpo.gov.au>.

Authorised and published by the National Health Practitioner Ombudsman

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