Annual report **2025–26**

National Health Practitioner Ombudsman

Acknowledgement of Country

The office of the National Health Practitioner Ombudsman acknowledges the Wurundjeri Woi Wurrung people as the Traditional Custodians of the land on which our office is located. We also acknowledge the First Nations Custodians of Country where our services extend.

We pay our respect to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples.

We recognise the strengths, knowledge and enduring contributions of Aboriginal and Torres Strait Islander peoples to health care and to shaping a fair and culturally safe health practitioner regulatory system.

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

Authorised and published by the National Health Practitioner Ombudsman

GPO Box 2630
Melbourne VIC 3001
Phone 1300 795 265

Email <complaints@nhpo.gov.au>
Website <www.nhpo.gov.au>

© National Health Practitioner Ombudsman, Australia, September 2026.

Except where otherwise indicated, the images in this document show models and illustrative settings only and do not necessarily depict actual services, facilities or recipients of services.

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

Available at National Health Practitioner Ombudsman website <www.nhpo.gov.au>

Printed by Southern Impact, Mount Waverley (2606594)

Our work in figures

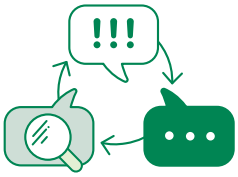
Ombudsman complaints

In 2025–26 we received **873 complaints** (down from 980 complaints in 2024–25)

For Ombudsman complaints:



we made
228
early resolution transfers
(up from 164 in 2024–25)



we made
122
preliminary inquiries
(same as in 2024–25)



we commenced
36
investigations
(up from 15 in 2024–25)

In 2025–26 we finalised **862 complaints** (down from 981 in 2024–25)

Privacy complaints

In 2025–26:



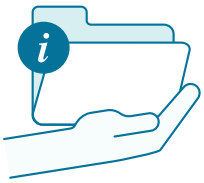
we received
28
complaints
(up from 16 in 2024–25)



we finalised
29
complaints
(up from 16 in 2024–25)

Freedom of information

In 2025–26:



we received
26
matters
(up from 22 in 2024–25)



we finalised
27
matters
(up from 25 in 2024–25)

Milestones



Published our report on the investigation into the charging model for health practitioner registration fees. Ahpra accepted the Ombudsman's suggestions for improvement.



Continued to provide an independent complaint-handling service individuals can turn to with concerns about how health practitioners are regulated. We successfully finalised 92% of approaches we received within 3 months.



Finalised our review of accreditation processes, providing our final Part 2 report *Processes for Progress: Towards fairer and more transparent accreditation processes* to the Health Workforce Taskforce.

Letter of transmittal

National Health Practitioner Ombudsman

The Hon Ryan John Park MP
Chair
Health Ministers' Meeting

Dear Minister

I am pleased to present you with the joint National Health Practitioner Ombudsman's and National Health Practitioner Privacy Commissioner's annual report for the period 1 July 2025 to 30 June 2026.

The report has been prepared in line with ss 10 and 29 of the Health Practitioner Regulation National Law Regulation 2018.

I am satisfied that the office of the National Health Practitioner Ombudsman's financial and governance processes meet our specific needs and comply with the requirements of ss 9 and 28 of the Health Practitioner Regulation National Law Regulation.

Yours sincerely



Richelle McCausland
National Health Practitioner Ombudsman
National Health Practitioner Privacy Commissioner

Ombudsman and Commissioner's message

When creating the system that regulates health practitioners, legislators recognised the importance of ensuring it has an independent voice for fairness in my office. Our annual report this financial year highlights the wisdom of this decision and the benefits that come from genuine engagement with dissatisfaction and its causes.



The Australian Health Practitioner Regulation Agency's (Ahpra's) acceptance of my suggestions for improvement following my investigation into the charging model for health practitioner registration fees in 2025–26 provides an instructive example.

This investigation was initiated after we identified an ongoing trend of practitioners raising concerns about the fairness of being charged more than once for (what was described as) an annual registration fee. Practitioners' concerns were personal, explaining the financial impact on their lives, but also the often-harder feeling to describe – that something was just not right. My office's in-depth investigation drew attention to those who were most affected by this issue, such as recent graduates and those returning to work, and a lack of transparency about the charging model. Ahpra has now introduced a pro rata fee rebate for those returning to work after taking a form of protected leave (such as parental leave) and announced a broader review into how it charges fees. These positive systemic changes have come from Ahpra's willingness to listen to, and engage with, practitioners' concerns.

This financial year we also finalised our review of accreditation processes, providing our Part 2 report *Processes for Progress: Towards fairer and more transparent accreditation processes* to the Health Workforce Taskforce. I thank accreditation authorities, specialist medical colleges and others who engaged with our consultation processes to ensure the review achieves its objectives: fairer and more transparent accreditation processes. It has been rewarding to learn of, and engage with, a range of improvements already in motion to address the review's findings ahead of its publication.

In addition to our broader systemic work, my office has continued to provide an independent complaint-handling service that people can turn to when needed. In 2025–26 we helped with more privacy complaints and freedom of information review applications than in previous financial years.

I hope our annual report's focus on how challenging experiences have positively transformed processes in 2025–26 gives you renewed energy and optimism for the year ahead, as it has for me.

We addressed 862 complaints to the Ombudsman during 2025–26 (down from 981 complaints in 2024–25). I welcomed a reduction in the number of complaints we received from practitioners about Ahpra's new operating system and medical registration fees when compared with last financial year. Importantly, Ahpra listened to feedback and proactively helped practitioners to navigate common issues experienced when using its practitioner portal in 2025–26.

While there was a small reduction in the number of Ombudsman complaints received this financial year, over time more people have accessed our Ombudsman complaint services (complaints increased by 26% compared with 2023–24), indicating more people know how and when to contact us.

I thank my team for their commitment to fairness and for their continued efforts to understand each person's concerns. This enables us to informally and swiftly finalise matters. In 2025–26 we finalised 92% of approaches we received within 3 months. Hearing daily about peoples' negative experiences can be challenging. This financial year we have focused on ensuring staff feel safe and supported, including through proactively identifying and responding to potential psychosocial hazards.

I hope our annual report's focus on how challenging experiences have positively transformed processes in 2025–26 gives you renewed energy and optimism for the year ahead, as it has for me.



Richelle McCausland
National Health Practitioner Ombudsman
National Health Practitioner Privacy Commissioner

Contents

Our work in figures	3
Letter of transmittal	4
Ombudsman and Commissioner's message	5
About us	8
Our strategic plan in action	13
Pillar 1: A fair, transparent and just process	14
Pillar 2: Actively creating a better system	22
Pillar 3: A future-ready office where people thrive	31
Ombudsman complaints	38
Notification-related complaints	48
Registration-related complaints	56
Complaints about the assessment of overseas qualified practitioners	67
College training program complaints	75
Experience-related complaints	77
Other complaint types	79
Privacy	85
Freedom of information	90
Financial statement	96
Appendix 1: Accreditation bodies we oversee	98
Appendix 2: Our data	100
Appendix 3: Ombudsman complaint information	105

About us

Vision

A healthy regulatory system that makes fair and just decisions.

Purpose

We champion fairness by taking every complaint seriously and shining a light on systemic issues to effect positive change.

Our office provides a free, fair and independent complaint-handling service. We welcome complaints from the public, health practitioners, education providers, students and specialist medical trainees.

We can accept complaints about organisations in the National Registration and Accreditation Scheme (the National Scheme). This includes the Australian Health Practitioner Regulation Agency (Ahpra), the 15 National Health Practitioner Boards (the National Boards), accreditation authorities and specialist medical colleges (colleges).[1]

Complaints keep health practitioner regulation responsive and accountable

Our annual report highlights how responding to complaints about bodies in the National Scheme has led to positive change. Each complaint can offer opportunities for learning and improvement.

For individuals, our involvement can help someone who is unhappy by explaining a decision or addressing an error or mistake. We make sure decisions and processes are fair, transparent and comply with relevant laws.

Our work also brings about improvements at the system level. Often, the issues we identify can affect many people and point to opportunities to ensure the National Scheme is operating fairly and transparently. For example, our early engagement processes, reviews and investigations can lead to positive changes in regulators' approaches, including updates to, or the creation of, new policies and processes.

In 2025–26 we mostly helped with complaints to the National Health Practitioner Ombudsman (the Ombudsman), finalising 862 complaints.[2] This report outlines the most common complaints and related positive changes we helped bring about in 2025–26.[3] This included finalising:



482 complaints about Ahpra and the National Boards' complaint processes related to a health practitioner's health, performance or conduct (called 'notifications')



258 complaints related to registration matters, including from registered health practitioners renewing their registration or complying with registration-related conditions, and students or overseas qualified practitioners seeking registration or changing registration types

1 Appendix 1 outlines all National Boards, accreditation authorities and colleges we can accept complaints about.

2 The Ombudsman's powers come from the *Ombudsman Act 1976* (Cth).

3 Refer to the following sections of this report respectively: 'Notification-related complaints', 'Registration-related complaints', 'Complaints about the assessment of overseas qualified practitioners' and 'College training program complaints'.



35 complaints about the assessment of an overseas qualified practitioner
or a specialist international medical graduate by an accreditation authority or a college



27 complaints about colleges' specialist medical training programs

We also received and finalised a record number of matters related to our National Health Practitioner Privacy Commissioner (Commissioner) role.[4] This included finalising:



29 privacy complaints



27 applications for a review of a freedom of information (FOI) decision made by Ahpra

The Commissioner made 10 FOI decisions. These are publicly available on our website <www.nhpo.gov.au/foi-review-decisions>.

Values

We are independent

We make decisions and recommendations based on evidence and without taking sides.





We are fair

We are open and follow impartial processes to make sure everyone is treated equally.

We are courageous

We do what is in the public interest even if it is challenging.



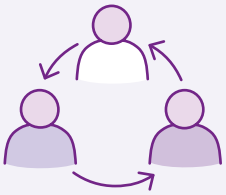


We are respectful

We listen to and seek to understand the unique perspectives of everyone we engage with.

We are collaborative

We work with others to resolve issues and identify opportunities to improve.



4 The Commissioner's powers come from the *Privacy Act 1988* (Cth) and the *Freedom of Information Act 1982* (Cth).

Performance

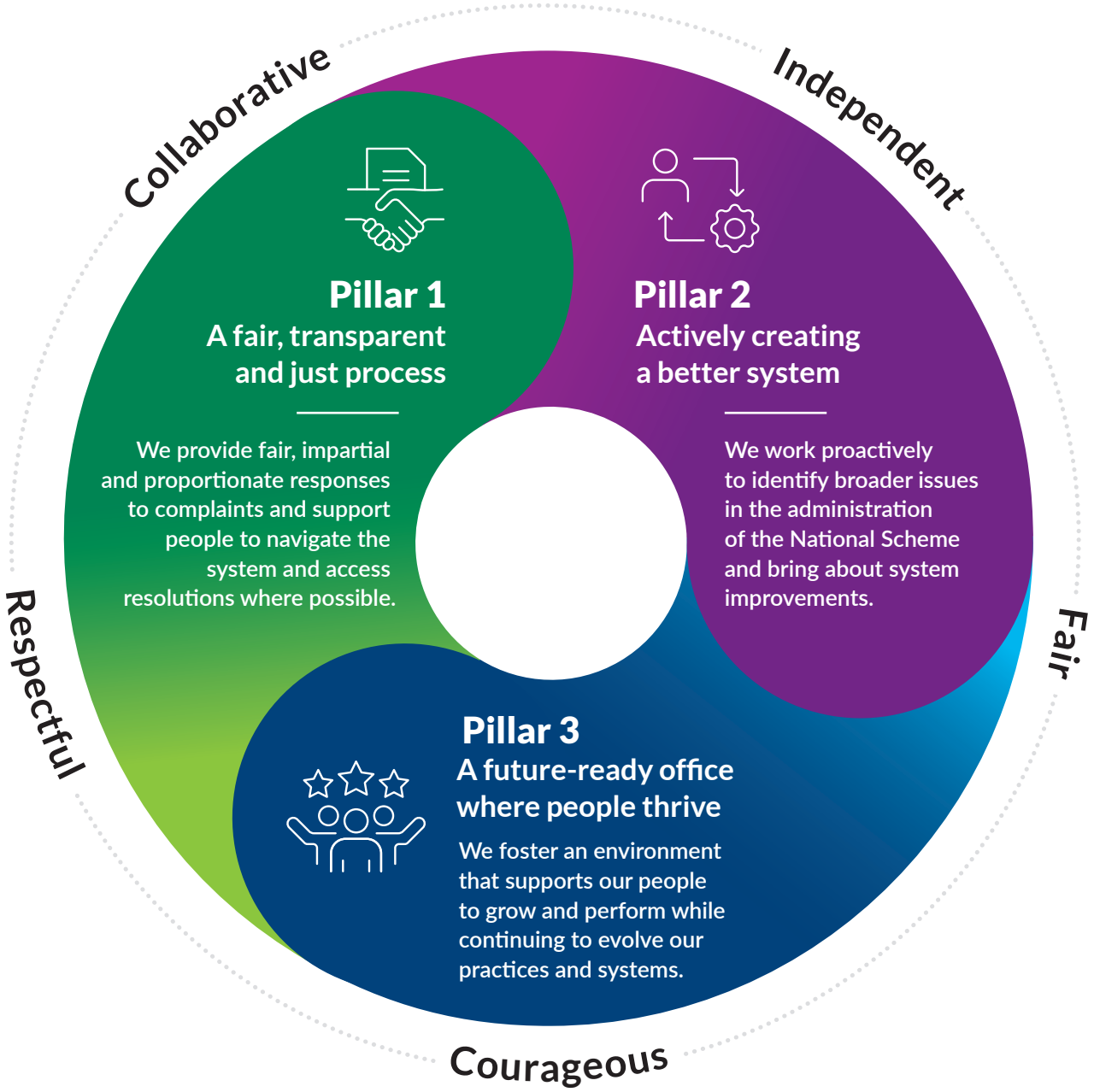
Our office's work is guided by our legislative roles and requirements, strategic plan and Service Charter.

2024–28 strategic plan

Our 2024–28 strategic plan is based on 3 pillars to ensure accountable, fair and responsive regulation of health practitioners in Australia (Figure 1).

The following section highlights key activities related to how we progressed the priorities in our strategic plan in 2025–26.

Figure 1: Our strategic pillars



Service Charter

Our Service Charter is fundamental to our work. It sets out what we expect when people engage with us and the standards of service people can expect from us.

We publish our Service Charter on our website. This ensures we are accountable for meeting our service standards and so it is clear what we will and will not do.

Timely complaint-handling is a key feature of our Service Charter. As outlined in Figure 2, we successfully finalised 92% of approaches we received within 3 months (1,623 matters).

This financial year we updated our Service Charter as part of our usual cyclical review process. Our updated Service Charter maintains its focus on showing how our values operate in practice, particularly for those engaging with our complaints processes.

The updated Service Charter more clearly outlines our commitment to helping people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

An independent and impartial voice for fairness

We join Ombudsman and Commissioner offices around the world in providing a free, impartial and independent complaint service.

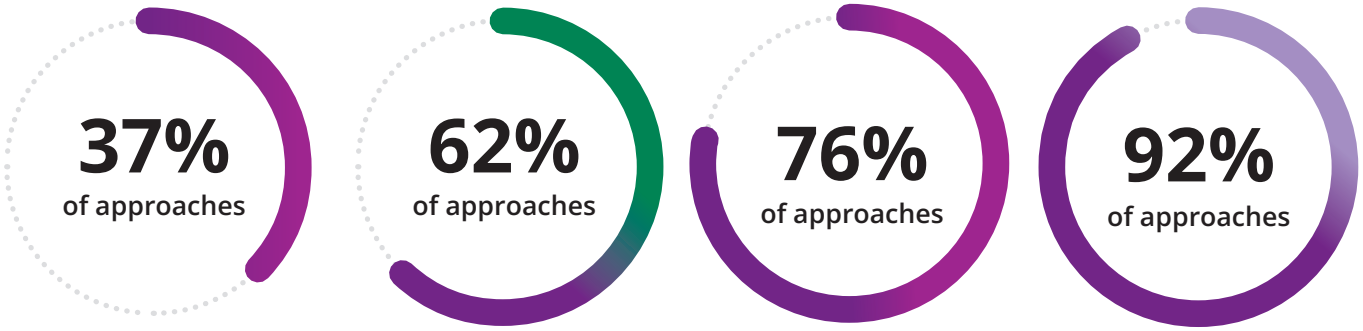
Ombudsman and Commissioner

Richelle McCausland is our Ombudsman and Commissioner. Richelle's career has been underpinned by her commitment to ensuring everyone is treated fairly.

The Ombudsman and Commissioner is appointed by Health Ministers of the jurisdictions across Australia. Richelle is currently serving her third term as Ombudsman and Commissioner.

The Ombudsman and Commissioner's roles are established by the Health Practitioner Regulation National Law, in effect in each state and territory (the National Law).

Figure 2: Timeliness in how approaches are finalised based on our Service Charter



Our team

The Ombudsman and Commissioner is supported by a dedicated team whose work generally falls into 3 areas:

- Complaints and FOI
- Policy and Communications
- Business Services.

Complaints and FOI branch

The Ombudsman and Commissioner delegates some decision-making powers to staff in the Complaints and FOI branch. This helps the team address concerns as early and informally as possible, helping complainants achieve timely, fair and meaningful outcomes.

The Complaints and FOI branch, led by the Assistant Ombudsman, carefully considers each complaint and listens to each person's story to understand the issues raised and how they can be remedied. The team also focuses on identifying opportunities to improve processes and ensure fairness in decisions at the system level. There are 3 teams within the branch:

- an early resolutions team
- 2 complex investigations teams (one focused on privacy and the other on FOI matters).

Policy and Communications team

The Policy and Communications team works with the Ombudsman and Commissioner to respond to emerging issues in the National Scheme. The team supports the Ombudsman to undertake systemic reviews, conduct significant own motion investigations and develop submissions relevant to the National Scheme's administration.

The team leads engagement with people affected by the National Scheme. This includes making sure our services are inclusive and easy to access.



Business Services team

The Business Services team plays a key role in supporting a high-performing and future-ready office. The team provides operational support across planning, governance, finance and risk management, and organisational coordination.

It also leads initiatives that strengthen staff safety, wellbeing and capability to help ensure our team's resilience and that we are well positioned to meet current and future priorities.

The Ombudsman and Commissioner is also supported by:

- leaders of the above work areas who form, with the Ombudsman and Commissioner, a committee to monitor, advise and make decisions related to our office's operations and performance
- a senior officer to support the office's quality and assurance processes.

Our strategic plan in action

In 2025–26 we championed fairness and ensured accountability in health practitioner regulation through our 3 strategic pillars.

Pillar 1: A fair, transparent and just process

The first pillar of our strategic plan focuses on ensuring a fair, transparent and just process. This means we provide fair, impartial and proportionate responses to complaints and support people to navigate the health practitioner regulatory system and access resolutions where possible.

A proportionate and independent complaint-handling service

Our complaint-handling service helps the public navigate the health practitioner regulatory system and find resolutions. Taking a proportionate approach allows us to allocate time and resources more effectively to achieve a greater impact.

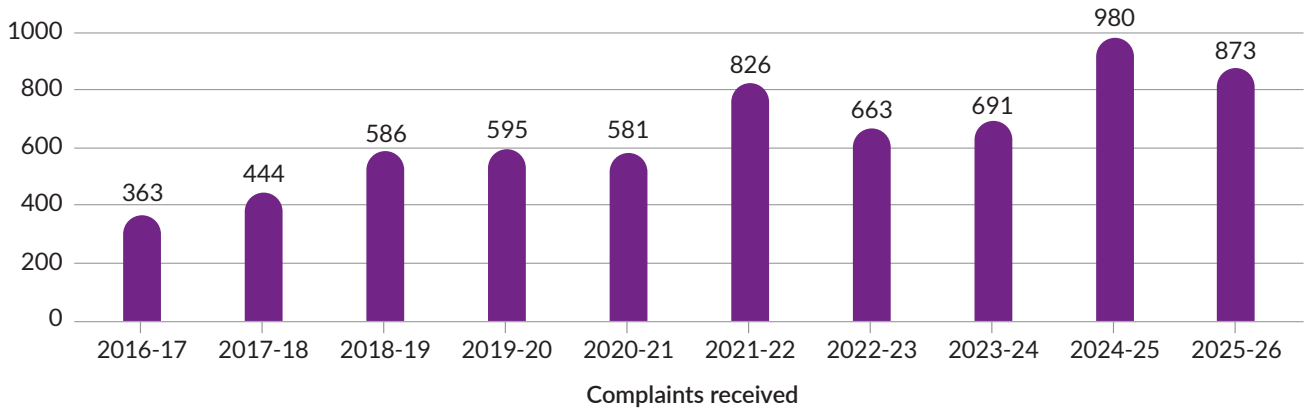
How we assisted with complaints to the Ombudsman

We received 873 complaints to the Ombudsman in 2025–26, down from 980 in 2024–25. This is a welcome reduction from last financial year, when complaint levels spiked following an increase in medical practitioner registration fees and the rollout of Ahpra's new operating system.

We received significantly more complaints this financial year than in 2022–23 and 2023–24 (Figure 3). This shows that more people are accessing our services, and we are managing a general upward trend in complaints.

When we receive a complaint, we connect with the complainant to understand their concerns and the outcome they are seeking. We may also ask them for more information. Often we explain our role and the types of outcomes we can achieve.

Figure 3: Complaints to the Ombudsman, 2016–17 to 2025–26



Sometimes we are not best placed to address the complainant's concerns. For example, we cannot decide that a practitioner should provide compensation or an apology to a patient, and we cannot decide whether a practitioner's performance or conduct warrants regulatory action.

If we cannot help the complainant directly, we let them know why and, if possible, we refer them to another organisation which can consider their concerns. For example, we may inform a practitioner that they can appeal a National Board's decision to a tribunal, or we might direct people with a health-related complaint to Ahpra or another relevant health complaints body.

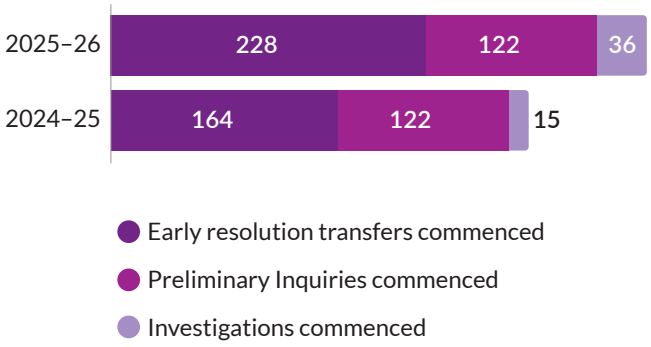
Our powers under the *Ombudsman Act 1976* (Cth) allow us to decide whether we will investigate a complaint. Where we can, we try to address concerns through early and informal ways, including through an early resolution transfer or preliminary inquiries.

We expect that complaints are first raised with the organisation the complaint is about. If someone contacts us without first making a complaint to the organisation involved, we generally offer an early resolution transfer. This process gives the organisation an opportunity to address the concerns through its own complaints process before we decide to investigate the complaint. We facilitated 228 early resolution transfers in 2025–26, a significant increase from 2024–25 when we provided 164 early resolution transfers.[5]

We may also make preliminary inquiries to gather more information before deciding whether to investigate. We made preliminary inquiries into 122 complaints during 2025–26, which is the same number of preliminary inquiries made the previous year.[6] The preliminary inquiries process often leads to us gathering more information which can address the complainant's concerns. It may also lead us to identifying and providing feedback about opportunities for improvement.

The early resolution transfer and preliminary inquiries processes generally help us address complaints informally (Figure 4). Sometimes, however, we may decide to investigate a complaint. We commenced 36 investigations during 2025–26. This is more than double the number of investigations we commenced during 2024–25 (15 investigations).[7]

Figure 4: How we progressed complaints, 2024–25 and 2025–26



Using these different processes, we finalised 862 complaints to the Ombudsman in 2025–26. While this is fewer complaints closed than last financial year (981 complaints), it is 31% higher than in 2023–24 (660 complaints).

This means that in 2025–26 we finalised almost as many complaints to the Ombudsman as we received. This shows we effectively managed our resources to deliver a high-performing Ombudsman complaint-handling service.

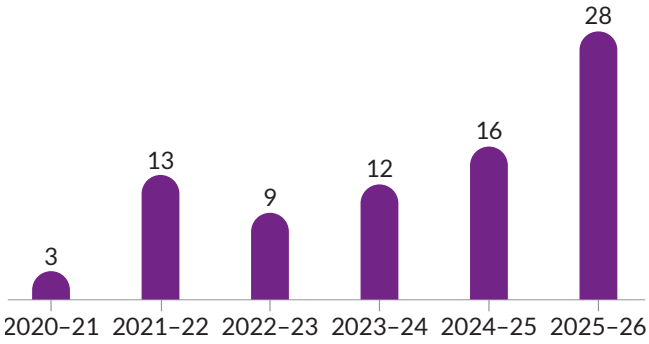
How we assisted with complaints to the Commissioner

In 2025–26 we helped a record number of people with concerns about the handling of their personal information. We received 28 complaints to the Commissioner, up from 16 complaints in 2024–25 (Figure 5).

5 Refer to 'Early resolution transfers' in the Ombudsman complaints section of this report for more information.
6 Refer to 'Preliminary inquiries' in the Ombudsman complaints section of this report for more information.
7 Refer to 'Investigations' in the Ombudsman complaints section of this report for more information.

The increase in complaints was primarily due to Ahpra proactively informing 2 large groups of people about accidental data breaches involving their personal information. Ahpra provided those people with information about the Commissioner's ability to help with complaints. This prompted people to contact us for help.[8]

Figure 5: Complaints to the Commissioner, 2020–21 to 2025–26



Our office can take similar actions to address privacy complaints made to the Commissioner as for Ombudsman complaints. This includes making preliminary inquiries or investigating the complaint. We made preliminary inquiries 3 times during 2025–26 and commenced 1 investigation into privacy complaints.

Before we commence an investigation, the *Privacy Act 1988* (Cth) requires us to consider whether it is possible to address the complaint initially via conciliation. This generally involves us helping the complainant and the organisation complained about to agree on how to resolve the issues raised. We did not attempt to conciliate any privacy complaints this year (down from 1 in 2024–25).

Due to the increase in privacy complaints received by our office, we finalised more complaints than ever before in 2025–26 (29).

Most complaints were finalised at the assessment stage of our complaints process (26 complaints). This was generally because we could address the complainant's concerns by providing more information about the nature of the interference with their privacy. In these cases we were also satisfied that the organisation complained about had taken appropriate action to address the privacy concerns.[9]

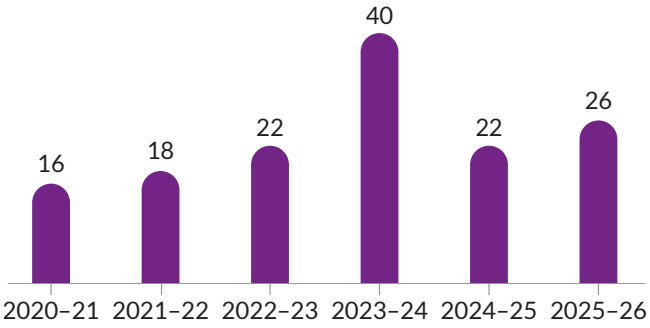
Our work in freedom of information

In 2025–26 we received 26 applications to review an FOI decision made by Ahpra. This is an increase from 2024–25, when we received 22 FOI review applications (Figure 6).

The FOI applications received during 2025–26 mostly concerned Ahpra's decisions to refuse an applicant access to documents they had requested. In some instances, the applicant instead disputed Ahpra's claim that all relevant documents had been identified or released.

Requests for access to documents mostly related to Ahpra and the National Boards' notifications process. Applicants often wanted to know more about the information provided, or relied on, when Ahpra and a National Board considered a notification.

Figure 6: FOI matters, 2020–21 to 2025–26



When we receive an application for an FOI review, we assess if it meets the requirements of the Freedom of Information Act 1982 (Cth) (the FOI Act) and whether we should review the decision. We commenced 16 FOI reviews during 2025–26, up from 11 in 2024–25.

We finalised 27 FOI review applications during 2025–26, including 17 matters where we had commenced a review. Ten of these reviews resulted in the Commissioner making a final decision.[10]

8 In some instances, we could not address the concerns raised as a privacy complaint because they were not submitted in writing, as required by the Privacy Act. Where we could not record the complaint as a privacy complaint because of this, we managed the concern as an Ombudsman complaint instead.

9 Refer to the 'Privacy' section of this report for more information.

10 Refer to the 'Freedom of information' section of this report for more information.

Violet's story

Violet, an overseas qualified practitioner, obtained her primary qualification in Europe. She then gained another relevant qualification and practised in the United Kingdom.



Violet applied to Ahpra and a National Board to assess her qualifications. While her application was being assessed, Ahpra asked her to provide certified copies of documents relating to her registration and employment in the United Kingdom.

Ahpra informed her that her qualification was relevant to the profession but was not equivalent, or based on similar competencies, to a National Board–approved qualification. This meant she needed to complete the National Board's assessment and examination process.

Violet felt this outcome did not reflect her education and her experience practising in the United Kingdom. She also raised concerns with us that:

- During the assessment process, Ahpra requested that she provide certain documents within very short timeframes, which created unnecessary pressure.
- The assessment process took too long, and Ahpra did not provide her with enough updates throughout the process.
- After it finalised its assessment of her qualification, Ahpra clarified that it had requested certain documents in error. Violet said she had incurred costs having these documents certified, but Ahpra refused to refund the assessment fee.

Our office transferred Violet's complaint to Ahpra for a response. In its response, Ahpra:

- outlined the timeframe of its assessment of Violet's qualification
- acknowledged that its communication during the earlier stages of the assessment process could have been better
- confirmed that its assessment of her qualifications was correct and why she needed to undertake the National Board's assessment and examination process
- noted that while some of the documents it had requested were not necessary for its initial assessment of Violet's qualifications, they could later be used to show she met other registration requirements (if she continued with the registration process).

Ahpra also explained that, while assessment fees are non-refundable, due to Violet's specific circumstances, it had made an exception and confirmed it would refund her assessment fee.

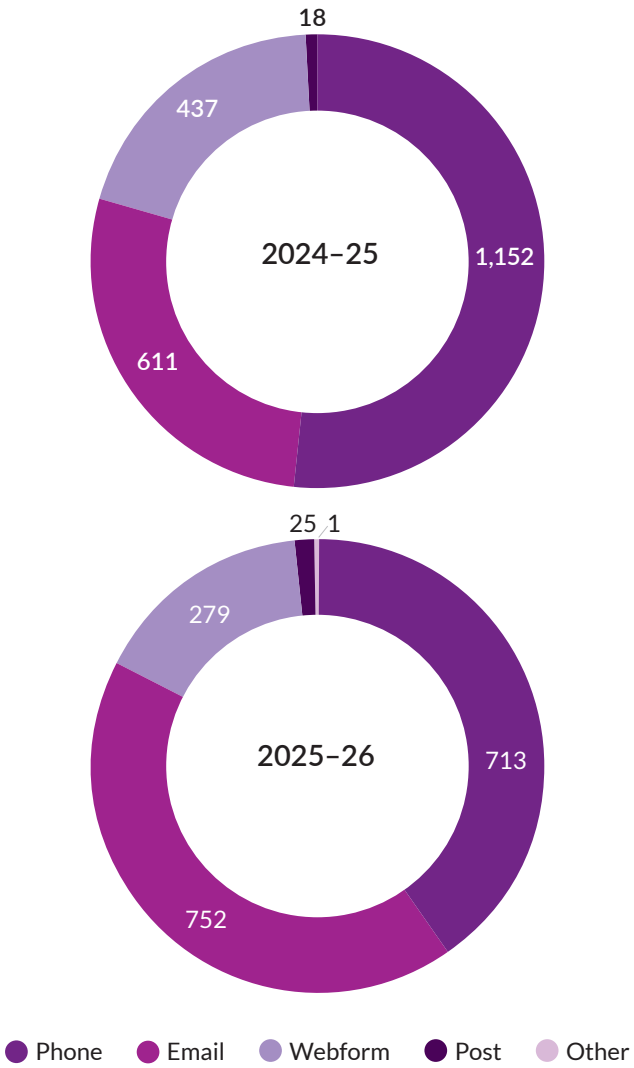
Violet thanked us for facilitating the complaint transfer.

A free and accessible complaint-handling service

Our first strategic pillar also focuses on ensuring our services are available and accessible. Improving access to our services enables us to address a larger volume of complaints and learn more about the issues affecting the public, registered health practitioners and those seeking registration.

This financial year we were contacted more frequently via email, with fewer people contacting us by phone or through our webform (Figure 7).

Figure 7: How people contacted us, 2024–25 and 2025–26



Engaging with our community

One of the main ways we stay connected with our community, and build awareness about our office, is through online engagement. This includes sharing information about us on our website, social media platforms (Facebook and LinkedIn), Vimeo and via email.

Ensuring our website provides helpful and accessible information

Our website provides a central source of information for people seeking to understand our role and how we can help. Many people continued to access our website in 2025–26, although traffic was lower than last financial year (23,684 users, down from 29,144), including new visitors (23,286, down from 28,585). Our website received 35,814 interactions, down from 43,880 (called 'sessions').[11]

The reduced traffic to our website could be linked to fewer enquiries to our office in 2025–26 (refer to 'Helping people find the right place to make a complaint'). This may suggest that people are finding the most appropriate service more easily than last financial year. Nevertheless, we will monitor this trend to ensure people continue to access our website when needed.

We also publish information on our website in response to emerging issues. In March 2026, for example, we acknowledged the distress, confusion and concern many were feeling in the wake of media reporting about women receiving inappropriate treatment for endometriosis. We recognised the strength and courage women had shown in sharing their stories and explained our role in managing complaints about how notifications regarding a health practitioner have been managed. We also provided more information about how other types of health-related complaints can be made and other avenues to seek help and support if needed.

11 A session is a period of time during which someone interacts with our website.

This financial year we continued to focus on sharing information about how we contribute to broader conversations on issues related to our role in the National Scheme. This included updating our website to provide easier access to the submissions we make to various consultation processes about the National Scheme's administration. This helps show how we make sure that the insights and issues we have heard from complainants are proactively used to help prevent future complaints. Our office's submissions are now easier for people to find and read.[12]

Shining a spotlight on how privacy complaints build trust during Privacy Awareness Week 2026

We continued to share information about our work on social media and in other forums during 2025–26. For example, as part of Privacy Awareness Week 2026 (4 to 10 May), we shared information on social media about how we can ensure privacy is protected in the National Scheme.

The theme for this financial year's Privacy Awareness Week was 'Trust is built here – In every privacy complaint. In every resolution.' This theme was a great opportunity for us to share more with our social media community about our role in helping with privacy complaints and what to expect when making a complaint to the Commissioner.

Engaging with health practitioners, organisations and regulators

As part of our broader engagement within the health regulatory environment, the Ombudsman and Commissioner attends a range of different events and presents on how we can help. These events provide an opportunity for the Ombudsman and Commissioner to highlight any emerging findings or trends relevant to conversations in the regulatory industry and health professions.

In particular, this financial year the Ombudsman and Commissioner attended a range of accreditation-related events, including in relation to our office's Processes for Progress review. For example, the Ombudsman and Commissioner attended the Annual Accreditation Meeting in September 2025 and presented at the Medical Board of Australia (the Medical Board)'s stakeholder workshop on Streamlining the Specialist Pathway.

The Ombudsman and Commissioner also welcomed opportunities to engage on a variety of different health-related topics, from meeting with an advocacy group relating to practitioner wellbeing, to presenting to the Medical Radiation Practice Board of Australia. As an office that values collaboration, we believe it is important that we continue to hear from different voices in the National Scheme and maintain constructive relationships with those working in the health regulatory landscape.

Helping people find the right place to make a complaint

Our office plays an important role in helping people find the right place to have their concerns heard.

The Australian health complaints system is complex and can be difficult to navigate. The right organisation to raise a health-related complaint with depends on the issue being raised and which state or territory the issue occurred in.

We help with complaints about processes in the National Scheme. When someone tells us about a complaint we cannot help with, we aim to direct them towards an organisation better placed to consider their concerns. We call these matters 'enquiries'. Enquiries can also include someone requesting general information or media enquiries.

12 Refer to 'Submissions to consultations and inquiries' later in this report for more information.

Our office received fewer enquiries in 2025–26 than in the previous financial year (843, down from 1,197 in 2024–25). Enquiries also made up a smaller proportion of the total contact our office received this year (843 of 1,770 approaches (48%), compared with 1,197 of 2,218 approaches (54%) in 2024–25). This indicates that more people are finding the most appropriate organisation to make their complaint to.

Consistent with previous years, most enquiries we received were about matters our office cannot consider (788 enquiries were recorded as out-of-jurisdiction matters in 2025–26, down from 1,121 in 2024–25). In 2025–26 the out-of-jurisdiction enquiries broadly related to:

- health services (428, down from 628 in 2024–25), including concerns about safety or quality of care (186), fees or rebates (81), service refusal or delay (54), access to or transfer of records (45), unregistered providers (3) or other less common matters (59)
- the health, conduct or performance of a registered health practitioner (196, down from 302 in 2024–25)
- handling of concerns by other organisations (45, down from 68 in 2024–25), including those managed by state or territory health complaints entities (32) or by regulators, government authorities or other complaints bodies (13).

We also received 48 general enquiries (down from 73 in 2024–25) and 7 media enquiries (up from 3 in 2024–25). This reduction in general enquiries and increase in media enquiries could reflect better community understanding about our role. It could indicate, for example, that people have fewer questions about our role within the National Scheme but are more interested in our views on issues concerning the regulatory system.

Providing referrals or information to navigate health-related complaint processes

Our office is often contacted by people concerned about health care they received. These concerns matter to the individual and are often important in ensuring accountability and safety in health care. We aim to provide accurate and useful information to help people share these concerns with the right organisation.

In 2025–26 we referred people making enquiries to:



a state or territory health complaints entity
(451, down from 702 in 2024–25)



Ahpra, to make a notification about a health practitioner
(75, down from 150 in 2024–25)



another suitable entity
(102, down from 127 in 2024–25).

If someone has already raised their concerns with the appropriate organisation to address their complaint, we may provide more information or explain why we believe they have raised their concerns with the appropriate organisation. We provided information without specific referrals in 96 instances this financial year (up from 87 in 2024–25).

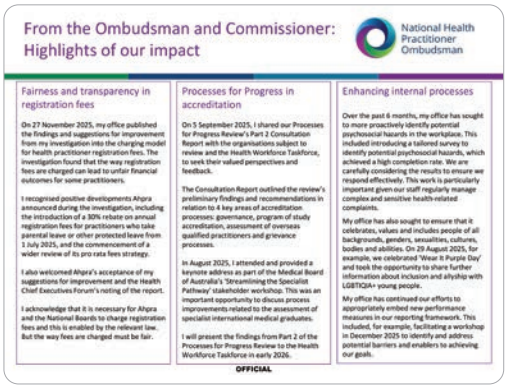
Monitoring and reporting on complaint trends

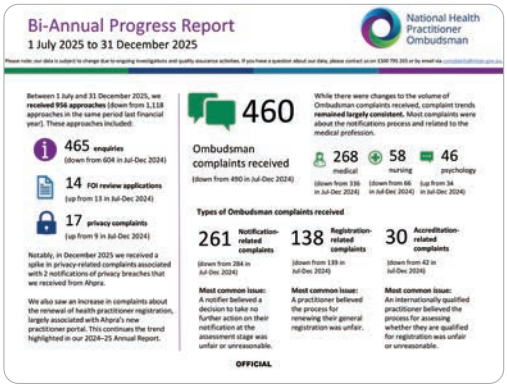
We regularly publish information about our work and the complaints we receive as part of our commitment to transparency and accountability. This includes sharing our monthly complaints report and our biannual and annual reports on our website.

Our monthly complaints reports provide a meaningful snapshot of what we do, how we have helped and the trends occurring both month-to-month and across the year. This includes, for example, information about the types of complaint issues that are occurring more frequently. The Ombudsman and Commissioner's observations in the monthly complaints report generally highlight interesting developments, including unexpected spikes in complaints. Key information from these reports is shared through our office's monthly e-bulletins.

Our biannual and annual reports provide more information about our activities and performance and are provided to the Health Chief Executives Forum (HCEF) for consideration. This helps ensure transparency about our work and allows our complaint information to be used in support of Australia's healthcare system more broadly.







> We regularly publish information about our work and the complaints we receive as part of our commitment to transparency and accountability.

Pillar 2: Actively creating a better system

Our second strategic pillar focuses on actively creating a better system. In practice, this means we work proactively to identify broader issues in administering the National Scheme and bring about system improvements. In 2025–26 key milestones included:

- Ahpra and the National Boards accepting the Ombudsman's suggestions for improvement following her report on the investigation into the charging model for health practitioner registration fees
- providing 12 submissions on important issues affecting the National Scheme, including 5 submissions to public consultation processes
- finalising and providing the Processes for Progress review's Part 2 report, following comprehensive consultation, to the Health Workforce Taskforce for consideration.

The Ombudsman's suggestions for improvement following our investigation into the charging model for health practitioner registration fees

On 27 November 2025 the Ombudsman published her report on the investigation into the charging model for health practitioner registration fees.

The Ombudsman's investigation found that the way registration fees are charged can lead to unfair financial outcomes for practitioners registering outside of their profession's standard registration cycle.

The report outlines the Ombudsman's suggestions to improve the fairness of the charging model and its application. It also emphasises the importance of Ahpra and the National Boards providing accurate and consistent public-facing information about how fees are charged.

In the investigation report, the Ombudsman recognised positive developments Ahpra announced during the investigation and the commencement of a wider review of its pro rata fees strategy.

The Ombudsman welcomed Ahpra's response to the key findings of the report and its acceptance of the suggestions for improvement. Ahpra's response is available as an attachment to the report.

The HCEF also noted the report.

About the investigation

Registration fees are a mandatory cost for practitioners seeking to work in 1 of the 16 health professions regulated by the National Boards. Historically, the Ombudsman received complaints from health practitioners that being charged a registration fee that is described as an 'annual' or 'one-off' payment more than once in the same year is unfair.

The investigation was triggered after 3 health practitioners complained within a month that they had been required to pay the Ahpra registration fee twice in 3 months. The problem stemmed from practitioners having to pay a registration renewal fee by a set date each year, regardless of when they were first granted registration.

The Ombudsman commenced the investigation in response to these complaints to consider whether the charging model for registration fees in the National Scheme is fair and reasonable. As part of this, the investigation considered Ahpra and the National Boards' rationale for their charging model as outlined in responses to complaints and in information available to practitioners.

The investigation focused on 3 areas:

- identifying and addressing the negative financial impacts of the charging model on practitioners
- enhancing the charging model's transparency
- considering industry standards for charging registration fees.

What we found

The investigation found that the charging model can lead to unfair financial outcomes for practitioners registering outside of their profession's standard registration cycle. In particular, the investigation found that practitioners taking or returning from parental leave, applicants registering for the first time and practitioners changing registration types appeared to be more negatively affected by the way fees are charged.

While some National Boards appear to have adapted how they charge certain registration fees to account for the negative consequences of the charging model, others had not. There were also different approaches taken to charging fees when practitioners change from one registration type to another during the registration cycle.

The investigation highlighted inconsistencies and inaccuracies in publicly available information about how fees are charged and how the charging model aligns with cost recovery requirements. Ahpra's website at one time, for example, inaccurately stated that the National Law does not allow for fees to be pro rated or make provision to partially refund fees.

The investigation considered practitioner concerns that information on registration forms did not clearly communicate the relevant registration periods and renewal dates. The investigation agreed that the lack of clarity of information available in registration forms was problematic, particularly in circumstances where the charging model does not typically account for individual circumstances and where there may be significant financial implications for practitioners.

The investigation's review of other industries' approaches to professional registration fees found that charging models differ significantly. However, other regulators appear to have more formal mechanisms for minimising unfair outcomes. For example, the investigation found it is common to charge registration fees for the legal profession on a pro rata basis (that is, based on the proportion of the registration cycle that the legal practitioner is registered for). The investigation noted that charging registration fees on a pro rata basis could be one way to address the concerns raised by health practitioners.

In December 2024 Ahpra announced that it would embark on a new project to 'review and provide advice on a wider pro rata fees strategy', with recommendations to come into effect from 1 July 2026 (the Pro rata fee review). The review was announced alongside Ahpra's commitments to:

- introduce a 30% rebate on annual registration fees for practitioners who take parental leave, or other protected leave, from 1 July 2025
- improve policies and practitioner experience when transferring between non-practising and practising registration, including capping the annual registration fee charged.

These commitments were made following:

- Ahpra finalising its Parental leave review
- receiving the investigation's proposed findings, which included a recommendation that Ahpra review its charging model.

Suggestions for improvement and ongoing monitoring

The Ombudsman's suggestions for improvement are intended to support transparency, consistency and fair outcomes for practitioners. The investigation made 2 suggestions for improvement:

1. Ahpra and the National Boards' Pro rata fee review should consider, alongside the findings of the investigation:
    - all registration types and professions to ensure any recommendations support transparency, consistency and fair outcomes for practitioners
    - appropriate mechanisms to waive or reimburse fees in certain circumstances
    - how Ahpra and the National Boards should publish more information, in line with the requirements of a cost recovery implementation statement, that document the cost of its regulatory activities and how the charging model enables cost recovery of regulatory activities.
2. Ahpra and the National Boards should review and update public-facing information about the charging model, including registration forms, to ensure information is accurate across registration types and professions.

The Ombudsman continues to monitor Ahpra's progress in implementing the suggestions for improvement and its commitments regarding registration fees.

Submissions to consultations and inquiries

We seek to proactively influence health practitioner regulation by making submissions in response to proposals, reviews or other discussions from external organisations. In 2025–26 we made 12 submissions, including 5 submissions in response to public consultation processes.

Our submissions are based on our complaints data, case studies from complaints we receive and our expertise in identifying and addressing systemic procedural issues in the National Scheme. We analyse issues raised by health practitioners, consumers and other stakeholders to inform our feedback to consultation requests and other relevant reviews and inquiries.

Our submissions to public consultation processes since 2021 are easily searchable following an update to our website this financial year. Some submissions we make are confidential and are not published. This may be because the submission was made in response to a confidential consultation or because the submission contained sensitive information.

We made the following submissions to public consultations this financial year, some of which are summarised below:

- August 2025 – Ahpra's Review of the Supervised Practice Framework
- December 2025 – Optometry Board of Australia's Review of the Registration Standard: Endorsement for Scheduled Medicines and Guidelines for the Use of Scheduled Medicines
- February 2026 – Ahpra and the National Boards' Draft Registration Standard: General Registration for Experienced Internationally Qualified Health Practitioners[13]

13 We have not published this submission as it refers to findings and recommendations outlined in the Processes for Progress review's Part 2 report. Once the report has been approved and published, we will also publish this submission.

- June 2026 – Nursing and Midwifery Board of Australia's Consultation on the Registration Standard and Guidelines for Endorsement of Scheduled Medicines for Midwives
- June 2026 – Pharmacy Board of Australia's Consultation on Endorsement for Scheduled Medicines for Pharmacists.

Ahpra and the National Boards' Review of the Supervised Practice Framework

In August 2025 we welcomed the opportunity to make a submission to the public consultation on the Review of the Supervised Practice Framework.

Our submission drew on our analysis of the themes raised in Ombudsman complaints about the framework. It outlined that complaints about supervised practice were generally made by practitioners who need to undertake supervision to:

- obtain registration, including to meet the eligibility requirements for the type of registration the applicant is seeking (limited, provisional, general or specialist registration or endorsement)
- re-obtain registration, including, for example, seeking registration after a period of not practising
- comply with a condition or undertaking imposed on their registration – for example, following a National Board's consideration of a notification.

We acknowledged that the framework recognises these unique circumstances as having different 'regulatory purposes'. However, we suggested that the framework could better accommodate the specific aims of supervision for these different purposes because this can affect associated processes and requirements. For example, we noted that Robyn Kruk AO's *Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners* raised concerns that the current supervision approach 'fail[s] to adequately distinguish between experienced and less experienced practitioners' and suggests that supervision could be better tailored to specific circumstances.[14]

Our submission explained that most of the issues recorded on Ombudsman complaints concerning the framework related to Ahpra's processes for approving supervisors. We suggested that, while there may be circumstances where it is not appropriate to share information about why Ahpra and a National Board decided a supervisor should not be approved, there should be more transparency about the nomination process to ensure practitioners can obtain appropriate supervision as soon as practicable. We suggested that Ahpra further consider opportunities to provide:

- more guidance or clarification to practitioners if their nominated supervisor has been refused
- greater transparency about how supervisors are approved for a specific purpose and on what basis, including how decisions are made about supervision requirements.

Another issue we addressed is that while the framework's broad principles suggest a focus on flexibility and consideration of a practitioner's circumstances, there are limited references to how discretion applies in the National Boards' decision-making. We suggested that Ahpra further considers whether elements of discretion or flexibility can be incorporated into the framework to account for practitioners' extenuating circumstances. This is particularly important given issues associated with the availability of supervisors and the variety of different reasons a practitioner may be required to undertake supervision (as outlined above).

14 R Kruk, *Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners: final report*, 2023.

Pharmacy Board of Australia's Consultation on Endorsement for Scheduled Medicines for Pharmacists

Our office provided a submission to Ahpra and the Pharmacy Board of Australia (the Pharmacy Board) in June 2026 on their proposal to create a nationally consistent approach to determining whether a pharmacist is qualified to prescribe medicines. The consultation generally related to 2 documents outlining the proposed approach: a proposed Registration Standard: Endorsement for Scheduled Medicines (the Registration Standard) and Guidelines: Endorsement for Scheduled Medicines (the guidelines).

Our submission suggested there are some opportunities for the Pharmacy Board to more clearly outline its requirements for pharmacists to be eligible for the endorsement. Specifically, we suggested clarification is necessary in the following areas:

- whether the Pharmacy Board's intention is to require applicants for endorsement to hold general registration. We suggested, for example, that there is some ambiguity about whether the Pharmacy Board intends for pharmacists with limited or provisional registration to be eligible for the endorsement.
- the distinction between prescribing with general registration and/or an endorsement. This stemmed from our concern that, particularly from a patient's point of view, it is unclear what additional scope of practice an endorsed pharmacist will have beyond a pharmacist who solely holds general registration.
- the requirement the Pharmacy Board has outlined in the guidelines on documenting the scope of prescribing practice. Our submission suggested clarifying whether the Pharmacy Board intends to require pharmacists to create and maintain a scope of prescribing practice document to obtain or keep their endorsement.

Our submission also spoke more broadly to our concern that the proposed approach did not sufficiently discuss or consider how the endorsement will be implemented. We suggested, for example, that it was not clear how the endorsement's introduction will affect pharmacists who have already undertaken the required accredited course to authorise them to prescribe in their state or territory and are already authorised to prescribe. The associated consultation paper did not expressly consider this cohort of pharmacists and whether the Pharmacy Board would recognise they are qualified for the endorsement due to their existing authorisation and prescribing role. We suggested that the Pharmacy Board further considers its implementation plan for those pharmacists already authorised to prescribe medicines.

Finally, we identified opportunities for the Pharmacy Board to more closely and accurately align the proposed Registration Standard and guidelines with the National Law. This included in relation to:

- more clearly outlining whether the Pharmacy Board intends to permit any special considerations or exemptions to the Registration Standard or explain that it is open to it to grant endorsement with conditions
- a reference made in the guidelines to s 55 of the National Law, which relates to general registration, rather than an endorsement.

Processes for Progress review

On 9 February 2026 the Ombudsman was pleased to share the Processes for Progress review's final report with the Health Workforce Taskforce for consideration.

The Processes for Progress review commenced after Health Ministers tasked our office with considering the fairness and transparency of accreditation processes and the quality of their grievance processes.

The report outlining Part 1 of the Processes for Progress review, published in November 2023, set out a roadmap to improve processes associated with specialist medical training site accreditation.

In the second (and final) report, *Processes for Progress: Towards fairer and more transparent accreditation processes*, we considered and identified opportunities to improve processes across 4 key areas:

- governance
- accreditation of programs of study and education providers
- assessment of overseas qualified practitioners
- grievance processes.

The review primarily considered publicly available information related to accreditation authorities' processes and colleges' assessments of specialist international medical graduates (SIMGs).[15] This included governance, policy and process-related documents and guidance.

We also undertook extensive consultation with the organisations which were part of the review. This included first providing each accreditation authority and college with the opportunity to provide feedback on the review's proposed findings and recommendations relevant to their organisation's specific processes. Our consideration of each organisation's processes is outlined in appendices to the main report. These appendices were revised where necessary and appropriate following this initial consultation.

In early September 2025 we drew together the findings across our analysis of each organisation's processes to develop and share a consultation report. The consultation report outlined the review's overarching proposed findings and recommendations, alongside the updated appendices. Organisations involved in the review and members of the Health Workforce Taskforce were invited to provide written submissions.

In October 2025 we held 6 consultation sessions to discuss the review's preliminary findings as outlined in the consultation report. These consultation sessions and written submissions were carefully considered and informed the review's final findings and recommendations.

We thank the organisations involved in the review for sharing their perspectives, knowledge and other relevant information to inform the review's findings and recommendations. Our office has welcomed the changes already occurring across the National Scheme to address several of the review's findings.

The Part 2 report will be published after being considered by the HCEF and the Health Ministers' Meeting.

15 The Australian Medical Council accredits 16 colleges and their specialist training programs. The Medical Board has approved these programs of study as providing a qualification for the purposes of specialist medical registration. The Medical Board has also appointed the colleges to assess overseas-trained specialists seeking specialist registration in Australia.

Investigation into delay and procedural safeguards for health practitioners who are subject to immediate action

In June 2024 we commenced our own motion investigation into delay and procedural safeguards for health practitioners who are subject to immediate action.[16]

Our routine monitoring activities identified that practitioners had increasingly raised issues with the Ombudsman about the use of immediate action. These issues included a range of concerns related to immediate action processes. Common themes were practitioners expressing frustration with the time taken to receive an outcome for the matter that led to immediate action being taken and a lack of communication about its progress.

In 2025–26 the Ombudsman continued her investigation into how Ahpra and the National Boards handle matters involving health practitioners subject to immediate action, including if existing policies and procedures enable timely and procedurally fair outcomes.[17] The issues being investigated include:

- whether Ahpra's current policies and procedures allow for the timely:
  - use of immediate action
  - investigation of health practitioners subject to immediate action
- whether there are enough procedural safeguards for health practitioners subject to immediate action.

The investigation so far

The investigation is considering a range of information to inform its findings, including:

- available research
- Ahpra's notifications-related data
- our complaints data
- targeted engagement with affected people and organisations
- submissions received through a public consultation process.

The public consultation process ran from 27 February to 31 March 2025. We invited submissions from health practitioners, health service organisations and others interested in informing the investigation. Specifically, the investigation sought perspectives on timeliness and fairness in matters where a practitioner is subject to immediate action.

We received 82 submissions. Submissions will not be published, but information may be reproduced as part of the Ombudsman's final report. Identifying information will only be published with the consent of those who made the submission. Alternatively, the information will be deidentified before publication.

Complaints related to immediate action

In 2025–26 we experienced a slight decrease in the number of concerns about the immediate action process. We recorded 144 issues across 74 complaints made by 46 people (down from 180 issues across 80 complaints made by 57 people in 2024–25).

Most of the issues were raised by the health practitioner impacted by those processes (105 issues down from 138). Concerns were also commonly raised by third parties or a member of the public (37 issues, down from 39).[18] Although notifiers do sometimes raise concerns about immediate action processes (for example, to complain that immediate action was not considered), only a small number of issues raised by notifiers were recorded (2 issues, down from 3).

16 Information in this section has largely been reproduced from our website.

17 The Ombudsman's jurisdiction does not extend to considering the actions and decisions of the Office of the Health Ombudsman or the Health Professional Councils Authority and Health Professional Councils.

18 Refer to 'Complaints from those not involved in a regulatory matter' for more information.

It is unclear why we recorded fewer complaints and issues about immediate action this financial year. It is likely that many factors contributed to this change. For example, we saw an increase in complaints about immediate action in 2024–25. As suggested in our annual report last financial year, it may be that our public consultation on the investigation in early 2025 increased awareness of our office's complaint-handling role and led to more complaints. In contrast, we did not undertake any public consultation activities for the investigation in 2025–26. This may have contributed to less awareness of our role in considering complaints about immediate action processes.

Alternatively, some people may have chosen not to raise their concerns with us, knowing that we are conducting a systemic review of immediate action processes. This may have provided some people with assurance that action was already being taken to improve immediate action processes.

The reduced number of issues we recorded this year may also reflect a genuine decrease in dissatisfaction with immediate action processes. This could be, for example, the result of fewer practitioners experiencing the issues we recorded in previous financial years.

In 2025–26 we finalised 55 complaints where the primary issue related to immediate action. Most of these complaints were finalised at the assessment stage (48 complaints), but we also finalised 5 complaints following an early resolution transfer and 2 following an investigation.

The most common outcomes for these complaints were us deciding not to investigate the complaint because:

- the complainant was not directly impacted by the immediate action processes they complained about and did not have authority to act on behalf of an impacted individual (23 outcomes)
- we are considering the issues raised in the complaint as part of our active own motion investigation (16 outcomes)
- the subject matter of the complaint was currently before a court or tribunal (16 outcomes) or would be more appropriately considered by a court or tribunal (12 outcomes).

Where complaints we received and finalised this financial year related to timeliness or procedural fairness issues, we considered them as part of our own motion investigation.

What's next for the investigation

We are now working towards finalising our proposed outcome report. The report will outline the investigation's proposed findings. This includes any recommendations for improvement identified during the investigation.

If you would like updates about this investigation, including when the investigation report is available, email us <submission@nhpo.gov.au>.

Logan's story

Logan raised concerns with our office that he remained suspended after a National Board had decided to take no further action on a notification about him.

The National Board had previously taken immediate action to suspend Logan's registration after receiving a different notification about him.

Logan said he had not received a timely response from Ahpra when he had asked whether the suspension of his registration should have been lifted. Logan told us that Ahpra's lack of communication left him in a state of uncertainty.

How we managed the complaint

We transferred Logan's complaint to Ahpra through our early resolution transfer process. In response, Ahpra apologised to Logan for its communication with him and explained the circumstances surrounding the notifications made about him.

We then made preliminary inquiries with Ahpra. After receiving Ahpra's response, we decided to investigate Logan's complaint.

Our office found that when the National Board decided to take no further action in relation to the notification, it did not reconsider Logan's immediate action due to an oversight. We were satisfied that Ahpra and the National Board had taken steps to address the oversight. However, we considered that this should have occurred earlier.

We observed that Logan's notifications were managed by different teams across Ahpra. While this is not uncommon, we considered that Ahpra's systems should support staff to be aware of any immediate action in place and to take this into consideration when preparing information for the National Board for each matter. We also noted that, although Ahpra had followed its quality assurance process when it prepared Logan's matter for the National Board's consideration, the error was not identified.

Complaint outcome

During our investigation, Ahpra advised us that the visibility of information about immediate action had been enhanced in its new operating system. Ahpra also acknowledged that Logan's matter provided an opportunity to better understand how complexity may impact its regular processes. Ahpra acknowledged that the circumstances of Logan's matter were somewhat exceptional and, with hindsight, could have been managed differently. Ahpra's view was that the error that affected Logan's matter was the result of a human error, rather than a system error.

However, our office considered that the issues that affected Logan's matter may be avoided in the future through improving Ahpra's systems or workflow processes. While elements of human error were involved, we considered that limitations in Ahpra's system or workflow process may have made this process more susceptible to human error. We provided feedback to Ahpra that it considers:

- whether Ahpra officers should take the following steps when making recommendations to a National Board for notifications that involve practitioners subject to immediate action:
  (a) confirming that all active notifications related to the practitioner have been considered
  (b) documenting consideration of any current immediate action imposed on the practitioner
  (c) confirming whether the National Board should reassess the immediate action in place given a change in risk profile
- exploring enhancements within its operating system or workflow processes to allow Ahpra staff to more easily identify which notification(s) an immediate action relates to.

Ahpra advised that our feedback about possible enhancements to its case management system would be further considered during future upgrades to its systems. Ahpra also advised that Logan's case would be considered as part of its review of how immediate action notifications are managed.

Pillar 3: A future-ready office where people thrive

The third pillar of our strategic plan is ensuring a future-ready office where people thrive. In practice, this means we foster an environment that supports our people to grow and perform while continuing to evolve our practices and systems.

Workplace health and safety

A key part of making sure our people thrive is our work to safeguard health, safety and wellbeing. Through our office's hosting arrangements with the Victorian Department of Health, we provide a wide range of different workplace supports. This includes, for example, using the department's incident reporting system, ReportSafe, to report and manage hazards and incidents.

We also support our staff to access free and confidential advice through the department's Employee Wellbeing and Support Program. This helps ensure our staff can access a range of services to support their health and wellbeing. We also proactively consider our staff's wellbeing in response to emerging issues occurring within the workplace. This can include, for example, responding to risks associated with unreasonable complainant conduct. In this context, we provided 2 (optional) office-wide psychological support sessions for staff this financial year.

Highlights of our work on health and safety this financial year included:

- delivering a psychosocial hazards assessment
- introducing targeted workplace initiatives to prevent and address potential health and safety risks.

Assessing and managing psychosocial risks

One of our focuses this financial year was strengthening our approach to workplace wellbeing and psychological health through a comprehensive psychosocial hazards assessment. The assessment helped identify psychosocial risks, protective factors and opportunities to improve staff wellbeing.

The findings from this assessment informed the development of targeted controls to reduce psychosocial risks and increase workforce sustainability. Key focus areas included workload management and ensuring safe and productive interactions with complainants and other stakeholders. This work strengthened our office's management of psychosocial risks and ensured our workplace practices align with Victoria's new Occupational Health and Safety (Psychological Health) Regulations 2025.

Ergonomic assessments

The psychosocial hazards assessment highlighted the importance of supporting staff in our current hybrid work environment.

In response, we conducted a work-from-home ergonomic assessment. The assessment helped staff identify improvements to their home workspaces to reduce risks associated with prolonged computer-based work.

The initiative supported staff wellbeing, complemented existing flexible work arrangements and strengthened our commitment to a safe and healthy workplace.

Our office also continues to undertake relevant safety audits. We are supported in this work by a designated management representative and a health and safety representative.

Equipping our staff to enhance their skills and performance

Our office continues to provide opportunities for professional growth and development. This financial year, highlights in this area included:

- completing our office's first capability analysis to help inform decisions for our annual training plan
- designing and facilitating a workshop to empower staff to identify barriers to success, recognise strengths and contribute to initiatives that support continuous improvement
- recognising our staff's contributions, including when team members have embodied our office's values.

Capability analysis

We completed our office's first capability analysis to better understand workforce strengths, identify development needs and support future workforce planning in 2025–26.

Using a tailored capability framework based on the Victorian Public Sector Commission's methodology, the analysis assessed role requirements across the office and created a clear evidence-base for capability development. The findings helped to inform our office's 2026 training plan to ensure investment in learning and development focuses on areas of greatest need and aligns with our strategic plan.

The analysis identified strong capability across several areas, including integrity, problem solving, self-management and attention to detail. This work established a foundation for targeted training and capability development across our office in the future.

Identifying barriers and enablers to support high performance

This financial year we held an innovative 'Snakes and Ladders' workshop for our team to support performance improvement.

The workshop brought all staff together to identify barriers to performance, recognise enablers and develop practical solutions to improve the way we work. Using principles associated with creating psychological safety and 'radical candor', staff were encouraged to have open and constructive conversations about team and organisational performance.

The workshop generated valuable insights into workplace culture, systems and processes. It also identified opportunities to strengthen planning and to support our office's strategic priorities.

Recognising our values in action

Our values unite us and drive our high performance as a team. Through our annual Awards Night, we recognise the exceptional efforts that team members have made to display our values throughout the year.

One of the ways we do this is through a peer-nomination process based on our values. Twice this financial year, team members were asked to reflect on when their colleagues had demonstrated one or more of our values – independent, fair, courageous, respectful and collaborative. We then presented team members with awards based on an aggregation of peer nominations for each of our values at our Awards Night in October 2025. Importantly, examples of colleagues' feedback about when they demonstrated our values are shared to recognise contributions from across the office.

We also take this opportunity to recognise staff members' service to our office, including after 3, 5 or 10 years of service.

Quality and continuous improvement

As an Ombudsman scheme, we view complaints as gifts that help us improve the National Scheme for health practitioners and the community. Through our complaint-handling work, we routinely identify opportunities for improvement and offer suggestions about how those opportunities might be best addressed.

Wherever possible, we seek to empower the organisations we accept complaints about to proactively identify and meaningfully respond to opportunities to improve both their processes and decision-making.

However, we recognise that it can sometimes be hard for an organisation to objectively reflect on its own performance and continuously refine existing processes while navigating the pressures of day-to-day responsibilities. For this reason, we have developed processes that support us to look inward and actively seek out opportunities for our own continuous improvement.

Quality assurance processes

As part of our commitment to quality and continuous improvement, a senior member of our team reviews the data captured against cases we create and close during the month. The resulting data is then published in our monthly complaints report on our website. This process ensures we quickly identify and respond to gaps in knowledge or inconsistent practices that could otherwise impact our reporting and trend monitoring. We routinely share the learnings of our quality improvement work with our team and people leaders to help develop training and guidance for our staff.

Other ways that we pursue continuous improvement include:

- providing a readily accessible mechanism for complainants to request an internal review of the decision made about their complaint
- welcoming and ensuring we respond to feedback about our service delivery
- randomly auditing case files against our file management and service delivery standards.

> The most successful organisations are not those that never make mistakes. They are those that welcome feedback, show a genuine commitment to reflecting on how things could be done better in the future, and constantly strive for service delivery excellence. Most importantly in our context, an Ombudsman's office exists to elevate the value of complaints as a tool to identify opportunities for improvement. To be effective in that role, we must be willing to hold ourselves to the same standards we expect of the organisations we oversee.
>
> - Richelle McCausland

Internal reviews of our decisions

Internal review applications are assessed by a senior member of staff who has not previously made a decision about the complaint. Their role is to consider whether the original decision was fair and reasonable.

We received 43 applications for an internal review during 2025–26, reflecting a significant increase from the previous financial year (17 applications). These applications for internal review were brought by 27 complainants. This was also a significant increase from last financial year (11 complainants).

Most of the applications for an internal review this financial year related to complaints made to the Ombudsman (42 complaints). However, we also received one application related to a privacy complaint.

Most internal review applications concerned decisions made about notification-related complaints (24 applications, up from 12 in 2024–25). Consistent with our usual complaint trends, notifiers were more likely to make internal review applications about the handling of their complaint regarding a notification (17 applications) than practitioners (3 applications).

Internal review applications associated with accreditation-related complaints were also significantly more common this year (12 applications, up from 3 in 2024–25).

In most instances, the applicant requested a review of a decision not to commence an investigation into their complaint (42 complaints). In one application, the complainant sought a review of a decision to discontinue an investigation because they felt the investigation ended without a fair and reasonable outcome being achieved.

The most common reasons for requesting an internal review were concerns that the original decision-maker:

- did not consider or respond to all the issues raised (raised 33 times)
- did not consider relevant information (raised 26 times)
- did not appropriately explain their decision (raised 18 times)
- made a decision that was based on erroneous or incomplete information (raised 18 times).

We finalised 38 applications for an internal review during 2025–26, which is more than double the number of applications finalised in 2024–25. Despite the increase in demand, all applications were finalised within 90 days.

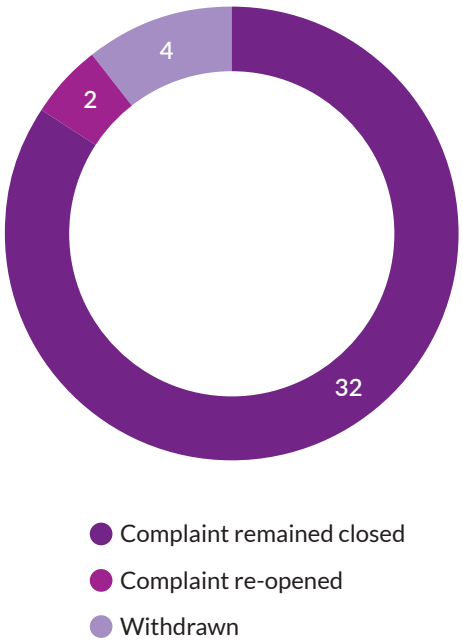
Following a detailed assessment of each application and the information we hold about the corresponding complaint, we determined that 32 complaints should remain closed (Figure 8). In each instance, we explained to the complainant why the original decision was fair and reasonable. The applicant was also given more information about the matter that had prompted their complaint.

Two internal review applications were finalised with a decision to reopen the original complaint so a fresh decision could be made. These matters were both reallocated to a new decision-maker for reassessment or investigation.

In 4 cases, complainants withdrew internal review applications without a final decision being made. In most instances this occurred because the complainant had successfully achieved the outcome they were seeking through directly engaging with the organisation they had previously complained about.

Complainants also sometimes raised concerns about the delivery of our services. Other times, we proactively identified an opportunity to improve our service delivery during our assessment of a complainant's application for an internal review. These service delivery matters were addressed alongside the internal review application.

Figure 8: Outcomes of internal reviews, 2025–26



Service delivery feedback

We received 12 instances of service delivery feedback during 2025–26, up from 3 in 2024–25. These concerns were raised by 7 people and spanned our Ombudsman, privacy and FOI functions.

All service delivery concerns were referred to a senior member of staff (who was not involved in handling the original matter) for assessment and response. Five instances of service delivery feedback related to finalised complaints, while the remaining 7 concerned active matters.

Much of the feedback we received during 2025–26 related to our handling of notification-related complaints made by notifiers (5 matters). We did not receive any feedback from practitioners about our handling of complaints where they were the subject of notifications. We received some concerns related to our handling of complex accreditation-related matters (4 matters).

Feedback provided during 2025–26 included concerns related to:

- the quality of updates provided by our staff while a matter remained open
- delayed progression of a matter we were assessing or investigating
- frustration when a complainant could not speak with a manager on request
- the termination of calls by our staff for unreasonable conduct
- the reasonableness of requests for information made by our staff.

We responded to 9 instances of service delivery feedback during 2025–26. Despite the increase in the number of service delivery concerns received, each response was provided within 90 days of the feedback being received.

Our responses to the feedback we received included:

- providing more information about our role under the law, our service standards and our processes for handling complaints and FOI matters
- providing more information about the progress of an active matter
- facilitating a revised schedule for providing progress updates
- providing an apology where appropriate, including information about how we will aim to prevent a particular problem from arising again.

Auditing our case handling

In addition to considering direct feedback about our case handling and decision-making, we actively audit our case management work monthly. We undertook 81 case audits in 2025–26. These audits help ensure we manage cases in line with:

- our Service Charter and associated service standards for timeliness and responsiveness
- our established processes for managing complaints, FOI applications and enquiries
- the formal powers delegated to staff by the Ombudsman and Commissioner
- our data capture and document management requirements and quality assurance protocols.

We make sure to provide feedback on the results of these audits to our staff. This gives us the chance to recognise positive performance and address opportunities for improvement in a supportive and constructive way. Where identified, opportunities for systemic improvement are also escalated to our senior leadership to ensure:

- staff knowledge gaps are addressed with appropriate training
- unclear processes or guidance materials are refined and updated
- system enhancements that improve consistency or prevent errors can be explored and implemented.

Responding to increased demand for our internal review and service delivery processes

Demand for our internal review and service delivery feedback processes increased significantly across 2025–26 compared with 2024–25. The reason for this increase is not clear and may be partly associated with broader dissatisfaction being experienced by many Australians in the face of cost-of-living pressures and political uncertainty across the world.

However, the increases also appear to correspond to an increase in notifier dissatisfaction with decisions Ahpra and the National Boards are making in response to concerns about practitioners. This trend has also been seen in Ombudsman complaints generally, as discussed later in this report.

Often the outcomes of our existing grievance processes do not give us cause for concern about the quality of our handling of notification-related complaints. When this happens, we acknowledge that:

- making a notification can be a difficult experience for a notifier
- due to our role, we cannot always deliver the complainant's desired outcome. This understandably can lead to dissatisfaction and frustration.

We commenced reviews of both our service delivery and internal review policies during 2025–26. These reviews will help make sure that our processes are fit for purpose and respond to the increased demand we have seen this financial year. We hope to finalise and publish revised policies during 2026–27.

Bevan's story

Bevan made a complaint to our office after they encountered difficulties using Ahpra's new practitioner portal to renew their registration. They said this had caused their registration to lapse.



After assessing the complaint, our office decided that Bevan's complaint did not warrant investigation. We explained to Bevan that we considered Ahpra had provided clear instructions to help practitioners use the portal. We explained it was reasonable for Ahpra to require Bevan to use the portal, rather than renew their registration in another way.

Bevan then applied for an internal review of our decision not to investigate their complaint. In their application, Bevan said the original decision-maker did not consider or address all the issues they had raised. During a phone call with our internal review officer, Bevan outlined that they also:

- believed Ahpra had failed to provide adequate notice of the changes to the renewal process
- felt Ahpra and the relevant National Board had not provided appropriate flexibility to support practitioners during transitional periods of life or where their income may be reduced.

Bevan told us that they wanted Ahpra to reinstate their registration as an outcome to the internal review.

After assessing the application, the internal review officer:

- acknowledged that Bevan had wished to raise other concerns and apologised that we had not understood this at the outset
- varied the reasons for the original decision not to investigate the complaint to address the additional concerns raised
- shared more information about the types of outcomes our office can achieve and our work with Ahpra to address the difficulties practitioners told us they were experiencing when renewing their registration via the new portal, and our review into the charging model for practitioner registration fees.

Bevan did not further pursue their complaint or raise any issues with the internal review outcome we had provided, and the internal review application was closed.

Ombudsman complaints

The most common matters we help with are complaints to the Ombudsman. This financial year, we received 873 complaints to the Ombudsman. These complaints were made by 600 people, meaning some made multiple complaints.[19] We saw a significant reduction in the number of people who complained to us anonymously (17 complaints, down from 79 in 2024–25).

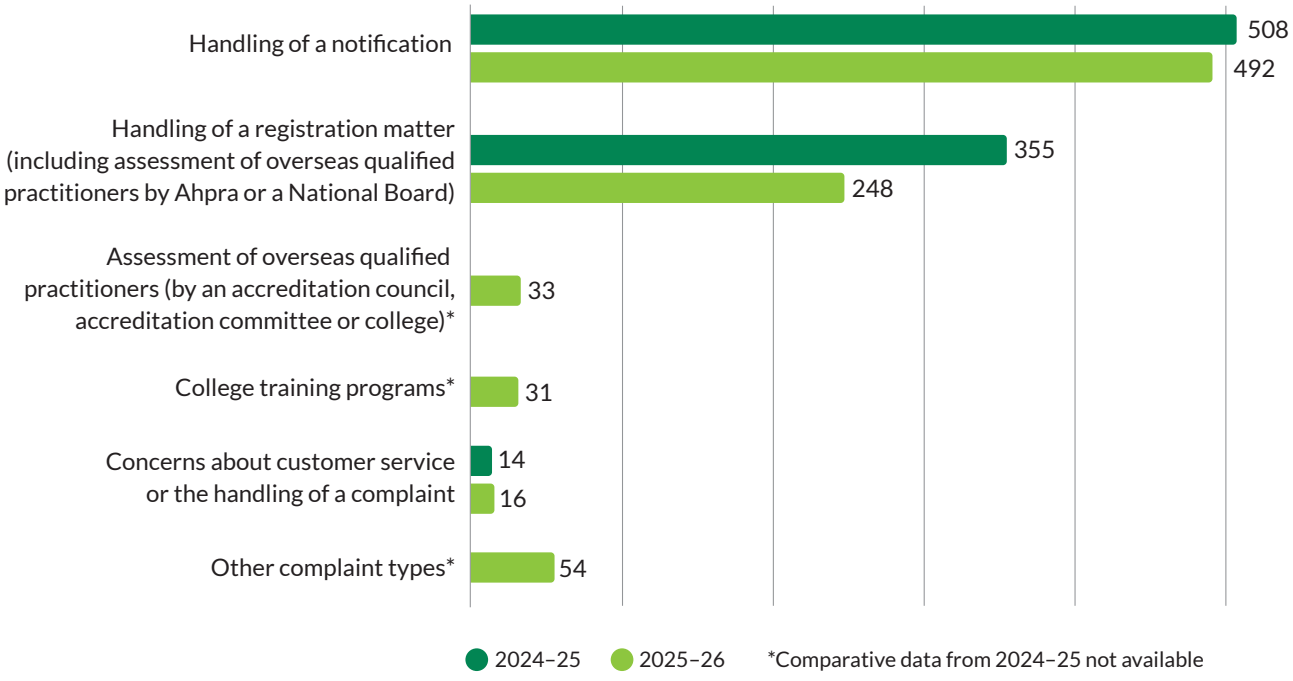
Our complaint trends over time show that we continued to finalise more complaints in 2025–26 compared with previous financial years (862, up from 660 in 2023–24 and 657 in 2022–23). However, we received fewer Ombudsman complaints than in 2024–25 (873, down from 980 complaints).

The reason for the spike in complaints received in 2024–25 was twofold: numerous people raising concerns about accessing Ahpra's new operating system for the first time; and medical practitioners raising concerns about an increase in their registration fees. We did not receive as many complaints related to these issues this financial year.

Our overall complaint trends remained relatively consistent this financial year. The following sections of this report outline how we managed different types of complaints to the Ombudsman, including which of our processes were used to finalise complaints.

Most complaints continued to relate to Ahpra and the National Boards' notifications process (492 complaints, down from 508 in 2024–25) (Figure 9).[20] Refer to 'Notification-related complaints' for more information.

Figure 9: Number of complaints, by complaint type, 2024–25 to 2025–26[21]



19 This includes 583 named people and 17 anonymous complainants.

20 This data is based on our staff identifying the 'primary issue' when assessing the complaint.

21 Due to differences in how we recorded information about these complaints this financial year, we have not provided comparative data.

As in previous years, the second most common type of complaint we received related to Ahpra and the National Boards' registration process for health practitioners (248 complaints, down from 355 in 2024–25). As described above, the decrease in the volume of this type of complaint appears to be due to fewer complaints related to practitioners accessing Ahpra's practitioner portal and about medical registration fees. Refer to 'Registration-related complaints' for more information.

The third and fourth most common complaint types continued to relate to our newer role in helping with complaints related to accreditation functions in the National Scheme. In 2025–26 this included complaints about:

- the assessment of overseas qualified practitioners by an accreditation authority or college (33 complaints)
- colleges' delivery of a specialist medical training program (30 complaints).[22]

Who complaints were about

Our office has consistently received most Ombudsman complaints in relation to the medical, nursing and psychology professions. This was again the case in 2025–26 (Table 1).

Complaints related to the medical profession remained most common (485 complaints). We did, however, receive fewer complaints related to the medical profession when compared with last financial year (down from 566 complaints). This appears to be largely due to a decrease in complaints related to medical registration fees (refer to 'Registration-related complaints').

Interestingly, in 2025–26 we received the same number of notification-related complaints about the medical profession as last financial year (336 complaints). We consistently receive more notification-related complaints regarding the medical profession. This is generally due to the profession's size and that most notifications received by Ahpra each year are about medical practitioners.

We received fewer complaints related to the nursing profession this financial year (123 complaints, down from 193 complaints). The drop in complaints about the nursing profession was seen across both notification- and registration-related complaints.

We did, however, experience an increase in complaints related to the psychology profession (94 complaints, up from 78 last financial year). It appears that this increase was in part due to a cluster of complaints about the Psychology Board of Australia's decision to register a specific health practitioner. However, we saw increases in both notification- and registration-related complaints in relation to the psychology profession.

In 2025–26 we also received more complaints related to the physiotherapy profession (24 complaints, up from 7 in 2024–25). The increase appeared across notification- (8, up from 2) and registration-related complaints (12, up from 3). The increase also appeared to be exacerbated by some physiotherapists raising customer service–related complaints (3 complaints, up from 1).

In the past, we have received relatively fewer complaints about professions other than the medical, nursing and midwifery, psychology and dental professions. This could be linked to the smaller size of these professions, as well as to these professions generally receiving fewer notifications. The smaller number of complaints we receive about these professions also makes it more challenging to identify trends or issues specifically affecting the profession.

We did not receive any complaints related to the optometry or Aboriginal and Torres Strait Islander health practice professions in 2025–26.

22 Due to differences in how we recorded information this financial year, we have not provided comparative data about the 'assessment of overseas qualified practitioners by accreditation authorities and colleges' or 'other complaint types'. More detail about how different complaint types are recorded is provided in the relevant sections of this report.

Table 1: Complaints by health profession, 2024–25 and 2025–26[23]

Profession	Complaints received in 2024–25	Complaints received in 2025–26	Registered health practitioners in 2025–26[24]
Medical	566	485	153,963
Nursing	193	123	542,737[25]
Psychology	78	94	52,771
Dental	51	38	29,351
Physiotherapy	7	24	50,570
Pharmacy	8	16	43,331
Midwifery	15	11	9,325
Occupational therapy	9	10	36,814
Medical radiation	7	9	21,499
Chiropractic	0	7	6,936
Podiatry	5	5	6,352
Chinese medicine	6	4	4,945
Paramedicine	3	3	28,032
Osteopathy	3	2	3,776
Optometry	2	0	7,618
Aboriginal and Torres Strait Islander health practice	0	0	1,085
Not related to a registered profession or related to multiple/all professions	5	16	-
Unknown profession	22	26	-
Total	**980**	**873**	**999,105**

23 This dataset relies on information about the number of complaints raised with our office (not the number of people who made those complaints). Small changes in the data between years, particularly when there is only a small number of complaints, can often be attributed to 1 or 2 complainants who have made multiple complaints each.

24 Data for 'Registered health practitioners in 2025–26' was provided by Ahpra.

25 This includes 25,191 registrants who hold dual registration as a nurse and a midwife.

Where complaints came from

We help complainants located in all states and territories of Australia. We can also help overseas qualified practitioners and others living outside Australia who wish to make a complaint.

As in previous years, most complaints to our office in 2025–26 came from people in Victoria (323 complaints, up from 303 in 2024–25) (Table 2). We believe this is likely because of the large number of registered health practitioners who are part of the National Scheme in Victoria. It is also likely due to the co-regulatory arrangements in place in Queensland and New South Wales. These arrangements mean we cannot help with some complaints related to health practitioner regulation in these states.

In Queensland, the Office of the Health Ombudsman handles complaints about health practitioners. The Health Ombudsman consults with Ahpra about each complaint it receives to determine which organisation will manage the matter. We only handle a complaint from Queensland if Ahpra is or has been involved in handling the issues raised.

This financial year we received fewer complaints from Queensland (128 complaints, down from 170 complaints in 2024–25). This appears to have mostly been driven by a decrease in notification-related complaints (71 complaints, down from 115 complaints in 2024–25), though we also received fewer registration-related complaints from Queensland (34 complaints, down from 40 complaints in 2024–25).

In New South Wales, the Health Care Complaints Commission and the Health Professional Councils Authority generally manage notifications about health practitioners. Our office cannot receive complaints about how a notification has been handled by these bodies. These arrangements broadly explain why we receive fewer complaints from people located in New South Wales (despite the large number of health practitioners registered in the state).

We received a notable increase in notification-related complaints from the Northern Territory this year (12 complaints, up from 2 in 2024–25), though the total number of complaints remains low (14 complaints).

The largest drop in complaints appears to have occurred in Western Australia (89 complaints, down from 146 in 2024–25). This decrease in complaints appears to be linked to receiving fewer registration-related complaints. As outlined earlier, this may be due to fewer practitioners raising concerns related to Ahpra's new practitioner portal and medical registration fees.

Table 2: Complaints made to our office, by location of the complainant, 2024–25 and 2025–26

Location	Complaints received in 2024–25	Complaints received in 2025–26	Registered health practitioners in 2025–26[26]
Victoria	303	323	257,615
Queensland	170	128	204,531
New South Wales	106	110	265,279
Western Australia	146	89	103,085
South Australia	65	47	72,711
Australian Capital Territory	27	30	17,781
Tasmania	23	24	21,652
Northern Territory	3	14	9,317
Unknown location	122	91	47,134[27]
Outside Australia	15	17	
Total	**980**	**873**	**999,105**

How we managed and finalised complaints

Once we have assessed that we can help with a complaint, we consider the most appropriate way to address the concerns raised. This financial year we finalised 862 Ombudsman complaints, down from 981 in 2024–25. We recorded 1,319 outcomes across the 862 complaints. Most of these outcomes were recorded across complaints that were finalised without an investigation (Table 11, Appendix 3).

We assess each complaint based on the specific issues or concerns raised. We ask what outcome someone is seeking when they contact us, as this can affect how we address their complaint.

We may:

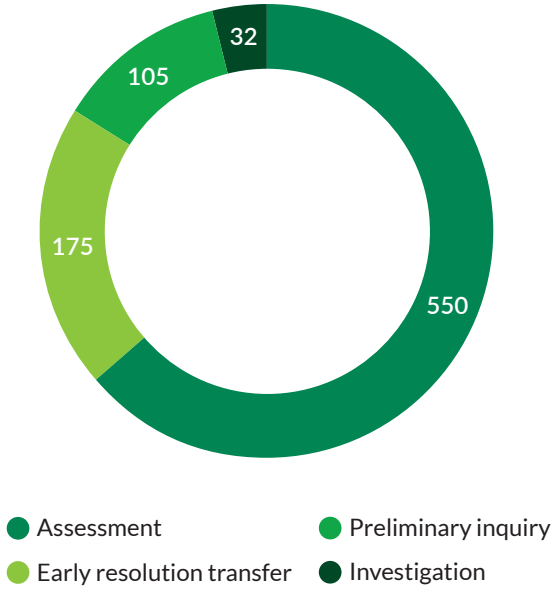
- transfer the complaint to the organisation being complained about for a response (an 'early resolution transfer')
- make preliminary inquiries
- commence an investigation
- decide not to take any further action.

We aim to resolve complaints informally and as quickly as possible. Most complaints are finalised without the need for an investigation. As in previous years, we finalised most complaints in 2025–26 at the assessment stage without taking any further action (550, down from 705 in 2024–25) (Figure 10).

26 Data for 'Registered health practitioners in 2025–26' was provided by Ahpra.

27 Practitioners with no principal place of practice includes practitioners with an overseas or unknown address.

Figure 10: Ombudsman complaints finalised by stage in our complaint process, 2025–26



Early resolution transfers

An early resolution transfer typically occurs where the complainant has not raised their concerns with the relevant organisation before contacting us. The transfer process gives the organisation the opportunity to respond to the complaint and attempt to resolve it before we consider whether further action is necessary. This is often the quickest and easiest way to resolve a complaint.

We ask the complainant for their consent to undertake an early resolution transfer. If the complainant consents, we transfer the details of the complaint to the organisation. The complaint remains open with our office while the organisation provides a response. We then assess the response and decide the appropriate next steps.

This financial year, we commenced 228 early resolution transfers, up from 164 in 2024–25. As usual, almost all early resolution transfers involved Ahpra this year.[28] Most of the complaints we transferred were notification-related (127, up from 80 in 2024–25) and registration-related (81, up from 68 in 2024–25) (Figure 11).

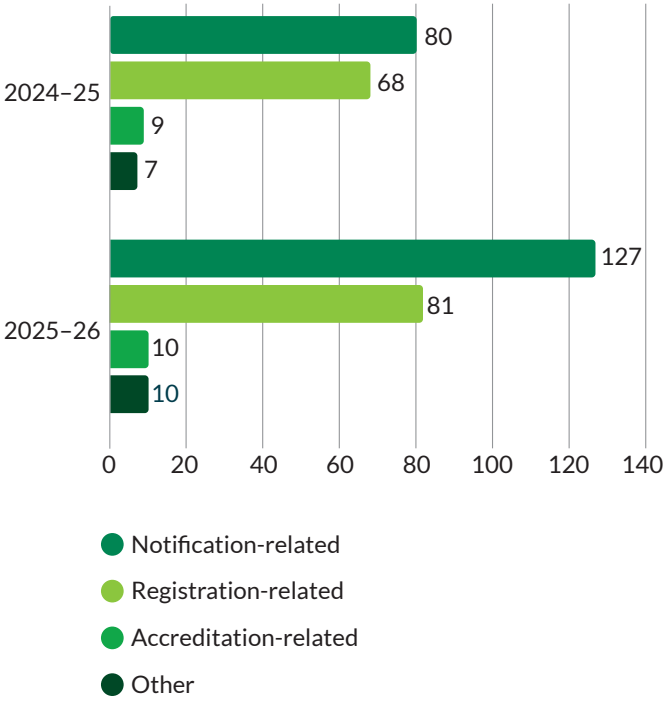
There are likely many and varied reasons for why we made more early resolution transfers this financial year. This could include:

- more complainants choosing to bring their concerns directly to our office rather than engage with Ahpra's internal complaints process first
- complainants being unaware of their ability to raise a concern with Ahpra directly, or being unable to figure out how to do so
- complexity in the type of concerns being raised, which our office cannot finalise at the assessment stage.

We finalised 175 complaints at the early resolution transfer stage, up from 130 in 2024–25.

It is a positive sign that we finalised more complaints following the early resolution transfer process this financial year. This suggests that providing Ahpra with an opportunity to respond is often the simplest way to resolve a complaint.

Figure 11: Early resolution transfers commenced by type of complaint, 2024–25 and 2025–26



28 We made 9 early resolution transfers to external accreditation authorities or colleges, up from 7 in 2024–25.

Preliminary inquiries

We make preliminary inquiries to find out basic information about a complaint before deciding whether to commence an investigation. 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.

We made 122 preliminary inquiries this financial year, the same as in 2024–25. In 101 of these complaints, our preliminary inquiries related to Ahpra or a National Board, down from 103 in 2024–25.

We finalised 105 complaints after making preliminary inquiries this financial year, down from 119 in 2024–25.

Before commencing an investigation, we often seek to resolve complaints informally either through an early resolution transfer or preliminary inquiries. Complaints that are unable to be resolved at the preliminary inquiries stage are likely to be progressed to an investigation. As outlined below, we have experienced an increase in complexity and complainant dissatisfaction with organisations' actions and decisions. This is reflected in our data, which shows that we made a consistent number of preliminary inquiries, but fewer complaints were finalised following this process.

Investigations

Investigations are generally necessary for complaints that are serious, sensitive, complex or where the issue raised appears to be widespread. Investigations can:

- allow us to provide the complainant with information, or suggest remedies, that resolve their concerns
- determine whether there are areas for improvement that need an organisation's attention
- result in the Ombudsman making formal comments or recommendations to the organisation about how they can address the issues raised.

We commenced 36 investigations into complaints this financial year, up from 15 in 2024–25. This represents a return to 2023–24, where we commenced 42 investigations. Of the investigations we commenced this financial year:

- 10 were notification-related, the same as in 2024–25
- 11 were registration-related, up from 2 in 2024–25
- 14 were accreditation-related, up from 3 in 2024–25
- 1 related to a statutory offence complaint, up from 0 in 2024–25.

As previously outlined, an increase in the complexity of complaints and complainant dissatisfaction appears to have contributed to this increase in the number of investigations commenced.

While the number of notification-related investigations commenced this financial year remained consistent with 2024–25, we commenced substantially more registration- and accreditation-related investigations.

For accreditation-related complaints, the finalisation of our Processes for Progress review may have resulted in more accreditation-related complaints progressing to an investigation (refer to 'Processes for Progress review'). Where our office is undertaking significant systemic work, individual complaints are sometimes finalised on the basis that the issue raised may be considered in the context of this systemic work. After finalising the Processes for Progress review, it became clearer what types of accreditation-related complaints would not be addressed in the review's findings.

Another reason for this increase is likely the recalibration of our thresholds for making preliminary inquiries or progressing a complaint to an investigation. Through staff training, we sought to more clearly define the boundaries between preliminary inquiries and an investigation to ensure we continue to adhere to our legislative requirements. This likely accounts for some of the increase in investigations commenced this financial year.

As previously mentioned, we generally seek to resolve complaints through an early resolution transfer or preliminary inquiries before commencing an investigation. In 2025–26, 6 complaints progressed to an investigation following an early resolution transfer and 18 following preliminary inquiries. In 2 instances, we had attempted both an early resolution transfer and preliminary inquiries before commencing our investigation into the complaint. However, sometimes proceeding directly to an investigation is the most appropriate course of action. Of the 36 investigations commenced during 2025–26, 12 complaints progressed directly to an investigation without informal resolutions being first attempted (up from 4 in 2024–25). Most often this occurred because the complainant had already exhausted the internal grievance processes of the organisation they had complained about and we needed more information to address the complaint than could be gathered via preliminary inquiries.

In 2025–26 we finalised 32 complaints following an investigation, up from 27 in 2024–25. We recorded 75 outcomes across these complaints (Table 3). Most investigations resulted in our office providing a further explanation of the relevant decision or action to the complainant (29) and providing feedback to the organisation that had been complained about (25).

We also recorded 8 outcomes where systemic improvements were currently in development or had been achieved. In another 7 matters we continued to monitor the concern as a systemic issue. In 3 complaints, the relevant organisation provided an apology or acknowledgement. These outcomes can lead to changes in systems and policies that have wider benefit. They can also ensure fairer outcomes for people engaging with the National Scheme.

Table 3: Summary of outcomes on complaints finalised at the investigation stage, by outcome type, 2025–26

Type of outcome	Total outcomes following an investigation
Further explanation was provided to the complainant	29
Feedback was provided by our office to the organisation	25
A systemic improvement was in development or was achieved	8
We will monitor the concern as a systemic issue	7
An apology or acknowledgement was provided by the organisation	3
The organisation agreed to change a policy or process	1
The organisation updated its public-facing information	1
The organisation agreed to provide feedback to its staff or provide staff with further training	1
Total	**75**

Eleanor's story

Eleanor complained to our office about Ahpra and a National Board's handling of a notification made about her. The notification raised one concern about Eleanor's practice. When the National Board considered the notification, it identified another concern about whether Eleanor had provided culturally safe care to a patient.

In response to this concern, the National Board proposed to take regulatory action. After considering Eleanor's submissions in response to the proposed action, however, the National Board decided to take no further action.

Eleanor raised several concerns with our office, including about the fairness of the notifications process and the reasons the National Board provided for its decision to take no further action.

How we managed the complaint

Our office transferred Eleanor's complaint to Ahpra through our early resolution transfer process. In response, Ahpra gave Eleanor a further explanation about its handling of the notification. Ahpra explained that although the notification originally raised concerns about one issue, a National Board can assess or investigate any issue related to a practitioner's health, performance or conduct.



Ahpra explained that it is required to consider whether culturally safe care has been provided when it manages notifications related to an Aboriginal or Torres Strait Islander person. It must also ensure the notifications process is conducted in a culturally safe way, in line with the National Scheme's *Aboriginal and Torres Strait Islander health and cultural safety strategy*.

We made preliminary inquiries with Ahpra. After receiving Ahpra's response, we decided to investigate Eleanor's complaint.

Ahpra advised our office that it has internal policies that outline how cultural safety is considered when assessing a notification. We found Ahpra acted in accordance with these policies when it investigated the notification about Eleanor. Ahpra sought cultural safety advice, which guided how it handled the matter.

We found that the National Board proposed to take regulatory action without obtaining the patient's view on whether Eleanor's practice made them feel culturally unsafe. We noted that there could be circumstances where it may not be possible to seek the patient's view, or circumstances where a National Board finds it has enough information to form a view on a practitioner's practice without a patient's input. However, we considered that it may have been better in this instance if the National Board had first considered whether it was appropriate or necessary to seek the patient's view before proposing to take regulatory action.

We also found that the National Board provided Eleanor with an opportunity to respond to the concerns it identified in its proposed decision. However, we considered the National Board's decision to propose regulatory action, and its subsequent decision to take no further action, could have been supported by clearer and more consistent reasons. This may have mitigated some of the stress and anxiety Eleanor experienced during the notifications process.

Complaint outcome

We provided feedback to Ahpra and the National Board that they should consider seeking a patient's view on whether the care provided by a practitioner was culturally safe before proposing to take regulatory action against a practitioner for cultural safety concerns.

We also provided feedback that the National Board should ensure that when proposing to take regulatory action and making a final decision related to a notification, it provides clear and consistent reasons.

During our investigation, Ahpra advised that its cultural safety processes had developed since the notification about Eleanor was considered. Ahpra provided us with more information about its work to further embed cultural safety into the notifications process.

This included:

- updating its internal guidance for staff managing notifications related to Aboriginal and Torres Strait Islander peoples
- expanding its Cultural Safety Advisory Service, which provides cultural safety advice on notification matters
- introducing a team of Aboriginal and Torres Strait Islander process navigators to support Aboriginal and Torres Strait Islander practitioners, patients and notifiers during the notifications process.

Ahpra explained to our office that Eleanor's matter provided a valuable practitioner perspective on how cultural safety issues are incorporated into the notifications process. Ahpra advised in its complaint response that it had shared Eleanor's feedback about her experience with the team responsible for supporting improvements to Ahpra's cultural safety strategies.

Notification-related complaints

Notifications allow Ahpra and the National Boards to protect the public by taking regulatory action when necessary. Patients, health practitioners and organisations can make a notification to raise concerns about a health practitioner's performance, conduct or health.[29]

Ahpra must consider every notification it receives. In general, it gathers information about the notification and presents it to the relevant National Board. The National Board (or a delegate) then decides whether, and what kind of, regulatory action is necessary to protect the public.

In some circumstances, Ahpra may decide that a person's concerns about a health practitioner do not meet the grounds for a notification. Ahpra does not progress these matters, and the person raising the concern is often directed to a more appropriate complaints body to raise their concerns.

Complaints about Ahpra and/or a National Board's handling of a notification have always been the most common type of complaint we receive. This pattern continued in 2025–26, with 56% of Ombudsman complaints being notification-related (492 of 873 complaints). We received marginally fewer notification-related complaints this year (492, down from 508 in 2024–25).

We record information about notification-related complaints including:

- who made the complaint
- the complaint issues raised with us (Appendix 3, Table 12)
- the stage and outcome of the notification relevant to the complaint (Appendix 3, Table 13).

About the notification-related complaints we received

The 492 notification-related complaints we received this financial year were made by 302 people (down from 316 in 2024–25). We received 195 notification-related complaints from health practitioners or their representatives (down from 235 in 2024–25). By contrast, 297 notification-related complaints were received from non-practitioners (up from 273 in 2024–25).

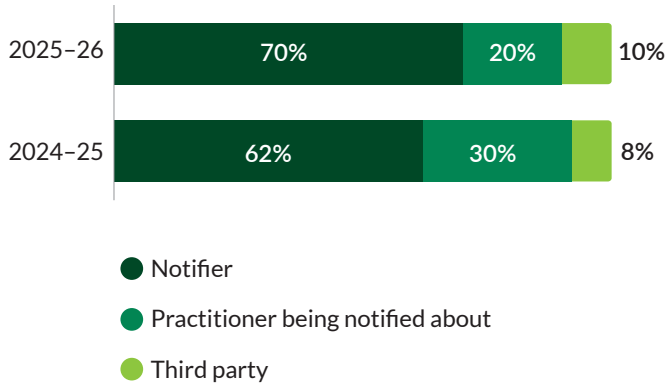
As with previous years, most complaints about the handling of a notification came from the person who made the notification (the notifier, who could also be a health practitioner). Although this cohort is often the source of most notification-related complaints, there was a proportional increase this financial year. Notifiers made 70% of notification-related complaints in 2025–26 (346 of 492 complaints) compared with 62% in 2024–25 (315 of 508 complaints) (Figure 12).

Conversely, there was a similar proportional decrease in notification-related complaints made by the practitioner being notified about in 2025–26 (96, down from 150 in 2024–25). This appears to indicate increased dissatisfaction with the notifications process by notifiers alongside increased satisfaction from health practitioners subject to notifications. These shifts in sentiment may be due to changes in how Ahpra and the National Boards manage notifications, as outlined below.

29 New South Wales and Queensland have different arrangements for accepting notifications about health practitioners.

Members of the public who made notification-related complaints, but were not a party to the relevant notification, also made up a larger proportion of complaints this financial year (47, up from 43 in 2024–25). This growth was primarily driven by patients of health practitioners and their communities raising concerns about regulatory action that had been taken against the relevant health practitioner.

Figure 12: Notification-related complaints we received by type of complainant, 2024–25 and 2025–26



These include that the notifier was concerned:

- **the decision was unfair or unreasonable** (185 issues, up from 159 in 2024–25)
- **there were inadequate reasons for the decision** (75 issues, up from 59 in 2024–25)
- **relevant information had not been considered** (73 issues, up from 46 in 2024–25)
- **the process was unfair** (57 issues, up from 27 in 2024–25)
- **inadequate steps were taken by Ahpra or the National Board during the notifications process** (46, up from 35 in 2024–25) (Appendix 3, Table 12).

Common notification-related issues

We recorded 1,116 issues across the 492 complaints we received in 2025–26 about how a notification was handled (down from 1,203 in 2024–25). Although the number of notification-related complaints decreased this year, the similar number of issues recorded suggests increased levels of complexity and dissatisfaction.

As in the past 5 financial years, the most recorded issue was a notifier's concern that a decision to take no further action at the assessment stage of the notifications process was unfair or unreasonable (185 issues, up from 159 issues in 2024–25).

Notably, the top 5 issues we recorded in 2025–26 for notification-related complaints all related to a notifier's concern that the National Board had not taken regulatory action at the assessment stage of a notification.

More broadly, a significant volume of complaints in previous years have related to a National Board's decision not to take further action after considering a notification (at any stage of the notifications process). This remained the case this year – we recorded 580 issues related to a decision to take no further action across all notification-related complaints in 2025–26 (up from 493 in 2024–25) (Appendix 3, Table 13).

Customer service–related issues about notification complaints

We recorded 143 customer service–related issues associated with the notifications process in 2025–26.[30] These largely related to concerns about Ahpra's communication (119 issues). Communication-related issues typically involved a concern that Ahpra failed to provide an update (44 issues), failed to respond (31 issues), provided incorrect advice (17 issues), or had been rude or insensitive in its communication (12 issues). These were also the most common communication-related customer service issues we recorded in 2024–25.

30 We capture customer service issues across all complaint types. For more information, refer to 'Experience-related complaints'.

New developments in the notifications space

Our office noted 2 significant new developments in Ahpra and the National Boards' notifications process in 2025–26. These included the:

- delegation of authority from some National Boards to Ahpra for it to make decisions related to notifications that are low-risk or better handled by other organisations
- introduction of 'pathway navigators' to help consumers understand avenues to make health-related complaints.

Delegated decision-making for low-risk matters

From April 2025, Ahpra introduced changes to its notifications processes with the aim of streamlining and expediting consideration of low-risk matters. One of these changes included allowing senior Ahpra staff to make delegated decisions about the outcome of a notification in specific circumstances.

Ahpra and the National Boards have amended their Instruments of Delegation to grant certain Ahpra staff the power to decide to take no regulatory action on a notification.[31] This power can only be exercised in low-risk matters where the delegate decision-maker and an Ahpra clinical advisor both agree the notification is low-risk, a response from the practitioner is unnecessary and it is appropriate to take no regulatory action. Notifications that do not meet these criteria progress to the National Board for consideration as usual.

We are monitoring the effects of this change. Overall, we have not identified many significant concerns about this approach.

One aspect we are considering more closely relates to transparency in delegate decision-making. It is important that, particularly for notifiers, the reasons for deciding to take no further action are adequately outlined. This is also important from a record-keeping perspective.

Pathways navigators

In September 2025 Ahpra announced it was creating a new team called 'pathway navigators'. Pathways navigators help guide consumers though the notifications process, including by directing them to more appropriate complaint-handling bodies where appropriate. Their purpose is to help make the health complaints system easier to navigate.

Ahpra introduced the role following the findings and recommendations of Sue Dawson's Independent review of complexity in the National Registration and Accreditation Scheme. In particular, this review recommended establishing a 'Complaints Navigator Service' that would help consumers to:

- understand the process to make a complaint, and associated timeframes
- learn the possible complaint outcomes
- address any concerns about the complaint outcome.[32]

Some complaints we received this year raised concerns about how pathway navigators handled a notification. Complainants told us, for example, that a pathway navigator had inappropriately or unfairly refused to process their concerns as a notification.

We provided feedback to Ahpra in one complaint about how pathway navigators could better communicate with notifiers. We suggested pathway navigators could more clearly explain their authority and reasons for their decision when declining to progress a concern as a notification.

31 Under s 151 of the National Law.

32 S Dawson, *Transforming health professions regulation in Australia: Independent review final report.*

Spotlight: Increased dissatisfaction from notifiers about decisions to not take further action on a notification

For several years, one of the most common types of notification-related complaints we have received is a notifier raising concerns that Ahpra or a National Board decided to not take regulatory action on a notification they made. This outcome is often referred to as a 'no further action' or 'NFA' decision.

In particular, our most common notification-related complaint issue is a notifier expressing concern that a decision not to take regulatory action at the assessment stage of the notifications process was unfair or unreasonable. Notifiers often raise this issue because it captures their overall dissatisfaction with a notification outcome.

There are a range of reasons why decisions not to take regulatory action at the assessment stage continue to remain one of our top issues in complaints. One key reason is that this is generally the most common outcome of a notification. This may be because Ahpra's assessment of a notifier's concerns is generally based on an evaluation of the future risk of harm to the public posed by the practitioner's health, conduct or performance. This means that while a notifier's experience with a practitioner may not have been positive and may have caused them significant distress, it often does not meet the threshold for regulatory action to be taken.

Ahpra and the National Boards' role is to make proportionate decisions to protect the public while considering the impact on the practitioner and access to health services. For example, it is open to the National Boards to consider any steps a practitioner has taken to address potential risks associated with the issue raised in a notification (such as further training or reflection to enhance future practice). Sometimes, this leads to notifiers having a different view about what outcome was appropriate after raising a concern with Ahpra and a National Board.

Another reason for the high numbers of this type of complaint is likely that our office is the only avenue for notifiers to express dissatisfaction to an external, independent body about a decision not to take regulatory action. Unlike practitioners who have had regulatory action taken against them during the notifications process, notifiers cannot appeal a notification outcome to a tribunal. There are also significant barriers associated with notifiers pursuing other actions, such as the costs of initiating civil legal proceedings. Due to this, we expect to receive a significant number of complaints from notifiers about decisions to take no further action on a notification each year.

This financial year, we noticed a substantial increase in issues raised about decisions not to take further action at the assessment stage of the notifications process (492, up from 409 in 2024–25). Conversely, there were decreases in issues raised about decisions to take regulatory action following an investigation (44, down from 80 in 2024–25) or to refer a notification to a tribunal or panel for consideration (22, down from 74 in 2024–25).

Also, this financial year the 5 most common issues across notification-related complaints were associated with a notifier's concern that no further action had been taken at the assessment stage of the notifications process. This contrasts with the 2024–25 financial year, when the third most common issue was that practitioners subject to a notification were concerned about delay in Ahpra or the National Board's processes.

Notably, notification-related issues raised this financial year appeared to concentrate in the top 5 issues. By comparison, the issues raised in all other notification-related issues decreased (680, down from 877 in 2024–25). This supports our view that there appears to have been an increase in notifier dissatisfaction this year.

Ananya's story

Ananya made a notification to Ahpra about a practitioner's refusal to treat her relative. Ananya contacted our office after Ahpra and the National Board decided not to take regulatory action against the practitioner. She was concerned that Ahpra and the National Board's decision was unfair.



Importantly, Ananya was dissatisfied with Ahpra and the National Board's reasons for its decision, which included that the practitioner had practised to an 'acceptable standard'.

How we managed the complaint

We first made an early resolution transfer to allow Ahpra to respond to Ananya's concerns.

We found that Ahpra's response during the early resolution transfer process helped address Ananya's concerns. It better explained how Ahpra and the National Board handle notifications.

After considering Ahpra's response, we made preliminary inquiries to determine whether an investigation was required.

We concluded from our assessment of the information provided during our preliminary inquiries that Ahpra and the National Board's handling of Ananya's notification had been fair, reasonable and supported by relevant information. We did not identify any issues that appeared to negatively affect Ahpra and the National Board's decision-making processes.

Complaint outcome

We wrote to Ananya to explain why we would not be investigating her complaint. We also provided more information about how Ahpra and the National Boards decide on the outcome of a notification.

Ananya's complaint helped us identify how Ahpra and the National Boards could improve their communication of a decision to take no further action. We suggested that describing that a practitioner had practised to an 'acceptable standard' could be easily misunderstood by notifiers. Notifiers may consider this to diminish the seriousness or impact of their negative experience with a practitioner. We provided feedback that Ahpra and the National Boards should consider how to better describe that the assessment of a notification is generally based on risk, including future risk to the public.

Ahpra confirmed it will consider our feedback as part of a planned review of its notifications and compliance functions, which will include consideration of its communication with notifiers.

How we finalised notification-related complaints

In 2025–26 we finalised 482 notification-related complaints. We recorded 793 outcomes across these complaints.

These complaints were finalised at various stages of our complaint-handling process, including:

- 313 complaints at assessment (down from 366 in 2024–25)
- 91 complaints at early resolution transfer (up from 65 in 2024–25)
- 58 complaints at preliminary inquiries (down from 83 in 2024–25)
- 20 complaints following an investigation (down from 21 in 2024–25).

We aim to resolve complaints informally and efficiently without the need for an investigation. This led to most notification-related complaints being finalised in 2025–26 without commencing an investigation. The most common reason for deciding not to investigate a notification-related complaint was because it was not warranted in the circumstances (188 outcomes). This could be for a variety of reasons including because:

- Ahpra provided a response to the complaint that was fair and reasonable (125 outcomes)
- the complainant did not provide us with the information we requested (86 outcomes)
- the complaint primarily concerned the merits of Ahpra or a National Board's decision (73 outcomes) (refer to 'Deciding an investigation is not warranted in the circumstances' for more information).

Other common outcomes we recorded for notification-related complaints included that we could not effectively progress the complaint because:

- the matter was still active with Ahpra (56 outcomes)
- the complainant was not sufficiently affected by the complaint issue (36 outcomes)
- we have previously considered the same concerns (36 outcomes).

For notification-related complaints that we did investigate, the most common investigation outcome was our office providing the complainant with more information about the handling of their matter (17 outcomes). Other common outcomes included:

- we would continue monitoring one or more of the complaint issues as potential systemic concerns (8 outcomes)
- relevant systemic improvements had already been achieved or were in development (4 outcomes)
- Ahpra or the National Board provided an apology or acknowledgement related to the complaint issues (2 outcomes).

Across all notification-related complaints finalised this year, we recorded 23 outcomes where we provided feedback to Ahpra or a National Board about its handling of the matter. Our feedback included comments about:

- how Ahpra and the National Boards consider new information received about a notification, particularly where that new information may influence whether any immediate action should be imposed, varied or removed
- how Ahpra and the National Boards communicate with practitioners and notifiers, including in relation to requesting information, the reasons and authority for a decision, and providing guidance on seeking more information
- how cultural safety is assessed in the context of a notification and whether practitioners are provided with enough guidance on ensuring cultural safety
- delay in the handling of a notification.

Deciding an investigation is not warranted in the circumstances

Over many years, the most common outcome we have recorded for notification-related complaints is that an investigation is not warranted in the circumstances. This outcome is most common for a variety of reasons, including that this terminology aligns with how we can exercise our powers under the Ombudsman Act.[33] This outcome can cover a range of unique circumstances.

Most notification-related complaints with this outcome were closed at the assessment stage of our complaint-handling process in 2025–26 (101 of 188 complaints). Most of these complaints primarily related to notifiers raising concerns that a decision to take no further action or to not process their concerns as a notification was unfair or unreasonable (64), practitioners raising concerns regarding a notification about themselves (12) or third-party complainants raising concerns that taking immediate action against a health practitioner was unfair or unreasonable (10).

We declined to investigate these complaints for a range of reasons, including that:

- the complainant was primarily seeking a merits review of Ahpra or the relevant National Board's decision, which we cannot help with
- we could not identify any administrative issues within our jurisdiction to investigate
- the notification was still ongoing (either with Ahpra, the National Board or a tribunal) and our involvement would not be effective
- the notification was finalised too long ago for us to provide a meaningful outcome
- we have already dealt with the same concerns or were undertaking broader systemic work relevant to the complaint
- Ahpra had previously provided a satisfactory explanation that addressed the complaint issues
- the complainant was not sufficiently affected by the matter to progress with an investigation (for example, they were raising concerns about a matter they saw in the media that was unrelated to them).

Of the 188 notification-related complaints closed with a decision that an investigation was not warranted, 37 were finalised following an early resolution transfer. Most of these were closed on the basis that Ahpra had provided a complaint response that we assessed was fair and reasonable. The early resolution transfer provides Ahpra with an opportunity to respond to the complainant's concerns when it has not already done so.

Fifty of the 188 notification-related complaints closed with a decision that an investigation was not warranted were finalised following preliminary inquiries. Similar to those finalised at the assessment stage, most complaints primarily related to notifiers raising concerns that a decision to take no further action or to not process concerns as a notification was unfair or unreasonable (36), practitioners raising concerns regarding a notification about themselves (4) or third-party complainants raising concerns about the notifications process (1). The reasons for declining to investigate these complaints were similar to the reasons for declining to investigate complaints at the assessment stage of our complaint-handling process, as outlined above.

33 Ombudsman Act, s 6(b)(iii).

Jane's story

Jane complained to us that she was the subject of a vexatious notification. Jane said she had told Ahpra that the notification was vexatious and was made to cause harm to her and her family. However, while the National Board decided not to take any regulatory action after considering the notification, it did not tell her whether it had considered her concerns about whether the notification was vexatious.



We made preliminary inquiries with Ahpra. Ahpra's response showed that it had appropriately applied its framework for identifying and dealing with vexatious notifications when Jane raised her concerns. The available information showed that, after completing its assessment, Ahpra considered that the notification did not meet the criteria for a vexatious notification under the framework.

We found, however, that Ahpra's assessment of a pre-existing relationship between the notifier and Jane was not clear. Ahpra's internal escalation process and approvals to progress the notification through the framework were brief.

We provided feedback to Ahpra that its application of the framework could have been better. We were assured, however, that Ahpra's implementation of the Ombudsman's recommendations outlined in her review of the framework in 2024 would address the issues we had identified.

Registration-related complaints

Protecting the public is the National Scheme's paramount principle.[34] The National Scheme's objectives include ensuring that only health practitioners who are suitably trained and qualified to practise competently and ethically are registered.[35] Ahpra and the National Boards' registration processes are crucial to achieving this objective.

Understanding the registration process

The registration process starts with a practitioner making an application to Ahpra. Mostly, practitioners make an application to a National Board to register in the health profession for the first time or renew their existing registration.

Ahpra generally assesses these applications on behalf of the National Boards. This includes:

- considering whether the practitioner has provided all the necessary supporting documents with their application
- requesting any additional information required to progress the application.

During the assessment process, Ahpra may provide a practitioner with information about whether they meet the relevant registration requirements. For example, Ahpra may advise a practitioner that the information in their registration application suggests they do not meet a requirement outlined in a registration standard. The practitioner may then:

- provide more information to support their application
- withdraw the application before the National Board makes a decision.

Following Ahpra's assessment, the process generally involves the relevant National Board (or its delegate) considering the application and making a decision. A National Board may decide to:

- grant the applicant the type of registration they applied for, or another type of registration
- refuse to grant the applicant registration.[36]

If registration is granted, it may be subject to any conditions that the National Board considers necessary or desirable.[37] Ahpra provides the practitioner with their application's outcome, including the reasons for the National Board's decision.

Complaints related to registration processes

We receive registration-related complaints about many different points in the registration process, including the:

- initial application process
- registration renewal process
- assessment of an internationally qualified practitioner's qualifications[38]
- decision to refuse registration, including because a practitioner does not meet the National Board's requirements as outlined in a registration standard
- decision to place conditions on a practitioner's registration (such as supervised practice conditions) and the processes for ensuring compliance with these conditions or reviewing whether they should remain in place
- publishing information about the practitioner's registration to the public national register of practitioners.

34 National Law, s 3A(1)(a).
35 National Law, s 3(2)(a).
36 National Law, ss 82(a)–(c).
37 National Law, s 83(1).
38 Under ss 53 and 58 of the National Law.

We record information about registration-related complaints based on the type of registration the complainant was seeking, the registration process that the complaint relates to, and the type of administrative concerns raised by the complainant.

Registration-related complaints

We received 248 registration-related complaints in 2025–26 (down from 355 complaints in 2024–25 and up from 123 in 2023–24). These complaints were made by 216 people. As expected, most complaints came from health practitioners (237 complaints, including complaints from a person or entity representing a health practitioner and anonymous practitioners).

Excluding last financial year, we received more registration-related complaints this financial year than in any of the preceding 10 years.

Last financial year, however, we experienced an unusual increase in registration-related complaints. This growth was primarily caused by increased complaints about specific issues that arose during 2024–25 but did not reoccur to the same extent this financial year. This included spikes in complaints about Ahpra's new operating system and registration fees.

In 2024–25 we received 105 registration-related complaints about Ahpra's new operating system. By comparison, we recorded that Ahpra's operating system contributed to 78 registration-related complaints in 2025–26. More information about this issue is outlined below (refer to 'Spotlight: Decreasing complaints about Ahpra's new operating system and practitioner portal').

In 2024–25 we also received 93 complaints that raised concerns about registration fees. These complaints primarily related to the medical profession (71). In the 2025–26 period, however, we received 21 complaints related to registration fees.

As expected, most registration-related complaints related to the largest health professions: medical and nursing. We received 78 complaints related to the nursing profession (down from 123 in 2024–25) and 75 about the medical profession (down from 145 in 2024–25). These decreases are explained by the unusual surge in complaints we received about Ahpra's new operating system and medical registration fees last financial year. Compared with the 2023–24 period, however, the number of registration-related complaints involving the nursing and medical professions increased in 2025–26 by about 81% and 63% respectively.

This financial year we saw significant proportional increases in registration-related complaints about some of the smaller professions. We received 12 complaints about the physiotherapy profession (up from 3 in 2024–25) and 6 about the occupational therapy profession (up from 1 in 2024–25). For the chiropractic profession, we received 4 registration-related complaints. This followed us not receiving any registration-related complaints about this profession in the 2 prior financial years.

As in previous years, most registration-related complaints received in 2025–26 related to general registration (187 complaints, compared with 280 complaints last financial year). This is to be expected given it is the most common registration type. We received comparatively fewer complaints about other registration types such as limited registration and provisional registration (Table 4). While we saw a slight increase in complaints about specialist registration (13, up from 11), we received the same number of complaints about non-practising registration (3).

Table 4: Types of registration driving complaints, 2024–25 to 2025–26

Registration type	Registration-related complaints in 2024–25	Registration-related complaints in 2025–26	Applications received by Ahpra by registration type in 2025–26[39]
General registration	280	187	77,481
Provisional registration	20	17	14,655
Specialist registration	11	13	6,863
Limited registration	14	9	3,921
Non-practising registration	3	3	11,214
Other/unknown	27	19	–
Total	**355**	**248**	**114,134**

Common registration-related issues

We recorded 430 complaint issues across the 248 registration-related complaints received in 2025–26. This was a significant decrease from the 642 issues we recorded across the 355 complaints received in 2024–25.

In terms of the type of registration process, complainants were most concerned about the processing of a:

- new application for registration (91 issues, down from 107 in 2024–25)
- renewal application for registration (79 issues, down from 103 in 2024–25) (Appendix 3, Table 15).



Most issues raised in registration-related complaints this financial year concerned a:

- **process being unfair** (135 issues, down from 148 issues in 2024–25)
- **process or decision being delayed** (110 issues, down from 123 issues in 2024–25)
- **decision being unfair or unreasonable** (74 issues, down from 81 in 2024–25) (Appendix 3, Table 14).

39 'Applications received by Ahpra by registration type in 2025–26' was provided by Ahpra.

English Language Skills Registration Standards

In 2025–26 we saw a notable increase in issues related to the English Language Skills Registration Standards (42 issues). This appears to reflect earlier complaint trends, following a decrease in the number of issues raised about these particular registration standards last financial year (23 complaints in 2024–25, down from 48 in 2023–24).

Last financial year, the National Boards made changes to the shared English Language Skills Registration Standard, introducing a new version in March 2025. The new standard was therefore only in effect for 3 months of 2024–25. The rebound in complaints related to the English Language Registration Standards this financial year could therefore be because:

- practitioners did not raise these types of issues while they awaited the National Boards' updated shared English Language Skills Registration Standard
- practitioners continue to be concerned about the English Language Skills Registration Standard, despite the National Boards' updates.

Customer service–related issues about registration complaints

We recorded 174 customer service–related issues related to the registration process this financial year.[40] This was a significant decrease from the 396 issues we recorded in 2024–25.[41] However, as outlined earlier, registration-related issues in 2024–25 were heavily impacted by concerns raised by practitioners attempting to renew their registration via Ahpra's new practitioner portal.

Communication continued to be the most common customer service–related concern this year, with 130 issues recorded. These issues mainly related to Ahpra's failure to respond (34 issues) or provide an update (31 issues), or someone being unable to contact Ahpra (19). We also recorded 19 issues related to concerns about Ahpra providing incorrect advice.

We recorded 19 issues about Ahpra's website not working, 18 of which related to Ahpra's new portal. This was a significant decrease from the 56 issues we recorded about Ahpra's website not working in 2024–25, including 53 issues related to Ahpra's new portal.

How we finalised registration-related complaints

We finalised 258 complaints about the handling of registration matters in 2025–26 (down from 334 in 2024–25, and up from 122 in 2023–24). We recorded 360 outcomes across these 258 complaints.

The most common outcome was our office finding that a fair and reasonable complaint response had been provided by the organisation being complained about (85 outcomes, up from 68 outcomes in 2024–25). In these cases, Ahpra responded to the complainant's concerns, and we found that the response adequately addressed the complaint.[42] Depending on the circumstances of the complaint, Ahpra may have achieved this by:

- responding to the complainant's concerns
- providing a fuller explanation about a registration-related process
- providing more information about its handling of, or decision about, the complainant's specific matter
- providing an update on the status of a matter, including any relevant next steps or timeframes
- committing to changing a policy or process
- acknowledging the complainant's experience and, where appropriate, providing an apology.

40 We capture customer service issues across all complaint types. Refer to 'Experience-related complaints' for more information.

41 We can record multiple issues on each complaint.

42 We may have received Ahpra's complaint response directly from the complainant. Ahpra may also have responded to the complainant after we made an early resolution transfer.

Other common outcomes to complaints included the following:

- Ahpra decided that an investigation into the complaint was not warranted in the circumstances (76 outcomes, down from 184 in 2024–25). This generally means we were satisfied from the information available that the process followed was fair and reasonable, as well as consistent with what was required by law and the relevant policies, or that the organisation had already taken appropriate action to address any identified concerns.
- The complainant did not provide the requested information to our office (69 outcomes, up from 60 outcomes in 2024–25). This could mean, for example, that we did not have enough information to progress the complaint.

In keeping with our usual approach, most registration-related complaints were finalised without the need for an investigation. We finalised 157 complaints at the assessment stage, 72 following an early resolution transfer and 24 following preliminary inquiries.

We finalised 5 complaints about the handling of a registration matter following an investigation, up from a single complaint in the previous financial year. We recorded the following 13 outcomes across these 5 complaints:

- our office provided the complainant with a fuller explanation (5 outcomes)
- the organisation had already made, or was in the process of developing, a systemic improvement (3 outcomes)
- we provided feedback to the organisation (3 outcomes)
- the organisation undertook to change a policy or process (1 outcome)
- the organisation provided training or feedback to its staff (1 outcome).

We provided feedback on registration-related matters on 6 occasions. This included 3 instances following an investigation and 3 instances after finalising complaints that did not progress to an investigation. Our feedback across these matters included, among other things, that Ahpra should:

- continue to publish the most recently retired version of criteria for assessing qualifications, in addition to the new version when it is implemented
- consider introducing a process for its Customer Service Team to escalate complex registration-related enquiries for internal advice before responding to the enquiry
- remedy inconsistencies we identified on a National Board's website regarding registration processes by clarifying and updating this information.

Vesna's story

Vesna, an overseas qualified practitioner, applied to Ahpra and the National Board for registration in Australia.



She contacted our office to raise concerns about:

- how long it was taking Ahpra to assess her application
- Ahpra not providing her with an update on the status of her application or an expected timeframe for its assessment
- Ahpra not responding to the complaint she made about her concerns
- the National Board's website not providing clear information about how to apply for registration.

How we managed the complaint

We transferred Vesna's complaint to Ahpra to provide an opportunity for it to respond to her concerns. Our office then assessed Vesna's complaint using the information she provided and Ahpra's response to her complaint. We found that:

- Ahpra had taken longer to assess Vesna's registration application due to issues with a change in its operating system and because it had not previously assessed Vesna's overseas qualification
- Ahpra had not always provided timely responses to Vesna about her registration application's status
- the National Board's website provided inconsistent information about the registration process.

Complaint outcome

Ahpra took steps to address Vesna's concerns. In its complaint response, Ahpra apologised to Vesna for the delay in processing her application and its lack of communication.

Ahpra also prioritised processing Vesna's application. It explained the different stages of its application process to Vesna and the documents she needed to submit at each stage.

Our office provided feedback to Ahpra and the National Board about the inconsistencies in its online information for overseas qualified practitioners. We suggested that the National Board consider making information clearer and more consistent as part of the work it advised it is undertaking to improve its website.

Registration delays

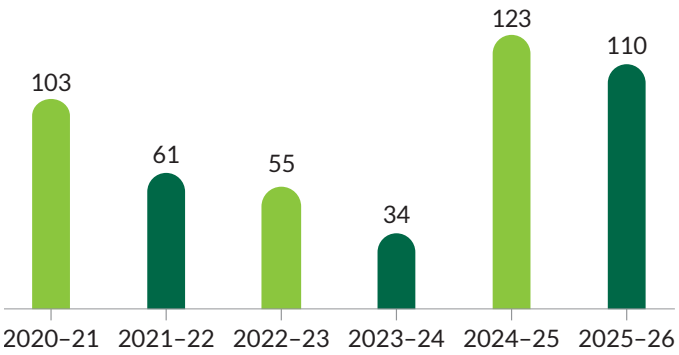
We recorded 110 issues related to a delay in processing a registration matter this financial year.[43] This was a decrease from the 123 issues we recorded in 2024–25 but a significant increase from the number of issues we recorded in the preceding financial years (Figure 13).[44]

Concerns related to delay in 2025–26 were also proportionally higher than last financial year (26% of issues this financial year, up from 19% of issues in 2024–25). Delay was also more often the complainant's primary concern (81%, up from 70% in 2024–25).[45]

One or more issues related to delay were recorded on 97 registration-related complaints (down from 115 in 2024–25).[46]

Interestingly, in 2025–26 only 27 of the 97 complaints (28%) we received about delay were identified to be directly related to Ahpra's new operating system.[47] This was a significant decrease from 2024–25, when 43 of the 115 complaints (37%) about delay were associated with Ahpra's new operating system. This suggests that Ahpra's new operating system is now less likely to be associated with delay in the processing of a registration application (refer to 'Spotlight: Decreasing complaints about Ahpra's new operating system and practitioner portal').

Figure 13: Issues recorded about delay across registration-related complaints, 2020–21 to 2025–26



Who raised concerns about delays

Complaints about delay in registration processes were raised by 88 complainants this year (including 5 who complained anonymously). This is slightly less than in 2024–25, when 99 complainants raised concerns about delay.

Consistent with last financial year, complaints about delay in registration processes were made in relation to 12 professions. These complaints most often related to the nursing profession (33 complaints, down from 44 in 2024–25). However, complaints related to the medical profession were almost as common (32 complaints, down from 43 in 2024–25).

While we received fewer complaints of this type in relation to the above professions than last financial year, this was not the case for all professions. Concerns related to the psychology profession remained consistent at 13 complaints. Some professions experienced increases in complaints about delays in registration processes. The most notable increases were in the physiotherapy profession (5 complaints, up from 1 in 2024–25) and midwifery profession (4 complaints up from 1 in 2024–25).

Overseas qualified health practitioners and concerns about delay

Thirty of the 97 complaints related to delay were raised by overseas qualified practitioners. This represents about a third of all complaints about delay associated with the nursing (10 complaints) and medical (11 complaints) professions. In comparison, only 1 of 13 complaints related to delay was raised by an overseas qualified practitioner for the psychology profession.

43 We can record multiple issues on each complaint.

44 We recorded 61 issues in 2021–22, 55 issues in 2022–23 and 34 issues in 2023–24.

45 For 79 of the 97 complaints received during 2025–26, concern about delay was the primary issue raised in the complaint (compared with 81 of 115 complaints in 2024–25).

46 We can record multiple issues on complaints. The 97 complaints referred to here may have had an issue about delay recorded as a primary or secondary issue or include more than one issue related to delay.

47 Delay issues are not always recorded as the first or only issue on a complaint we receive.

Interestingly, for medical radiation practice all complaints associated with delay were made by overseas qualified practitioners (3 complaints). A similar pattern was noted for midwifery, where 3 of the 4 registration delay complaints recorded were raised by overseas qualified practitioners.

In 2024–25 we observed that overseas qualified medical practitioners were over-represented among people who raised concerns about a delay in the processing of a new registration application. Thirteen (34%) of the 38 complaints we received about this issue last year were made by this cohort.

We highlighted in last financial year's annual report that this over-representation may suggest that overseas qualified medical practitioners are more likely to experience a delay in processing a new application for registration. We also noted that this may have been, in part, due to differences in the application processes and the supporting information required for overseas qualified medical practitioners who did not complete an approved qualification in Australia.

In 2025–26, however, there was no significant over-representation of overseas qualified medical practitioners among people who raised concerns about a delay in the processing of a new registration application. This cohort represented 7 (16%) of the 43 complaints we received about this issue.[48]

These changes in complaint trends may indicate improvements to the initial application process for overseas qualified medical practitioners.

Types of registration and registration processes related to delay

Most registration delay issues recorded this financial year impacted practitioners with, or seeking, general registration (89 issues, slightly up from 88 issues in 2024–25). This is to be expected given general registration is the most common registration type.

We recorded 9 issues related to delay in the context of provisional registration, 6 issues associated with limited registration and 4 issues relating to specialist registration.

The registration processes that were most impacted by delay (from the 110 issues recorded) included:

- the processing of new applications (44 issues)
- the processing of registration renewals (20 issues)
- the assessment of international qualifications (14 issues)
- re-entry to practice (5 issues)
- applications for endorsement (5 issues).

How we managed and finalised complaints about a delay in a registration process

In 2025–26 most complaints that were related to registration delay were finalised without the need for an investigation.[49] This included 49 complaints finalised at the assessment stage, 39 complaints following an early resolution transfer and 10 complaints following preliminary inquiries.

The most common outcome where the primary issue on a complaint related to delay was a finding that Ahpra provided a fair and reasonable response to the complaint (33 outcomes).

We concluded 3 investigations with primary issues relating to delay in registration processes during 2025–26. The most common outcome for these matters was providing the complainant with a fuller explanation. For example, one of these complaints related to, among other things, a delay in processing an application to review the conditions on a practitioner's registration. We found that a delay had occurred, but Ahpra had already adequately addressed this issue by finalising the application and providing an apology to the practitioner.

48 These complaints were made by 5 individuals, with 2 complainants making 2 complaints.

49 This data only includes complaints where we recorded delay as the complainant's primary issue.

Spotlight: Decreasing complaints about Ahpra's new operating system and practitioner portal

Our 2024–25 annual report explained that in March 2025 Ahpra launched a new operating system. This included introducing a new practitioner portal, which followed a multi-year business transformation project to replace the system Ahpra had relied on since its inception in 2010.[50]

The significant change to Ahpra's operating system contributed to a marked increase in complaints last financial year.[51] For the first time, practitioners had to set up multi-factor authentication and an account in Ahpra's practitioner portal to apply for, or renew, their registration. Some practitioners experienced challenges in registering for the new system due to technical issues, and others raised concerns about the transition to multi-factor authentication (such as privacy concerns).

Complaints associated with Ahpra's new practitioner portal last financial year were largely driven by the nursing and midwifery professions. These were the first professions required to renew their registration using the new portal. Between March and June 2025, we recorded 112 complaints about Ahpra's new operating system. These complaints were all received close to the nursing and midwifery professions' registration renewal date.

Complaints about Ahpra's new operating system

We received 93 complaints related to Ahpra's new operating system in 2025–26.[52] These complaints raised 248 issues (down from 459 issues in 2024–25).

As expected, we often experienced surges in complaints leading up to, and close to, registration renewal dates for different health professions. For example, the registration renewal dates for the medical profession and most of the allied health professions are 30 September and 30 November respectively. This appears to have led to 58 complaints between August and December 2025. We also received 11 complaints in May 2026, which coincided with the nursing and midwifery professions' 31 May registration renewal date.

Most of the 93 complaints about Ahpra's operating system were associated with a registration matter (78 complaints, down from 105 in 2024–25). Across the registration-related complaints we received, we recorded 109 issues (down from 139 in 2024–25). Similar to the trend in 2024–25, these issues were largely about the processing of a registration renewal application (64 issues, down from 82 in 2024–25). We recorded fewer issues about the processing of a new application for registration (14 issues, down from 22 in 2024–25).

Similar to last year, a small number of complaints about Ahpra's new operating system related to notifications (4 complaints, down from 7 in 2024–25).[53]

Experience-related complaints and issues related to Ahpra's new operating system

We recorded 128 experience-related issues (109 customer service and 19 complaint-handling issues) across complaints about Ahpra's new practitioner portal, down from 310 issues in 2024–25 (292 customer service and 18 complaint-handling issues).[54] This represents 30% of all experience-related issues recorded by our office this financial year in relation to Ahpra and the National Boards. Technical problems associated with Ahpra's website remained the most common issue we recorded (20 issues, down from 54 issues in 2024–25).

50 Ahpra, *'New operating system now live'*, Ahpra website, accessed 24 September 2026.

51 We received 980 complaints in 2024–25, 112 of which were about Ahpra's new operating system.

52 These complaints were made by 86 complainants (down from 104 complainants last financial year).

53 For the first time, we also recorded some complaints that related only to customer service or complaint handling (11 complaints). However, this typically occurred when we did not have enough information to classify the underlying regulatory matter relevant to the complaint.

54 Experience-related issues include concerns about customer service or complaint handling and can be recorded across different complaint types. Refer to 'Experience related complaints' for more information.

Communication continued to be another common customer service–related issue. For example, the second most recorded issue was that a practitioner could not contact Ahpra (15 issues, down from 49 issues in 2024–25). Complainants also continued to raise concerns about Ahpra not responding to them (13 issues, down from 27 issues in 2024–25).

However, we noticed a significant decrease in the number of issues raised about long call wait times being experienced by complainants when they were trying to contact Ahpra (9 issues, down from 66 issues in 2024–25). This was likely the result of steps Ahpra took to minimise wait times. For example, in 2025–26 Ahpra advised our office that it had expanded its Customer Service team's operating hours to include a weekend. This step coincided with the nursing and midwifery professions' registration renewal date and was specifically aimed at helping practitioners in these professions resolve any issues related to multi-factor authentication.

How we finalised complaints about Ahpra's new operating system

We closed 102 complaints about Ahpra's new portal in 2025–26, up from 101 complaints in 2024–25. Like last financial year, most complaints were closed at the assessment stage (68 complaints, up from 58 complaints in 2024–25). We also finalised some complaints after we:

- completed an early resolution transfer (26 complaints, down from 38 complaints in 2024–25)
- made preliminary inquiries (8 complaints, up from 5 complaints in 2024–25).

There was, however, a slight shift in the proportion of complaints we closed following an:

- assessment (67%, up from 57% in 2024–25)
- early resolution transfer (25%, down from 38% in 2024–25).

It is unclear why we finalised more of this type of complaint following an assessment and fewer following an early resolution transfer. However, the availability of additional public-facing information and resources relevant to Ahpra's practitioner portal may have contributed to this change. For example, on some occasions, our office referred a practitioner to Ahpra's online troubleshooting resources for the portal when we assessed their complaint. This may indicate that the practitioner resolved the issue they wanted to raise with us by accessing Ahpra's online resources.

For matters finalised at the assessment stage, the most common outcome involved us deciding to not investigate because the complainant did not provide us with information we requested (23 outcomes). This includes cases where we sought the complainant's consent to transfer their concerns to Ahpra for a response, but we did not receive a response. We also finalised several complaints because they were withdrawn by the complainant, or because we decided that Ahpra's complaint response was fair and reasonable (8 outcomes each).

The next most common outcome was us deciding that an investigation of the complaint was not warranted considering all the circumstances (20 outcomes). The reasons for these decisions varied and were specific to each complaint.

Monitoring complaints about Ahpra's operating system

The decrease in complaints and recorded issues suggests that practitioners are experiencing fewer issues with Ahpra's new operating system. We welcome this trend and hope it continues.

As outlined in its 2024–25 annual report, we recognise that Ahpra plans to add new features to the operating system over time. We will continue to monitor our complaint trends related to the new system, especially following any significant updates or changes.

Case Studies

Jing's story

Jing contacted our office a week before the registration renewal date for nurses and midwives.

She was concerned that she was unable to renew her registration using her mobile phone. Jing had been calling Ahpra multiple times a day without success. She was worried her registration would lapse leaving her unable to work.

We offered to transfer Jing's complaint to Ahpra via our early resolution transfer process. We also provided advice about the best times for Jing to call Ahpra.

We were later pleased to hear from Jing that she had reached Ahpra to resolve the issue and successfully renew her registration.

Bisan's story

Bisan contacted us after experiencing difficulties renewing their registration online. They could not set up the multi-factor authentication required to access Ahpra's online services.

They had submitted a web enquiry to Ahpra but did not receive a response and could not get through by phone. With their renewal deadline approaching, they were concerned about their ability to continue practising.

Using our early resolution transfer process, we transferred Bisan's concerns to Ahpra and sought information about the support available to help them complete their renewal.

Following our involvement, Ahpra reviewed the matter, explained the delays associated with a high volume of enquiries during the registration renewal period, and confirmed that Bisan had successfully renewed their registration.

This case shows how concerns about administrative processes can often be resolved quickly through early engagement, without the need for investigation.

Complaints about the assessment of overseas qualified practitioners

In 2025–26 we received 318 complaints about registration and accreditation processes.[55] A significant proportion of these complaints were made by or on behalf of practitioners who obtained their qualifications outside Australia (114, or 36%).[56]

Often, these practitioners were seeking to become registered health practitioners in Australia and were prompted to contact our office for help when they encountered difficulties on that journey.

While most registered health practitioners undertake their professional training in Australia, overseas qualified practitioners significantly contribute to Australia's workforce. This aligns with the National Scheme's objective to 'facilitate the rigorous and responsive assessment of overseas-trained health practitioners'. [57]

In 2023 it was reported that, across Australia, around 30% of medical practitioners and 13% of nurses were internationally trained.[58] Overseas qualified practitioners play a particularly important role in supporting health care delivery in certain professions and specialities, and in regional, rural and remote areas.[59] In this context, the process for registering overseas qualified practitioners is central to ensuring people in Australia continue to have access to, and receive, quality health care.

For an overseas qualified practitioner to be eligible for registration in Australia, they must (among other things) be 'qualified' for registration.

In practice, most overseas qualified practitioners need to show that they have a qualification that is either:

- substantially equivalent or based on similar competencies to a National Board–approved qualification
- relevant to the profession or specialty they wish to become registered in and show they have successfully completed the relevant National Board's required examination or assessment.

We received 114 complaints from overseas qualified practitioners about registration or accreditation processes during 2025–26. More than half of these complaints directly related to the assessment of whether the practitioner was qualified for registration (66, or 58%).

Types of complaints we received

Of the 114 complaints received from overseas qualified practitioners about registration or accreditation processes during 2025–26, most were about the medical (32) and nursing professions (11). However, 8 other professions were also reflected in our complaints data.

For some health professions, the assessment of whether a practitioner's qualification meets certain requirements is undertaken by Ahpra and the relevant National Board when processing an application for registration.[60] We recorded 33 complaints about this process during 2025–26.

55 We received 248 registration-related complaints and 70 accreditation-related complaints in 2025–26.

56 Our processes for capturing data about accreditation-related complaints was further refined over 2025–26. For this reason, our reporting related to complaints about the assessment of overseas qualified practitioners is not compared with data from previous years.

57 National Law, s 3(2)(d).

58 R Kruk, *Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners: final report.*

59 R Kruk, *Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners: final report.*

60 The professions that assess overseas qualified practitioners as part of the registration process are psychology, medical radiation practice, occupational therapy, paramedicine, podiatry and Aboriginal and Torres Strait Islander health practice.

For most professions, however, assessments are undertaken before an application for registration is made. For most of these professions, assessments and examinations are undertaken by an external accreditation authority. The arrangements for how assessments are undertaken differ by profession and specialty.

The Nursing and Midwifery Board of Australia (Nursing and Midwifery Board)'s approach is unique because it has appointed 2 accreditation authorities (an external accreditation entity and an accreditation committee). Its accreditation committee, known as the Nursing and Midwifery Accreditation Committee, is the only accreditation committee appointed to oversee the assessment of overseas qualified practitioners.

We received 33 complaints relating to these different types of assessments during 2025–26:

- 16 complaints related to colleges
- 14 complaints related to external accreditation authorities
- 3 complaints related to the Nursing and Midwifery Accreditation Committee.

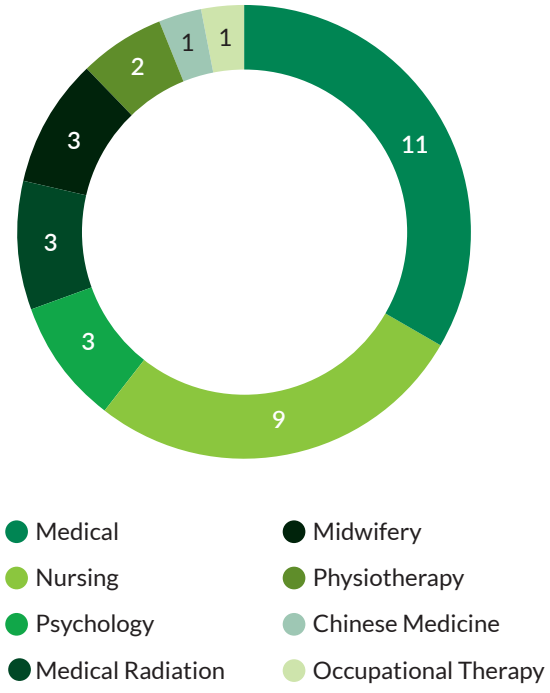
Some complainants (3) raised concerns about both:

- the organisation that assessed their qualification and/or delivered a required assessment or examination
- Ahpra and a National Board's processes related to their registration or accountability for the overall assessment process overseas practitioners must complete (including oversight of required examinations or assessments).

Concerns about Ahpra and a National Board's assessment of overseas qualified practitioners

The 33 complaints we received during 2025–26 about how Ahpra and the National Boards assessed overseas qualified practitioners were made by 29 complainants. Complaints were most often about the assessment of medical practitioners (11 complaints). Complaints about the assessment of nurses were the next most common type of complaint (9 complaints) (Figure 14).[61]

Figure 14: Complaints related to the assessment of overseas qualified practitioners by profession, 2025–26



61 In nursing and midwifery, Ahpra conducts a qualification assessment before an application for registration is made. For this reason, complaints about nurses and midwives are reflected in both registration and accreditation complaint categories.

We recorded 74 registration issues across complaints related to Ahpra and the National Boards' assessments of overseas qualified practitioners. The most common issues were that:

- processes were unreasonably delayed (27 issues)
- processes were unfair (17 issues)
- decisions were unfair or unreasonable (12 issues).

Over the course of 2025–26, we facilitated 11 early resolution transfers, initiated 5 preliminary inquiries and commenced 1 investigation into Ahpra and a National Board's assessment of an overseas qualified practitioner. Most of these actions related to complaints about the assessment of overseas qualified nurses and midwives (7 early resolution transfers, 3 preliminary inquiries and 1 investigation).

We finalised 22 complaints related to Ahpra and a National Board's assessment of overseas qualified practitioners during 2025–26. Most complaints were finalised at the assessment stage (11 complaints). Another 8 complaints were closed following an early resolution transfer and 3 complaints concluded at the preliminary inquiries stage.

The most common outcome recorded across these complaints was that we considered Ahpra had provided a fair and reasonable response to the complaint following an early resolution transfer (9 outcomes). The next most common outcome was that we decided not to investigate the complaint because the matter was still actively being considered by Ahpra and/or the relevant National Board (5 outcomes).

We provided feedback twice in relation to complaints about the assessment of an overseas qualified practitioner by Ahpra and a National Board. In both instances, our feedback focused on opportunities to improve public-facing information to make it more accessible, provide clarity about processes and offer transparency in how decisions are made.

Concerns about the assessment of overseas qualified practitioners related to the Nursing and Midwifery Accreditation Committee

If a nurse or midwife has a qualification considered to be 'relevant' to their profession, they must successfully complete the Nursing and Midwifery Board's required assessment or examination to be qualified for registration.[62] This assessment is known as the Outcomes-Based Assessment and is made up of a multiple-choice question examination and an Objective Structured Clinical Exam. The examination and assessment process is overseen by the Nursing and Midwifery Accreditation Committee.[63]

In 2025–26 we received 3 complaints about the Nursing and Midwifery Accreditation Committee. The concerns raised across these complaints were primarily about merits review processes (4 issues) and the fairness of examination delivery (3 issues). Most often, the concern raised was that a decision or outcome was unfair or unreasonable (3 issues).

We transferred 1 complaint about the Nursing and Midwifery Accreditation Committee to Ahpra's National Complaints Team for a complaint response via our early resolution transfer process during 2025–26. We did not undertake preliminary inquiries or commence an investigation into any complaints.

Four complaints about the Nursing and Midwifery Accreditation Committee were finalised during the year. Two complaints were finalised at the preliminary inquiries stage, while 2 others were finalised at the assessment stage or following an early resolution transfer. We decided not to investigate most of these complaints because our office was already considering the concerns raised as a systemic issue (3 outcomes).

62 This requirement is outlined in s 53(c) of the National Law.

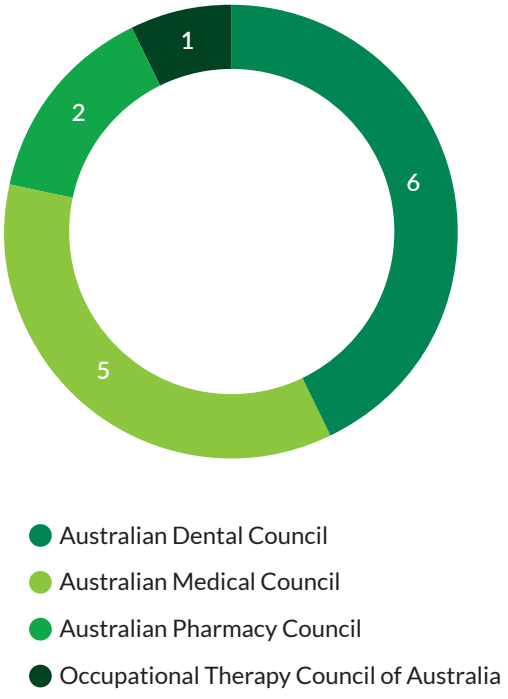
63 For this reason, we record complaints related to the Outcomes-Based Assessment as accreditation complaints related to the Australian Nursing and Midwifery Accreditation Council (rather than registration complaints related to Ahpra and the Nursing and Midwifery Board).

Concerns about assessments of overseas qualified practitioners by external accreditation authorities

Under the National Law, a National Board can assign the accreditation function of overseeing the assessment of overseas qualified practitioners to an external accreditation authority. Seven National Boards have decided to assign this function to an external organisation.[64]

We received 14 complaints about external accreditation authorities' assessments or examinations of overseas qualified practitioners during 2025–26.[65] These complaints related to 4 accreditation authorities. Most commonly, the complaints we received were about the assessment of dental and medical practitioners (Figure 15).

Figure 15: Complaints related to the assessment of overseas qualified practitioners by an external accreditation authority, 2025–26



Thirty-nine issues were recorded across the 14 complaints we received. Complaints were commonly associated with an external accreditation authority's examination(s) (29 issues). The concerns raised about examinations included the fairness of examinations and their outcomes (18 issues), problems in the delivery of examinations (7 issues) and the quality of information provided about examination results (4 issues).

Concerns about fees were also raised in complaints related to external accreditation authorities (5 issues). Most commonly, the complainant was concerned that the fees an external accreditation authority charged them were unfair or unreasonable (4 issues).

Complaints about external accreditation authorities' processes were considerably more common than concerns related to the decisions made about the assessment of overseas qualified practitioners (26 issues compared with 7 issues). Complainants most often reported concerns that processes were unfair (12 issues), lacked transparency (7 issues) or were inaccessible (4 issues).

During our consideration of complaints about external accreditation authorities in 2025–26, we facilitated 5 early resolution transfers, made preliminary inquiries once and commenced 1 investigation.

We finalised 11 complaints over the course of the financial year. Most complaints (8) were finalised at the assessment stage. We also finalised 3 complaints following an early resolution transfer.

The most common reason for deciding not to investigate a complaint was that we believed the external accreditation authority had provided a fair and reasonable response to the complaint (5 outcomes). The next most common outcome was that we decided an investigation was not warranted having regard to all the circumstances (4 outcomes).

64 The professions that have assigned functions relating to overseas qualified practitioner assessment to an external accreditation authority are chiropractic, dental, medical, optometry, osteopathy, pharmacy and physiotherapy.

65 These complaints were made by 14 complainants.

Thomas's story

An overseas qualified practitioner, Thomas, shared his concerns with us about Ahpra's assessment of his application for registration.

Thomas was registered in his profession in the United States. Initially, Ahpra informed him that he did not need to take more examinations or assessments before applying for registration. However, he was later informed that he would need to undertake the National Board's required assessment and examination process because he had a qualification considered to be 'relevant' to his profession, not substantially equivalent, or based on similar competencies, to a National Board–approved qualification. At the time, he thought that this was because Ahpra had requested, but not received, independent verification that he had completed a specific regulatory examination in the United States.

Thomas undertook the first examination required by the National Board. However, before he took the next required assessment, he decided to raise concerns about his original qualification assessment outcome with our office.

Thomas shared that this was because the assessment fee was onerous and that he would have to travel interstate to sit the assessment. He told us he wanted his qualification outcome reconsidered, and if this was not possible, an explanation why.

We transferred Thomas's complaint to Ahpra for a response. Ahpra subsequently provided a brief outline of how it assessed his application. It noted that, after receiving his complaint (as transferred by our office) it had decided to undertake an internal reassessment.

Our office made preliminary inquiries to seek more information about the issues that may have impacted Ahpra's original assessment of Thomas's qualification. In response, Ahpra explained that it could not find out why Thomas had previously been asked to provide independent verification of the specific regulatory examination he had completed in the United States. It confirmed, however, that if Thomas had provided this information, it would not have changed his qualification assessment outcome.

Ahpra explained that when Thomas first applied for assessment over 5 years ago, his qualification was not assessed as substantially comparable to an approved qualification. However, since this time, Ahpra had undertaken more research into the higher education system in the United States, which indicated Thomas's qualification now meets this threshold. Ahpra confirmed that Thomas could now apply for registration because he could be considered 'qualified' for registration in his profession. This meant Thomas was not required to complete the National Board's examination and assessment process for those with a qualification 'relevant' to the profession.

Ahpra then confirmed that it would refund Thomas the fee he paid to sit the first examination (as this was not necessary for him to prove he was 'qualified' for registration).

Thomas wrote to thank our office for helping him.

Concerns about colleges' assessments of specialist international medical graduates

The assessment of most SIMGs is undertaken by colleges. Sixteen colleges perform this function in relation to more than 20 different medical specialties at the Medical Board's request. The Medical Board has standards that outline how colleges are expected to assess SIMGs (the SIMG Standards).[66]

Colleges play a unique role in the National Scheme and are currently the only education providers that deliver approved programs of study for the relevant specialties. These are generally 'training programs' completed by medical practitioners in Australia (refer to 'College training program complaints' for more information).

Colleges are also continuing professional development homes for specialist medical practitioners and all SIMGs.[67]

Colleges are not, however, accreditation authorities as defined by the National Law.

In 2025–26 we received 16 complaints about SIMG assessments by colleges. These complaints were raised by 13 complainants and were most often about the specialities of surgery and general practice (Table 5).

Table 5: Complaints by college 2025–26

Colleges complained about	2025–26
Royal Australasian College of Surgeons (RACS)	5
The Royal Australian College of General Practitioners (RACGP)	4
Australian and New Zealand College of Anaesthetists (ANZCA)	2
Australasian College of Dermatologists (ACD)	2
Royal Australasian College of Physicians (RACP)	1
The Royal Australian and New Zealand College of Psychiatrists (RANZCP)	1
Unknown	1
Total	**16**

66 Medical Board of Australia, 'Standards: Specialist medical college assessment of specialist international medical graduates', 2021.

67 Continuing professional development 'homes' deliver development programs and audit and report on medical practitioners' compliance with continuing professional development requirements.

The issues we recorded on these complaints highlight that the qualification assessment is the main source of concern for SIMGs (30 issues). Merits review processes (9 issues), examinations (7 issues) and changes to an SIMG's assigned assessment pathway (6 issues) were also common reasons for complaints.

SIMGs who complained about colleges' assessment processes were more likely to report that decisions were unfair or unreasonable (17 issues) compared with complaints about external accreditation authorities undertaking overseas qualified practitioner assessments (where process related concerns were more prominent). However, concerns about college processes were also common. This included concerns that processes were unfair (11 issues), lacked transparency (7 issues) or were impacted by bias or discrimination (7 issues).

In exploring the concerns raised about colleges' assessments of SIMGs during 2025–26, we facilitated 2 early resolution transfers, made preliminary inquiries 6 times and initiated 3 investigations.

Twenty complaints were finalised during the financial year, mostly at the assessment stage (13 complaints). We also finalised 1 complaint following an early resolution transfer and 2 complaints after considering a college's response to our preliminary inquiries. Significantly, we completed 4 investigations.

Across the 16 complaints finalised without investigation, the most common outcome was that we decided an investigation was not warranted in the circumstances (6 outcomes). Generally, this outcome means we were satisfied it was reasonably open to the college to make the relevant decision, and we did not identify any administrative issues requiring our attention.

Where we did investigate a complaint, the most common outcomes were that we provided the complainant with a fuller explanation (4 outcomes) or we provided feedback to the relevant college (3 outcomes). We also recorded outcomes that an apology was provided to the complainant by the relevant college (1 outcome), and a college updated its public-facing information (1 outcome).

Our feedback about how colleges assess SIMGs has focused on improving:

- how proposed decisions about an SIMG's comparability to an Australian-trained specialist are communicated to ensure the requirements of the Medical Board's SIMG Standards are met and SIMGs have a clear understanding of what the proposed decision is and what information informed it
- how final decisions about an SIMG's comparability to an Australian-trained specialist are communicated, including that outcome letters should clearly document the assessment of the SIMG's application against each assessment criteria, including gaps or alignment in the applicant's training and/or experience compared with an Australian-trained specialist
- SIMGs' access to merits review mechanisms and the reasonableness of costs associated with the reconsideration and review stages of merits review processes.

Elias's story

Elias was a medical specialist who trained overseas and wanted to practise as a medical specialist in Australia.

He applied to a college for a comparability assessment. The college decided that his qualifications, training and experience were not comparable to an Australian-trained specialist.

Elias applied to the college for a reconsideration of the comparability decision. The college decided he had not raised any grounds to undertake a reconsideration and the original decision remained unchanged.

Elias complained to our office that the comparability and reconsideration decisions were incorrect and unfair. He was concerned that the college had not properly considered all the information he had provided. He also raised concerns about delays in the comparability assessment and reconsideration processes.

How we managed the complaint

We transferred Elias's complaint to the college through our early resolution transfer process. In response, the college provided Elias with more detailed reasons for its decisions and apologised for the delays.

Although the college's complaint response addressed some of Elias's concerns, we commenced an investigation.

We found the college did not provide Elias with enough information to explain its comparability decision. The college had, however, adequately explained why it decided not to undertake a reconsideration of the comparability decision.

We also found the college's decision to retain Elias's reconsideration fee was consistent with its policy.



Complaint outcome

During our investigation, the college updated its comparability assessment process following feedback from our office. This included providing applicants with more detailed information about its preliminary assessment, especially where it considers an applicant's qualifications, training or experience do not align with those of an Australian-trained specialist. The college also updated its comparability decision letters to provide more detailed reasons for decisions, particularly where an applicant is assessed as not comparable to an Australian-trained specialist.

We made further suggestions to the college about opportunities to strengthen the comparability assessment process, including improving the information provided to applicants before a comparability decision is made.

We also suggested the reconsideration process be provided free of charge. This reflects the Ombudsman's recommendations in Part 1 of our Processes for Progress review.

College training program complaints

Specialist medical practitioners are medical practitioners who have completed advanced training in a specific area of medicine after obtaining their primary medical qualifications. They play a vital role in Australia's healthcare system.

The different specialities for the medical profession have been approved by Health Ministers and are usually distinguished by a focus on a specific:

- type of disease, injury type or method
- organ system or function of the human body
- type of patient or practice setting.

The Australian Medical Council has accredited 16 colleges as education providers of specialist medical training.[68] The Medical Board has in turn approved colleges' training programs. This means that once a practitioner has completed a college's training program for a specialty, they are considered qualified for specialist registration with the Medical Board.

Once registered as a specialist, the medical practitioner's specialisation is reflected on the public national register of practitioners maintained by Ahpra.

Colleges are currently the only education providers in Australia that deliver programs that lead to a medical practitioner being considered qualified for specialist registration. For this reason, fairness in college processes and decision-making is essential.

Complaints about college training programs

We recorded 30 complaints about colleges' training programs across 2025–26.[69] These complaints were made by 12 people and related to 9 of the 16 colleges (Table 6).

Table 6: Complaints by college in 2025–26

College	2025–26
The Royal Australian College of General Practitioners (RACGP)	11
Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)	7
The Royal Australasian College of Medical Administrators (RACMA)	4
The Royal Australian and New Zealand College of Radiologists (RANZCR)	2
Australian and New Zealand College of Anaesthetists (ANZCA)	2
Australian College of Rural and Remote Medicine (ACRRM)	1
The Royal Australian and New Zealand College of Psychiatrists (RANZCP)	1
Royal Australasian College of Physicians (RACP)	1
Royal Australasian College of Surgeons (RACS)	1
Total	**30**

68 The Australian Medical Council is the Medical Board's appointed external accreditation authority.

69 Over the course of 2025–26 we have continued to refine our reporting approach for accreditation-related complaints, so we have not compared our 2025–26 data to previous financial years.

Most complaints we received were from people who had completed their primary medical training in Australia before seeking or obtaining entry to a college training program (14 complaints). However, a significant number of complainants had obtained their primary medical qualifications overseas (11 complaints).[70]

Across the 30 complaints received, we recorded 90 complaint issues based on how complainants described their concerns.

The processes that drove the most complaints to our office concerned examinations delivered by colleges (27 issues) and colleges' merits review processes (25 issues).

For complaints related to college examinations, complainants often told us that:

- processes were unfair (10 issues)
- examination outcomes were unfair or unreasonable (8 issues)
- processes lacked transparency (5 issues)
- examination processes had been impacted by bias or discrimination (3 issues).

Where complainants had concerns about merits review processes, the most common reasons given for seeking our office's help were that:

- outcomes of merits review applications were unfair or unreasonable (7 issues)
- merits review processes were unreasonably delayed (4 issues)
- relevant information was not considered when making decisions (3 issues)
- reasons provided for decisions were inadequate (3 issues).

Concerns relating to the delivery of training programs (12 issues) and the removal of trainees from training programs (9 issues) were also common.

How we responded to complaints about college training programs

During our management of complaints about colleges' training programs during 2025–26, we:

- facilitated 2 early resolution transfers to 2 colleges
- made preliminary inquiries 13 times, related to 5 different colleges
- launched 7 investigations, related to 2 colleges.

We finalised 27 complaints relating to colleges during 2025–26, including:

- 11 complaints at the assessment stage
- 1 complaint following an early resolution transfer
- 13 complaints following preliminary inquiries
- 2 complaints after an investigation.

The most common reason for deciding not to investigate a complaint was that an investigation was not warranted in the circumstances. Generally, this outcome indicates that we considered it was reasonably open to the college to make the decision or take the action that was the subject of the complaint and there were no other administrative concerns that required consideration. The next most common outcome was that we decided not to investigate a complaint because the college was still actively considering the matter.

Both complaints about college training programs that were finalised following an investigation resulted in our office providing feedback to the relevant college and a further explanation to the complainant. Our feedback related to:

- improvements that could be made to how significant changes to a college's program of study selection process are documented and supported by available information
- the need for a college to clearly outline what criteria candidates will be assessed against in relation to re-entry to its training program
- the importance of ensuring a college's policies accurately reflect the standard methodologies it uses for examinations and the need for timeliness in correcting errors or incorrect references identified in those policies.

70 In 5 instances, we did not have visibility of where the practitioner completed their primary medical training.

Experience-related complaints

As an Ombudsman's office, we often witness how an organisation benefits by prioritising good customer service and complaint-handling processes. This empowers the organisation to build, repair and strengthen its relationships.

Effective complaint processes are a valuable tool and can help an organisation identify and respond to systemic problems early. This can improve stakeholders' experiences while also limiting the negative impacts that a systemic issue may have on an organisation's resourcing and reputation. It also helps avoid escalations to external complaint-handling or adjudication bodies.

When a complainant tells us they are not happy about the customer service they received, or the way their complaint about an organisation was handled by that organisation, we capture these concerns under the category of 'experience'.

It is rare for our office to receive a complaint that is purely experience-related. This is because recording a complaint of this type means we do not know why an individual was seeking to engage with the organisation they have complained about. We recorded 16 of these complaints this financial year, up from 14 complaints in 2024–25. Most of the complaints (11 complaints) related to Ahpra's new operating system (refer to 'Spotlight: Decreasing complaints about Ahpra's new operating system and practitioner portal').

We typically record experience-related concerns as secondary issues. For example, we may receive a complaint that raises concerns about a delay in processing an application for registration and long call wait times to contact the assigned case officer.

We would record the delay in the processing of the matter as the primary issue and the long call wait times as a secondary, experience-related issue.[71]

Francis's story

Francis contacted our office with concerns about how Ahpra had informed him that a former patient had made a verbal threat related to him.

Francis was glad that Ahpra had called to warn him but became concerned when Ahpra would not confirm the details of the threat in writing. Ahpra also would not provide any more information about the threat. Francis was worried and unsure about how to protect his and his colleagues' safety.

Our preliminary inquiries found that Ahpra had not provided enough information and reasonable help to Francis. It could have communicated better and provided more information.

Our office provided feedback to Ahpra about how it could help Francis and improve its response to future incidents. Ahpra agreed to provide Francis with more information. It also advised that it would develop resources and train staff to better respond to indirect threats made against a practitioner.

71 This would lead to us classifying the complaint as a registration- or notification-related, rather than experience-related, complaint.

We recorded 445 experience-related issues across 302 complaints to the Ombudsman in 2025–26. This means that 35% of all complaints to the Ombudsman included one or more concerns relating to their experience engaging with the organisation they complained about. This was a significant decrease from the 837 issues we recorded across 437 complaints to the Ombudsman in 2024–25. This reduction is largely associated with fewer complaints about Ahpra's practitioner portal compared with 2024–25. The experience-related issues in 2025–26 included:

- 373 customer service–related issues, raised by 197 complainants[72]
- 72 issues associated with complaint-handling, raised by 56 people.

We have previously outlined more information about customer service–related experience issues in 'Customer service–related issues about notification complaints' and 'Customer service–related issues about registration complaints'. More information about experience-related issues associated with complaint-handling is outlined below.[73]

Complaint handling

We recorded 72 experience-related issues associated with complaint handling in 2025–26. These concerns were raised by 56 people. This was significantly fewer than the 139 issues we recorded in 2024–25 (raised by 99 people).

Six of the issues we recorded this year related to a college (2 issues) or an accreditation authority (4 issues). All others concerned Ahpra and/or a National Board (66 issues).

Within Ahpra, complaints are managed in line with its *Administrative complaint handling policy and procedure.* This policy and procedure also applies to accreditation committees established by National Boards to manage complaints with Ahpra's National Complaints team's help.

Where complaints cannot be resolved at the frontline, Ahpra's National Complaints team manages them.[74] This means Ahpra's complaint handling is often consistent regardless of which type of regulatory matter is the subject of a complaint.

Across both notification- and registration-related complaints, the concern most commonly raised about Ahpra's complaint handling was that Ahpra's response was inadequate (21 and 14 issues respectively, down from 29 issues and 25 issues respectively in 2024–25). This was also the most commonly raised issue for concerns about Ahpra's complaint handling in relation to other matters, such as accreditation and FOI (5 issues in total).

Other concerns raised included:

- Ahpra did not provide a response to the complaint (4 issues for notification-related matters and 2 for registration-related matters)
- a complaint response from Ahpra was delayed (5 issues for registration-related matters)
- Ahpra's complaints process was inaccessible (3 issues, 2 for registration-related and 1 for an unknown matter)
- Ahpra did not action an undertaking it provided in a complaint response (2 issues for notification-related and 1 issue for registration-related matters).

External accreditation authorities and colleges often have their own policies and procedures for managing complaints.[75]

For complaints about colleges, 1 of the 2 issues related to a concern that a college's complaint response was inadequate. This issue type was also raised twice in relation to an accreditation authority, making it the most prevalent concern in relation to these organisations.

72 This includes 9 anonymous complainants.

73 This is mainly because administrative complaints are usually managed under a single complaint-handling policy that relies on the same principles, regardless of the type of application or regulatory matter related to the complaint.

74 Our complaint-handling data does not distinguish between complaint management at the frontline stage of Ahpra's complaints process and those handled by Ahpra's National Complaints team.

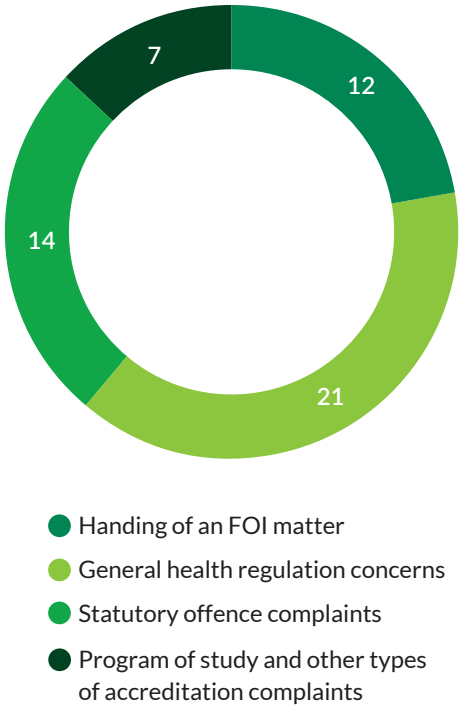
75 External accreditation authorities and colleges also offer merits review mechanisms under separate policies. A merits review can look at whether a decision was right or wrong, whereas a service delivery complaint focuses on how a matter was handled. Our complaint handling-related data does not capture concerns about how merits review applications are managed.

Other complaint types

Most concerns raised with our office relate to notification, registration, overseas qualified practitioner assessment and college training program processes. However, we can also receive complaints about:

- an accreditation authority's program of study accreditation processes
- how Ahpra and/or a National Board handles an FOI matter
- how Ahpra handles a statutory offence complaint about a health practitioner
- general concerns about Ahpra and the National Boards' regulation of health practitioners (Figure 16).

Figure 16: 'Other' types of Ombudsman complaints received, 2025–26



Complaints about program of study accreditation and other accreditation complaints

We can help with complaints about an accreditation authority's program of study accreditation processes. This includes, for example, processes related to an education provider applying for, and being assessed for, accreditation or re-accreditation of a program of study by an accreditation authority. For education providers delivering approved programs of study, we can also help with complaints about an accreditation authority's monitoring processes and actions taken when a program of study is no longer meeting the required Accreditation Standards.

We did not, however, receive or finalise any complaints about program of study accreditation this financial year. We generally have not received many complaints of this nature. For example, we received and finalised one complaint about program of study accreditation last financial year.

We also received 7 complaints about accreditation functions and/or the actions of an accreditation authority. We characterised these complaints as 'other types of accreditation complaints' due to the diversity of issues raised. This included, for example, broader concerns raised with us about the way an accreditation authority oversees accredited programs of study.

Complaints about the handling of a freedom of information matter

Ahpra and the National Boards are subject to the FOI Act. This legislation does not apply to accreditation authorities or colleges.

FOI-related matters raised with our office are most often considered based on our Commissioner role and powers (rather than our Ombudsman role). This is because the Commissioner can accept an application for, and conduct a merits review of, Ahpra's FOI decision to determine whether the decision was 'correct and preferable'. Our FOI review process is therefore more suitable for someone who disagrees with a decision or wants a decision changed. More information about our FOI process is detailed later in this report.[76]

Our Ombudsman role allows us to consider complaints about Ahpra's FOI process. This means we can consider whether Ahpra's FOI process was fair and reasonable without reviewing the merits of its FOI decision. For example, someone may raise a concern about Ahpra's:

- refusal to accept an FOI application
- delay in processing an FOI application
- failure to provide adequate reasons for an FOI decision
- failure to manage an FOI application in line with a relevant policy
- failure to consult on an FOI decision to release information.

This financial year we received 12 complaints where the handling of an FOI matter was the primary issue raised (up from 9 complaints in 2024–25). All these complaints were made by the FOI applicant (the person who submitted the FOI request). Most complaints were about an FOI request for notification-related documents associated with the notifications process (9 of the 12 complaints).

We recorded 19 issues across the 12 FOI complaints we received. The most common concerns raised about FOI handling this year were that the process was unfair (6 issues, up from 5 issues in 2024–25) or delayed (6 issues, up from 5 in 2024–25).

We finalised 9 complaints about the handling of an FOI matter this financial year. This was mostly achieved at the assessment stage (7 complaints). However, we finalised 2 complaints following an early resolution transfer to Ahpra. These 2 complaints were primarily closed on the basis that we considered Ahpra's complaint response was fair and reasonable.

Statutory offence complaints

Our office can consider complaints about how Ahpra handles statutory or criminal offence matters.

Ahpra is responsible for prosecuting offences under the National Law, which can relate to the conduct of a member of the public or a health practitioner. The specific statutory offences outlined in the National Law relate to:

- unlawful use of a protected title[77]
- performing a restricted act[78]
- 'holding out' or making incorrect claims about:
  - being qualified for, or registered in, a health profession[79]
  - holding specialist registration[80]
  - the type of registration or endorsement someone holds[81]
- unlawful advertising.[82]

In practice, for example, a member of the public may be fined for holding themselves out to be a registered practitioner when they do not hold registration. A registered health practitioner may instead be fined for falsely claiming that they hold specialist registration. For practitioners, these types of concerns may also be managed as a notification.

76 Refer to 'Freedom of information'.
77 National Law, ss 113–115A.
78 National Law, ss 121–123.
79 National Law, ss 116–117.
80 National Law, s 118.
81 National Law, ss 119–120.
82 National Law, s 133.

Anyone can report a ‘criminal offence’ to Ahpra. This may include if they believe that an offence has occurred because of information they have seen online or their experiences with an individual or health practitioner.

In 2025–26 we received 14 complaints about statutory offence matters, up from 8 complaints in 2024–25. These complaints were raised by 12 complainants, up from 7 last financial year. Six of these complaints were made by the person who had made a statutory offence complaint to Ahpra, 5 were made by the practitioner who had a statutory offence complaint made about them, and 3 were made by a third party or a member of the public.

We recorded 25 offence-related issues this year, up from 19 issues last financial year. Most of the statutory offence issues we recorded stemmed from complaints about how Ahpra managed a matter related to:

- a person holding out to be a registered health practitioner or specialist when they were not registered (10 issues, up from 7 issues in 2024–25)
- use of a protected title, such as a health service provider’s website incorrectly suggesting that an unregistered person was a registered health practitioner (6 issues, up from 3 issues in 2024–25)
- practitioner advertising, such as the use of testimonials or advertising in a way that does not adhere to a National Board’s approved guidelines (4 issues, down from 9 issues in 2024–25).

We finalised 11 statutory offence complaints in 2025–26, mostly at the assessment stage of our complaint-handling process (6 complaints). Two complaints were finalised following an early resolution transfer and another 2 following preliminary inquiries. One complaint was finalised following an investigation (refer to Paul’s story).

“

Anyone can report a ‘criminal offence’ to Ahpra. This may include if they believe that an offence has occurred because of information they have seen online or their experiences with an individual or health practitioner.

Paul's story

Paul raised concerns with our office about how Ahpra handled his criminal offence complaint. Paul became concerned after he did not receive an acknowledgement of his complaint and contacted our office to seek help getting Ahpra to respond.



How we managed the complaint

After receiving our early resolution transfer, Ahpra provided a response to Paul's complaint. It explained that it could not accept his matter due to its jurisdiction. Paul raised more concerns with our office about this response, including that Ahpra's reasons for refusing to consider his criminal offence complaint were incorrect and not adequately explained.

We investigated Paul's concerns. We found that it was open for Ahpra to decide that Paul's concerns about the practitioner constituted a notification about their performance or conduct, rather than a criminal offence complaint. Ahpra had also referred the notification to another entity in line with its jurisdiction.

We found that Ahpra had acted reasonably by:

- providing correct advice about the scope of relevant legislation
- declining to answer certain questions due to confidentiality obligations
- adequately addressing Paul's other queries.

However, we also identified that Ahpra could have better explained why it refused to accept Paul's concerns as a criminal offence complaint. It also could have provided more timely responses and sought to more proactively resolve Paul's concerns.

Complaint outcome

We welcomed Ahpra's advice during the investigation that it would seek to update its website information to help people to understand how criminal offence complaints are handled. We suggested this information could include explanations and examples of the kinds of criminal offences Ahpra manages and how these differ from notification-related concerns.

We also provided feedback to Ahpra that it should better explain the reasons for a referral to another entity and ensure people are not left confused about the status of their matter.

Ahpra acknowledged that our investigation identified opportunities to improve the clarity of, and communication about, its processes for managing criminal offence matters. It also advised that it has taken steps to ensure these matters are managed consistently across teams. Further, Ahpra is considering our feedback as part of a broader review of its notifications and compliance functions, including to determine whether any additional action is needed to address issues not covered by that review.

General health regulation concerns

We record a matter as a general health regulation concern when it cannot be easily classified into one of our designated complaint types. We may choose to do this if:

- the complaint raises a concern about a broad regulatory issue
- the matter clearly relates to a regulatory issue within our jurisdiction, but we do not have enough information to classify it.

General health regulation concerns often arise in the context of contested public policy issues, where views may be strongly held and diverse. We recorded 21 complaints of this nature in 2025–26, up from 13 in 2024–25.

We recorded 49 issues across general health regulation complaints in 2025–26. This was a significant increase from the 20 issues recorded in 2024–25. The increase was primarily driven by concerns about:

- how Ahpra and the National Boards manage concerns relating to gender medicine or consider gender in their broader operations (29 issues)
- Ahpra's adoption of the International Holocaust Remembrance Alliance's definition of antisemitism (11 issues).[83]

To ensure we are appropriately monitoring and able to report on emerging trends, our office may create new 'issue strings' for our staff to use in their classification of complaints. This financial year, we created 2 new issue strings to capture information about the emerging issues driving complaints as outlined above. Previously, we created a new issue string to capture complaints related to the COVID-19 pandemic.

General health regulation concerns often arise in the context of contested public policy issues, where views may be strongly held and diverse. We recorded 21 complaints of this nature in 2025–26, up from 13 in 2024–25.

83 Ahpra announced it had adopted this definition as a reference tool on 17 June 2026, shortly before the end of the reporting period. Refer to Ahpra and the National Boards, 'Eliminating antisemitism in healthcare: Joint statement from Ahpra and the Special Envoy', Ahpra website, accessed 20 August 2026.

Complaints from those not involved in a regulatory matter

We sometimes receive complaints about a regulatory matter made by someone other than the parties who were involved in the matter. We describe this type of complaint as a 'third-party complaint'.

This type of complaint is often related to a concern about a National Board's decision to take regulatory action against a health practitioner raised by someone other than the practitioner. In recent years, complaints from third parties regarding the handling of notifications about practitioners have become more common. This year we received 47 notification-related complaints from third parties, up from 43 in 2024–25. This followed only 19 complaints in 2023–24.

The increase in concerns raised by third parties to notifications was also a driver of an increase in issues recorded on general health regulation concerns this year. For example, of the 29 issues recorded about gender-related concerns during 2025–26, 23 issues were associated with regulatory action taken against a practitioner by a National Board where a third party was concerned about the reasonableness of that regulatory action.

We do not record or report on the third party's relationship, if any, to the practitioner or notifier. This means that a third-party complainant may be the relevant practitioner's patient, colleague, friend or family member. However, they may also be a concerned member of the public who does not have any relationship to the practitioner.

Our office assesses and makes decisions about third-party complaints in line with the Ombudsman Act and our complaint-handling policies. These are the same instruments that inform our assessment and decision-making for all complaints. In line with these requirements, the complainant's interest in the subject matter of a complaint is a relevant consideration when deciding whether to investigate.[84]

If we decide to progress a third-party complaint, the information that we can share with the complainant, including information about the complaint outcome, is limited. This is because third-party complaints typically involve our office considering and relying on information that we cannot disclose to the complainant due to privacy and confidentiality. For example, National Law or Privacy Act provisions are likely to affect the amount and type of information that we can share about another person and their matter with a third party.

Typically, any information that Ahpra and a National Board can disclose about a practitioner's registration status is published on the public national register of practitioners. It is unlikely that our involvement in a third-party complaint would lead to the complainant receiving any more information beyond what is already publicly available.

For the above reasons, we generally encourage anyone with concerns about a matter they have been involved in to contact us directly. We may also suggest that complainants consider advising the person involved in the matter to contact us directly or to seek authorisation to act for the person if they want to raise concerns on someone's behalf.

84 For example, we may decide to exercise our discretion not to investigate a complaint if the complainant does not have sufficient interest in the subject matter of their complaint (under the Ombudsman Act, s 6(b)(ii)).

Privacy

Our office promotes and protects people's privacy by helping with complaints about the handling of personal information by Ahpra, the National Boards, accreditation authorities and colleges.

The Privacy Act establishes Australia's framework for protecting privacy. It guides how organisations and agencies should collect, use, disclose and manage personal information. The Privacy Act includes 13 Australian Privacy Principles (APPs), which set out:

- how personal information should be collected, used, shared or corrected
- the responsibilities of organisations and agencies
- rights to access personal information.

People can make a complaint to the Commissioner if they believe:

- an organisation's act or practice may have interfered with their privacy
- their personal information has not been handled in line with the Privacy Act.

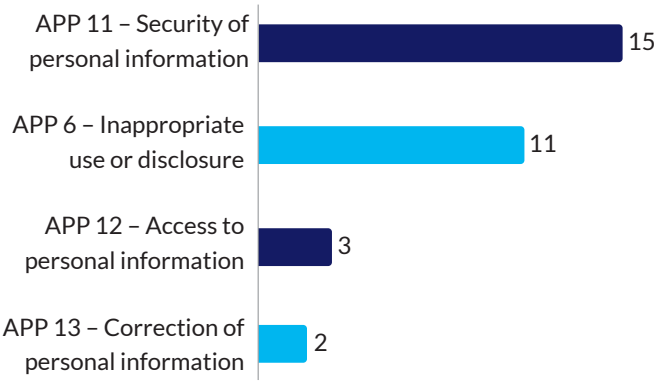
Complaints to the Commissioner

This financial year we received 28 privacy-related complaints from 27 people. This was an increase from the number we received in 2024–25 (16 complaints, made by 13 people).

Twenty-seven of the 28 complaints were about Ahpra. The other complaint was about the Australian and New Zealand College of Anaesthetists. The high proportion of complaints about Ahpra is consistent with previous years. Last financial year, for example, all but one complaint was about Ahpra.

We recorded 31 issues across the 28 complaints received in 2025–26. This financial year, most issues related to APP11 (15 issues, up from 10 in 2024–25) (Figure 17).

Figure 17: Issues recorded across complaints, 2025–26



This is a change from last financial year, where concerns related to APP 6 (15 issues) were more common than concerns about APP 11 (10 issues). This change was associated with a spike in complaints to our office in December 2025 (refer to 'Complaint spikes related to 2 disclosures of personal information' below).

While it was not the most common type of concern raised in 2025–26, concerns about the inappropriate disclosure of personal information under APP 6 remained a common driver of complaints. Concerns relating to APP 6 were more often raised by practitioners (7 issues) than notifiers (3 issues) or third parties (1 issue). This is consistent with the trends we saw in complaints about APP 6 in 2024–25.

The issues we recorded about APP 12 and APP 13 also reflect a change from previous years. For example, we did not receive any concerns about APP 12 or APP 13 in 2024–25. This financial year was also the first time we received a complaint about a correction of personal information.

Complaint spikes related to 2 disclosures of personal information

The increase in complaints this year is related to 2 incidents in December 2025 where Ahpra notified people that their personal information had been unintentionally disclosed.

The incidents related to information visible on Ahpra's new practitioner portal or provided in response to web enquiries submitted to Ahpra. We received 6 complaints about the first incident and 10 complaints about the second. Complainants affected by these incidents generally raised concerns with our office about the nature of the privacy breach and sought information about what type of personal information had been released.

In general, our office considered that, given the nature of the personal information involved, the breaches were unlikely to result in serious harm to those affected. We decided that the complaints did not require investigation and could be addressed by providing information about:

- the nature of the breach, including addressing any concerns about what personal information had been disclosed and how widely it had been shared
- the steps Ahpra had taken to address, and minimise any potential impacts of, the specific breach, including notifying those affected
- Ahpra's actions to ensure similar incidents do not reoccur.

Josef's story below explains how this approach often helped provide assurance about what personal information had been disclosed and the steps that had already been taken to prevent further inappropriate disclosure of information.

How we managed complaints

We aim to address complaints as early and informally as possible. This often means that we decide not to investigate a complaint at the assessment stage of our complaint-handling process. This may be because:

- we assessed that the complaint does not involve an interference with the complainant's privacy
- the organisation that is the subject of the complaint had already appropriately responded to the complaint.

Sometimes we may decide to make preliminary inquiries. This can help us determine whether to attempt conciliation, investigate or finalise the complaint. We made preliminary inquiries 3 times this financial year (down from 5 times in 2024–25).

We can also conciliate complaints. This provides an opportunity for the parties involved to reach an agreement on how the concerns should be addressed. This financial year, no complaints were suitable for conciliation.

In some circumstances, we may choose to investigate a complaint. After an investigation, the Commissioner may:

- dismiss the complaint
- find the complaint is substantiated and make a declaration to address any interference with the complainant's privacy.

We launched one investigation into a complaint in 2025–26.

Complaint outcomes

Our office finalised 29 complaints this financial year compared with 16 in 2024–25. We finalised these complaints informally. We finalised:



26 complaints at the assessment stage



3 complaints after preliminary inquiries.

The most common complaint outcome was a decision that an investigation was not warranted in the circumstances (14 outcomes). As outlined above, this was largely due to how Ahpra had responded to 2 larger-scale privacy breaches.

We also decided not to investigate 4 complaints because the concerns raised did not relate to an interference with privacy. This included instances where:

- although the complainant was not comfortable with the personal information collected by the relevant organisation, it was consistent with the Privacy Act
- the complainant had been informed that their personal information *may* have been disclosed but the relevant organisation later clarified that their personal information was not affected.

We closed other complaints because we could not progress them due to:

- the complainant not providing relevant requested information (8 outcomes)
- us being unable to contact the complainant because their complaint was submitted anonymously (3 outcomes)
- the complaint being withdrawn (2 outcomes).

Josef's story

Josef contacted our office to make a complaint to the National Health Practitioner Privacy Commissioner. Josef had received a letter from Ahpra stating that there had been an inadvertent release of information and a potential breach of his privacy.



Josef raised concerns that Ahpra's letter was vague and he was not sent a copy of the information that had been released. He was worried that Ahpra may have released his private information to an unknown person and was concerned about the negative impact this may have.

How we managed the complaint

We assessed Josef's complaint using the information he provided to our office. We identified that Josef's complaint related to information about a potential privacy breach Ahpra had already proactively shared with our office.

Ahpra had informed our office that it had identified a privacy breach that had occurred due to human error. Ahpra advised that it had taken steps to reduce the extent of the privacy breach. Ahpra had:

- notified, and apologised to, those affected by the privacy breach
- taken steps to reduce the risk of privacy breach occurring in future
- assessed that there was unlikely to be any risk of serious harm due to the privacy breach.

Complaint outcome

We arranged a phone call with Josef and provided him with more information about the privacy breach. This included providing more information about the:

- extent of the privacy breach and the content of the information that was released
- specific personal information that had been released
- actions that Ahpra had undertaken in response to the privacy breach.

In response, Josef expressed his relief and satisfaction that our office had addressed his concerns.

Notifiable Data Breaches Scheme

Ahpra, the National Boards, accreditation authorities and colleges must notify our office of any data breach involving personal information that is likely to result in serious harm and where remedial action has not successfully prevented the likely risks of serious harm. These incidents are known as 'eligible data breaches' under the Notifiable Data Breaches Scheme.

The scheme helps to ensure people are informed when a serious data breach affects their personal information, enabling them to take steps to reduce potential harm. It also promotes accountability among organisations that collect, use and store personal information, and strong privacy and information security practices.

How we handle eligible data breach notifications

When we receive notice of an eligible data breach, we may seek more information to assess the breach and the organisation's response. We first assess whether we agree the matter is an eligible data breach – a 'confirmed eligible data breach'.

We consider the information provided, including the type and sensitivity of the information involved, the number of people affected and the steps taken to respond to the breach.

We also consider and assess whether:

- the breach has been contained or is being contained, where possible
- the organisation has taken, or is taking, reasonable steps to mitigate the impact of the breach on those affected
- the organisation has taken, or is taking, reasonable steps to reduce the likelihood of a similar breach occurring in future.

Based on our assessment, we may decide:

- that the organisation has taken appropriate action
- to provide guidance and help for possible remedial action or steps that may be taken to reduce the likelihood of a similar breach occurring in the future
- to take regulatory action.

While the Commissioner has regulatory powers, we generally seek to work with the organisations we oversee to support compliance and improve privacy practices.

Data breach notifications

Our office did not receive any eligible data breaches in 2025–26. This is the third financial year in which we received fewer confirmed eligible data breaches than the previous year (3 in 2024–25 and 7 in 2023–24). This may indicate improved handling of personal information by the organisations within our office's jurisdiction.

In addition to receiving notifications of eligible data breaches, our office welcomes the voluntary disclosure of information about other, less serious, data breaches. Notification is not formally required for data breaches that are unlikely to result in serious harm to those affected. However, an organisation's voluntary disclosure can play a pivotal role in efficiently and effectively resolving complaints that our office receives about the breach.

Freedom of information

The FOI Act gives the community the right to request access to information held by government, such as documents about decision-making. FOI serves an important function in Australia's democracy because it supports transparency, enabling better understanding of decision-making processes. This can help people understand and better engage with decisions, actions and processes that affect them.

The National Scheme's legislation modifies the FOI Act so it applies to Ahpra, its Board and the National Boards. This means that people engaging with these bodies have the same rights to request access to information. It also means that Ahpra (including on behalf of its Board and the National Boards) is expected to comply with the FOI Act and make information publicly available under the Information Publication Scheme.

The FOI Act does not, however, currently apply to accreditation authorities or colleges.

The Commissioner's oversight role

The Commissioner and her delegates play a necessary and important role in overseeing how the FOI Act is applied by Ahpra, and ensuring its objectives are being achieved. This includes by:

- considering applications to review a decision Ahpra has made under the FOI Act
- overseeing and reviewing Ahpra's compliance with the Information Publication Scheme.

This financial year:



we received
26 FOI review applications



we finalised
27 FOI review matters



the Commissioner made
10 FOI review decisions

Review of Ahpra's freedom of information decisions

Applicants need to make their review application in writing to us, along with providing their contact details and a copy of Ahpra's FOI decision they want reviewed.

Applications for a review also need to be made within the legislative timeframe.[85] We can extend the time limit if the Commissioner is satisfied it is reasonable in the circumstances.

When we receive a review application, we discuss with the applicant whether there could be better ways for them to achieve the outcome they are seeking from making a review request. This is because we often find that people seek access to documents because they are dissatisfied with a decision or action that is relevant to those documents, rather than seeking information to better understand a decision or action.

85 Refer to s 54S of the FOI Act.

This is particularly important for our office because we can also help with complaints about the handling of a regulatory matter through our Ombudsman role. As outlined below, we regularly receive review requests about a notification handled by Ahpra and the relevant National Board. For example, someone may be seeking access to documents about a notification they made because they are dissatisfied with the National Board's decision regarding the notification. In this case, we may be able to address the applicant's concerns through our Ombudsman complaint process. This could enable us to consider broader information about how their matter was handled and how a decision was made, whereas the FOI review process instead focuses on whether Ahpra's decision under the FOI Act was right or wrong.

How we conduct reviews

Once we commence a review, we can choose to conduct the review in whatever way we consider appropriate, with as little formality as possible.

During a review, we will generally give our preliminary view of what decision the Commissioner is likely to make if the review proceeds to a final decision. If the preliminary view is that Ahpra's decision should be affirmed, the applicant is given the opportunity to provide extra submissions or consider withdrawing their application.

If the applicant does not withdraw their application after receiving our preliminary view, we have discretion to decide not to continue the review. Alternatively, the matter may be referred to the Commissioner to make a final decision. After considering relevant documents and submissions from those involved, the Commissioner can decide to either:

- affirm Ahpra's decision (not change it)
- vary Ahpra's decision (not change the outcome of the decision itself but modify aspects of it)
- set aside Ahpra's decision and make a fresh decision.

We classify FOI review applications based on the type of decision the application relates to, the type of documents that the decision relates to, and the exemptions or conditional exemptions relevant to the decision (Appendix 2, Figure 25).[86]

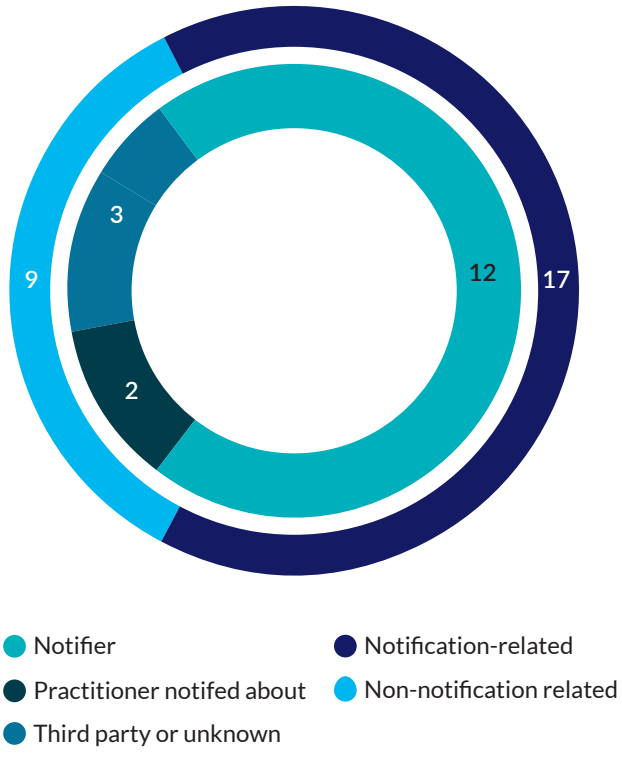
Freedom of information review applications we received

This financial year we received 26 applications to review a decision made by Ahpra, up from 22 applications in 2024–25. The number of applicants remained the same as last financial year (19). As in previous years, several applicants applied for a review of more than one FOI decision made by Ahpra.

Almost all applications we received in 2025–26 were lodged by the person who made the original FOI request to Ahpra.

Most of the applications concerned requests for access to documents about a notification (17 applications). This included 12 applications lodged by a notifier, 2 by a practitioner who was the subject of a notification, 2 by a third party to a notification and 1 by an unknown applicant in a notification-related matter. We also received 9 applications that did not appear to relate to a notification (Figure 18).

Figure 18: Types of FOI applications received, by identity of the applicant, 2025–26



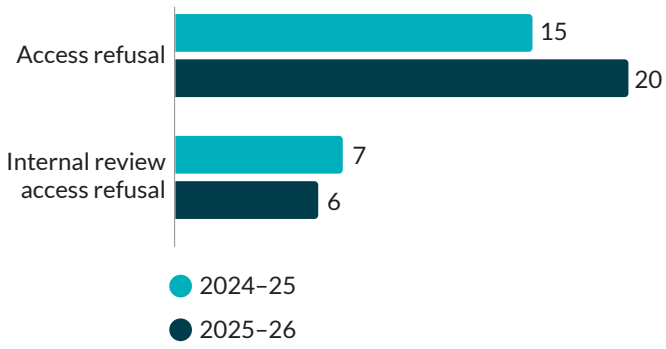
86 For each decision type, information type and exemption type a distinct issue is recorded against the case.

We can review different types of FOI decisions Ahpra makes. For people concerned about the release of documents, this includes decisions where Ahpra:

- did not release documents or certain information requested by the applicant (called an access refusal decision)
- has decided to release documents or certain information that a third party has requested are not disclosed (called an access grant decision)
- has reviewed its original FOI decision to grant or refuse access (called an internal review decision)
- has refused to extend the timeframe for an application to request an internal review of an FOI decision.

This financial year all FOI applications we received concerned an Ahpra decision to refuse access to documents or information (26). This included 20 access refusal decisions and 6 internal review access refusal decisions. This is generally consistent with the types of FOI applications our office receives each year (Figure 19).

Figure 19: Types of FOI decisions that were the subject of review applications, 2024–25 to 2025–26



Our office can consider a range of other matters related to FOI including:

- notices of extensions of time for Ahpra to manage an FOI request as agreed between Ahpra and the FOI applicant
- applications for an extension of time for Ahpra to manage an FOI request (where there has not been an agreement with the applicant)
- applications for someone to be declared a vexatious applicant.

We did not receive any of these matters in 2025–26. This is consistent with recent years.

Types of documents sought and relevant exemptions applied by Ahpra

We recorded 89 issues across the 26 FOI review applications we received in 2025–26.[87]

Applicants most frequently sought access to correspondence between Ahpra and a third party (20). Examples of these requests included Ahpra's communications with notifiers, health services, government agencies and others involved in regulatory processes.

Other common types of documents applicants sought included papers prepared by Ahpra for National Boards (17). These requests mostly concerned reports about notifications (including attachments). Applicants also sought access to Ahpra's internal correspondence (15), practitioner notification responses (10) and correspondence between Ahpra and a practitioner (10).

The documents sought in applications for review in 2025–26 were generally consistent with applications received in 2024–25 (Table 7). However, there was a notable decrease in applicants seeking access to National Board–related documents, from 41 in 2024–25 to 18 in 2025–26. This was driven by a reduction in applicants seeking access to papers prepared by Ahpra for National Boards, which fell from 34 to 17, and National Board Decisions and Actions papers, which fell from 7 to 1.

87 For each decision type, document type and exemption type a distinct issue is recorded against the case.

Table 7: Types of documents that were the subject of FOI review applications, 2024–25 to 2025–26[88]

Type of documents sought	Applications received in 2024–25	Applications received in 2025–26
Correspondence between an organisation and a third party	17	20
Board papers (including attachments)	34	17
Organisation's internal correspondence	11	15
Practitioner submissions	9	10
Correspondence between an organisation and a practitioner	12	10
Organisation's internal documents	1	6
Correspondence between an organisation and an applicant	0	1
Board decisions and actions papers	7	1
Examination results	0	1
Unknown or other	13	8
Total	**104**	**89**

Consistent with last financial year, most review applications received in 2025–26 concerned Ahpra's application of conditional exemptions related to the operations of an agency (s 47E of the FOI Act) and personal privacy (s 47F of the FOI Act).

While these remained the most common exemptions considered in review applications, the number of issues recorded against each exemption decreased this financial year. Matters related to the operations of an agency conditional exemption (s 47E) fell from 36 to 29 and matters related to the personal privacy conditional exemption (s 47F) fell from 34 to 24.

At the same time, review applications received in 2025–26 raised a broader range of issues than in 2024–25. Several less common issues increased in 2025–26, including matters related to the Commonwealth–state relations exemption (s 47B) (from 3 to 8 issues) and the legal professional privilege exemption (s 42) (from 0 to 4 issues). There was also a small increase in issues concerning whether the existence of documents could be confirmed or denied under ss 25 and 26(2) (from 3 to 5 issues).

Other review issues recorded in 2025–26 related to:

- deliberative processes conditional exemption under s 47C (8 issues)
- whether reasonable searches had been undertaken to locate documents (3 issues)
- documents that were missing or did not exist under s 24A (3 issues)
- the removal of irrelevant information before release under s 22 (2 issues)
- enforcement of law and protection of public safety exemption under s 37 (1 issue).

During 2025–26 we commenced 16 FOI reviews, up from 11 in 2024–25.

Outcome of FOI review matters

In 2025–26 we finalised 27 FOI review matters, including 17 matters where we had commenced a review. Ten applications proceeded to a final decision by the Commissioner, up from 8 in 2024–25.

During 2025–26 we assessed 9 applications as not warranting a review. The most common reason was that we formed the view that there was no reasonable prospect of a review resulting in a different outcome (4 applications).

88 The type of document sought by applicants has sometimes been manually identified.

Other reasons for declining to commence a review included:

- we referred the applicant back to Ahpra to seek an internal review (2 applications)
- the review application was not valid (1 application)
- the applicant could not be contacted by our office (1 application)
- the matter should be considered by a tribunal (1 application).

One application was withdrawn before our office commenced a review. This application related to a request for information considered by a National Board during the notifications process. The applicant instead elected to pursue their concerns about the National Board's decision-making process as an Ombudsman complaint.

Another 5 review applications were withdrawn after we commenced a review and provided the applicant with our preliminary view. This was a significant increase, up from 1 application in 2024–25.

We discontinued 2 FOI review matters after commencing a review, down from 3 in 2024–25. One matter was discontinued because we determined there was no reasonable prospect of the review resulting in a different outcome. The other matter was discontinued because we determined it was more appropriate for the matter to be considered by a tribunal.

Determinations made by the Commissioner

The Commissioner made a final decision in 10 FOI review matters in 2025–26, continuing the increase in the number of matters progressing to a final decision. By comparison, the Commissioner made 8 decisions in 2024–25 and 3 in 2023–24.

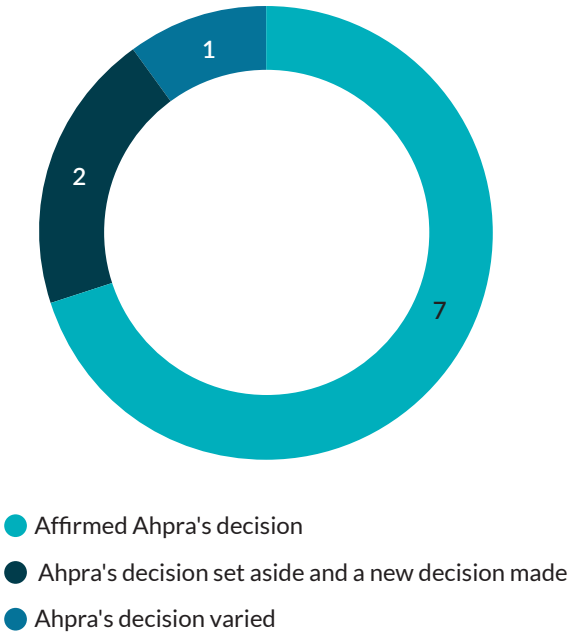
While most decisions made by the Commissioner affirmed Ahpra's original decision (7 decisions), 30% of her decisions (3 out of 10) resulted in Ahpra's decision being varied or set aside and replaced, leading to applicants receiving access to additional information (Figure 20).

In 2 matters, the Commissioner set aside Ahpra's decision and substituted a fresh decision. In one matter, the Commissioner found that a document Ahpra had decided was exempt in full should instead be released to the applicant in part.[89] In another matter, the Commissioner set aside Ahpra's decision not to confirm or deny the existence of documents within the scope of the applicant's FOI request, finding that s 26(2) did not apply.[90] As a result, Ahpra was required to identify any documents within the scope of the request and make a fresh decision under the FOI Act.

The Commissioner also varied one decision after Ahpra reconsidered its position during the review and no longer maintained that certain information was exempt. This resulted in the applicant receiving more information.[91]

The Commissioner's review decisions are published on our FOI review decisions webpage <www.nhpo.gov.au/foi-review-decisions>.

Figure 20: Type of decision made by the Commissioner, 2025–26



89 'AV' and Australian Health Practitioner Regulation Agency (freedom of information).
90 'AW' and Australian Health Practitioner Regulation Agency (freedom of information).
91 'BB' and Australian Health Practitioner Regulation Agency (freedom of information).

Case study: 'AV' and Australian Health Practitioner Regulation Agency (freedom of information)

AV applied to our office to review Ahpra's decision to refuse access to a document they requested under the FOI Act. AV sought access to correspondence Ahpra sent to a third party consulting with them in relation to an FOI request the applicant had made several years earlier. Ahpra identified one relevant document and decided it was exempt in full under the operations of an agency conditional exemption (s 47E(d)) and the personal privacy conditional exemption (s 47F).

Our office launched a review of Ahpra's decision. In support of its decision, Ahpra argued that disclosing the document could adversely affect its operations by discouraging third parties from engaging openly with Ahpra and the National Boards' processes and that the document contained the third-party's personal information.

What the Commissioner determined

The Commissioner set aside Ahpra's decision and made a fresh decision. She found that Ahpra had incorrectly applied s 47E(d), concluding that releasing the document would not, and could not reasonably be expected to, have a substantial adverse effect on the proper and efficient conduct of Ahpra's operations.

In reaching this view, the Commissioner noted that the document related to Ahpra administering the FOI Act, rather than exercising its functions under the National Law. She also observed that the document:

- largely consisted of standard information about Ahpra's FOI consultation process
- did not contain confidential information provided by the third party
- concerned a consultation process that the applicant was already aware of.

As a result, the Commissioner was not satisfied that disclosing the document would discourage third parties from engaging with Ahpra's processes or otherwise have a substantial adverse effect on its operations.

The Commissioner also considered whether the document was conditionally exempt under s 47F. While the document contained some personal information relating to the third party, she found that it would not be unreasonable to release the document in part.

Apart from the third party's email address, the Commissioner was not satisfied that the document contained personal information. She noted that the document mainly contained generic information about Ahpra's FOI consultation process.

The Commissioner also found the fact that the third party had been consulted under the FOI Act did not constitute personal information in the circumstances. She also observed that, even if this information could be characterised as personal information, its disclosure would not be unreasonable because the applicant was already aware that the consultation had occurred and the third party had not objected to the release of the document.

However, the Commissioner found that the third party's email address was conditionally exempt under s 47F because it was not publicly available information and its disclosure would unreasonably interfere with their privacy.

After applying the public interest test in s 11A(5), the Commissioner concluded that the public interest in protecting the third party's privacy outweighed the factors favouring disclosure.

Review outcome

The Commissioner decided to set aside Ahpra's decision and substitute a decision that the document be released to the applicant in part, excluding the third party's email address.

Financial statement

Financial statement

Health practitioner regulatory fees fund our office. Each year, we submit an annual budget proposal to the HCEF. On approval, the department (as our host jurisdiction) raises quarterly invoices on our behalf, which are payable by Ahpra. These funding arrangements are outlined in memorandums of understanding with Ahpra and the department.

The department provides financial services to our office. Our financial operations are consolidated with the department's and are therefore reported as part of the department's financial statements.

The department's financial statements are subject to audit by the Victorian Auditor-General's Office. For this reason, a complete financial statement is not provided in this annual report.

A financial summary of the expenditure for 2025–26 is provided below and has been certified as true and correct by the department's Chief Financial Officer (Table 8). The financial summary is GST exclusive.

Table 8: Summary of the expenditure, 2025–26

Retained earnings balance at 1 July 2025[92]	$326,913
2025–26 revenue (invoices raised to Ahpra)	$3,480,000

Expenditure for 2025–26	
Salaries	$2,237,004
Salary on-costs	$514,710
Supplies and consumables	$621,940
Total expenditure	**$3,373,654**
Operating results for 2025–26	**$106,346**
Balance at 30 June 2026	**$433,259**

92 At the end of each financial year, we retain any unspent funds to invest in longer-term projects.

Appendix 1: Bodies we oversee

Our office can help with complaints about Ahpra, the National Boards, accreditation authorities, (including external accreditation authorities and accreditation committees) and colleges.

National Boards

The National Boards currently include the:

- 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.

External accreditation authorities

If a National Board decides that an accreditation function will be exercised by an external accreditation authority, that entity works with the National Board to deliver the specified accreditation function under a formal agreement with Ahpra (on the National Board's behalf). There are 10 external accreditation authorities (shown in Table 9).

Table 9: External accreditation authorities by profession

Profession	Accreditation authority
Chiropractic	Council on Chiropractic Education Australasia
Dental	Australian Dental Council
Medical	Australian Medical Council
Nursing and midwifery	Australian Nursing and Midwifery Accreditation Council
Occupational therapy	Occupational Therapy Council of Australia Ltd
Optometry	Optometry Council of Australia and New Zealand
Osteopathy	Australasian Osteopathic Accreditation Council
Pharmacy	Australian Pharmacy Council
Physiotherapy	Australian Physiotherapy Council
Psychology	Australian Psychology Accreditation Council

Accreditation committees

If a National Board decides that an accreditation function will be exercised by a committee established by the National Board, that committee works with the National Board according to the committee's terms of reference (Table 10). Ahpra provides policy and administrative support to the committees.

Table 10: Accreditation committees by profession

Profession	Accreditation authority
Aboriginal and Torres Strait Islander health practice	Aboriginal and Torres Strait Islander Health Practice Accreditation Committee
Chinese medicine	Chinese Medicine Accreditation Committee
Medical radiation practice	Medical Radiation Practice Accreditation Committee
Nursing and midwifery	Nursing and Midwifery Accreditation Committee
Paramedicine	Paramedicine Accreditation Committee
Podiatry	Podiatry Accreditation Committee

Colleges

The Australian Medical Council accredits 16 colleges and their specialist training programs. The Medical Board has approved these programs of study as providing a qualification for the purposes of specialist medical registration. The colleges have also been appointed by the Medical Board to assess overseas-trained specialists seeking specialist registration in Australia. The 16 colleges are:

- Australasian College for Emergency Medicine
- Australasian College of Dermatologists
- Australasian College of Sport and Exercise Physicians
- Australian and New Zealand College of Anaesthetists
- Australian College of Rural and Remote Medicine
- College of Intensive Care Medicine of Australia and New Zealand
- Royal Australasian College of Dental Surgeons
- Royal Australasian College of Medical Administrators
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian and New Zealand College of Radiologists
- Royal Australian College of General Practitioners
- Royal College of Pathologists of Australasia.

Appendix 2: Our data

Definitions

Complaint refers to the individual complaint files we create based on each regulatory matter raised by a complainant (this can include, for example, one or more notifications or a registration application or qualification-assessment).

Complaint type refers to the main regulatory area the individual complaint primarily relates to. Complaint types for complaints to the Ombudsman include notification, registration, customer experience, assessment of overseas qualified practitioners (by an accreditation authority or college), program of study accreditation, specialist medical training programs, statutory offence and freedom of information (and 'other' types).

Complaints finalised refers to complaints we finalised based on the complaints we closed between 1 July 2025 and 30 June 2026.

Complaints transferred refers to complaints transferred to the organisation complained about via our early resolution transfer process between 1 July 2025 and 30 June 2026, irrespective of when the complaints were received or finalised.

Complaints received refers to complaints we received based on the complaints we recorded receiving between 1 July 2025 and 30 June 2026.

Conciliations commenced refers to the privacy complaint conciliations our office began between 1 July 2025 and 30 June 2026, irrespective of when the privacy complaints were received or finalised.

FOI reviews commenced refers to FOI reviews our office initiated between 1 July 2025 and 30 June 2026, irrespective of when the FOI applications were received or finalised.

Investigations commenced refers to investigations our office began between 1 July 2025 and 30 June 2026, irrespective of when the complaints were received or finalised.

Issue refers to the concern driving a complaint. We generally refer to the issues recorded by complaint type, but we may also refer to issues that have been identified across all complaints. We can record multiple issues on each complaint. When we report on issues, we report on all issues recorded.

Outcome(s) refers to the way or ways we resolved or finalised a complaint. We generally report on what outcomes we achieved based on the stages of the complaint process and complaint type. We can record up to 3 outcomes for each complaint.

Preliminary inquiries made refers to preliminary inquiries our office initiated between 1 July 2025 and 30 June 2026, irrespective of when the complaints were received or finalised.

Stage complaints were finalised in refers to the last complaint process the complaint was progressing through when it was closed (assessment, preliminary inquiries, early resolution transfer or investigation) between 1 July 2025 and 30 June 2026.

How we record complaints

The below diagrams provide an overview of how we record Ombudsman complaints about notifications (Figure 21), registration matters (Figure 22) and customer experience (Figure 23).

Figure 24 outlines how we record FOI matters.

Figure 21: How we record notification-related complaint information

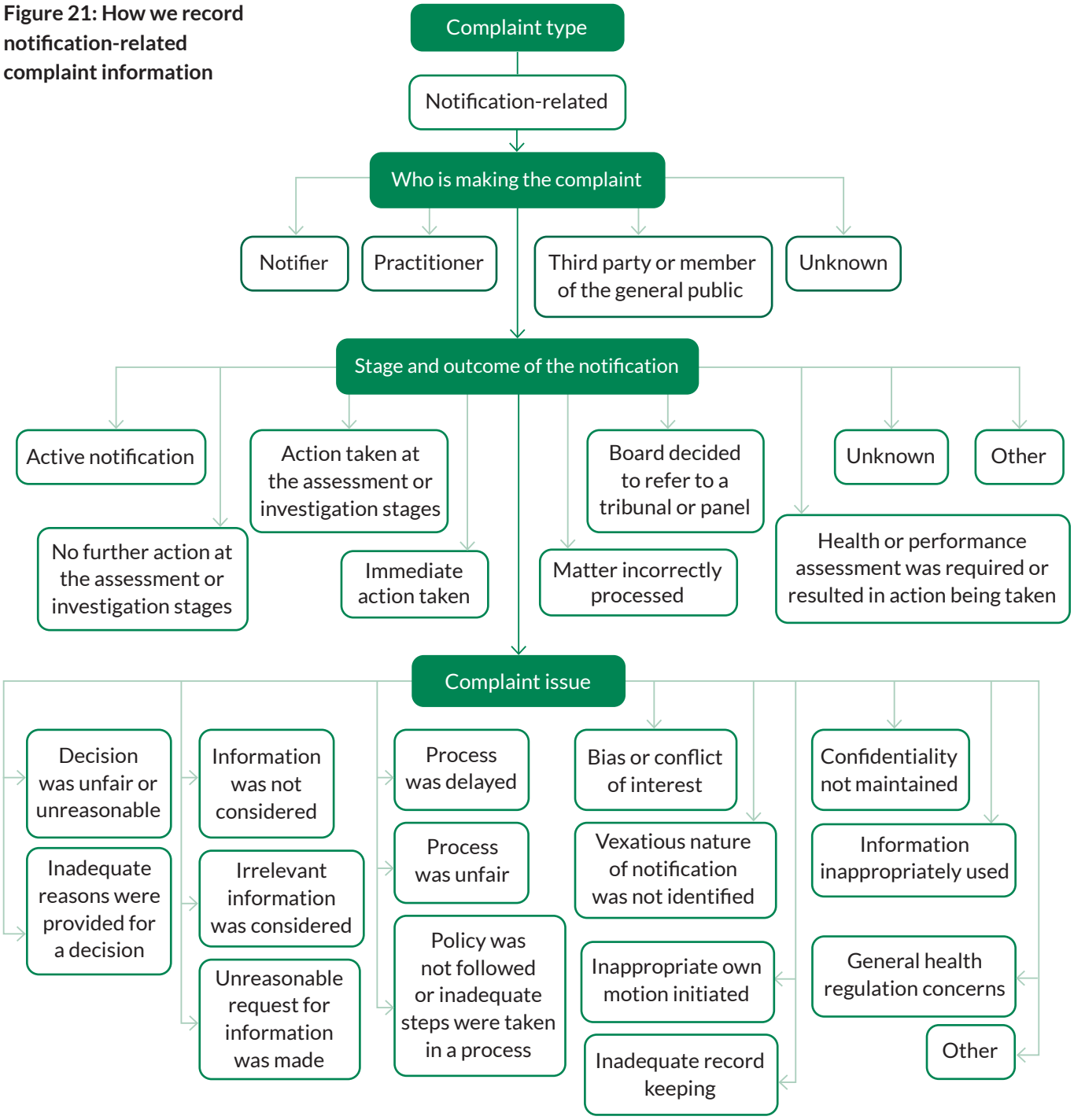


Figure 22: How we record registration-related complaint information

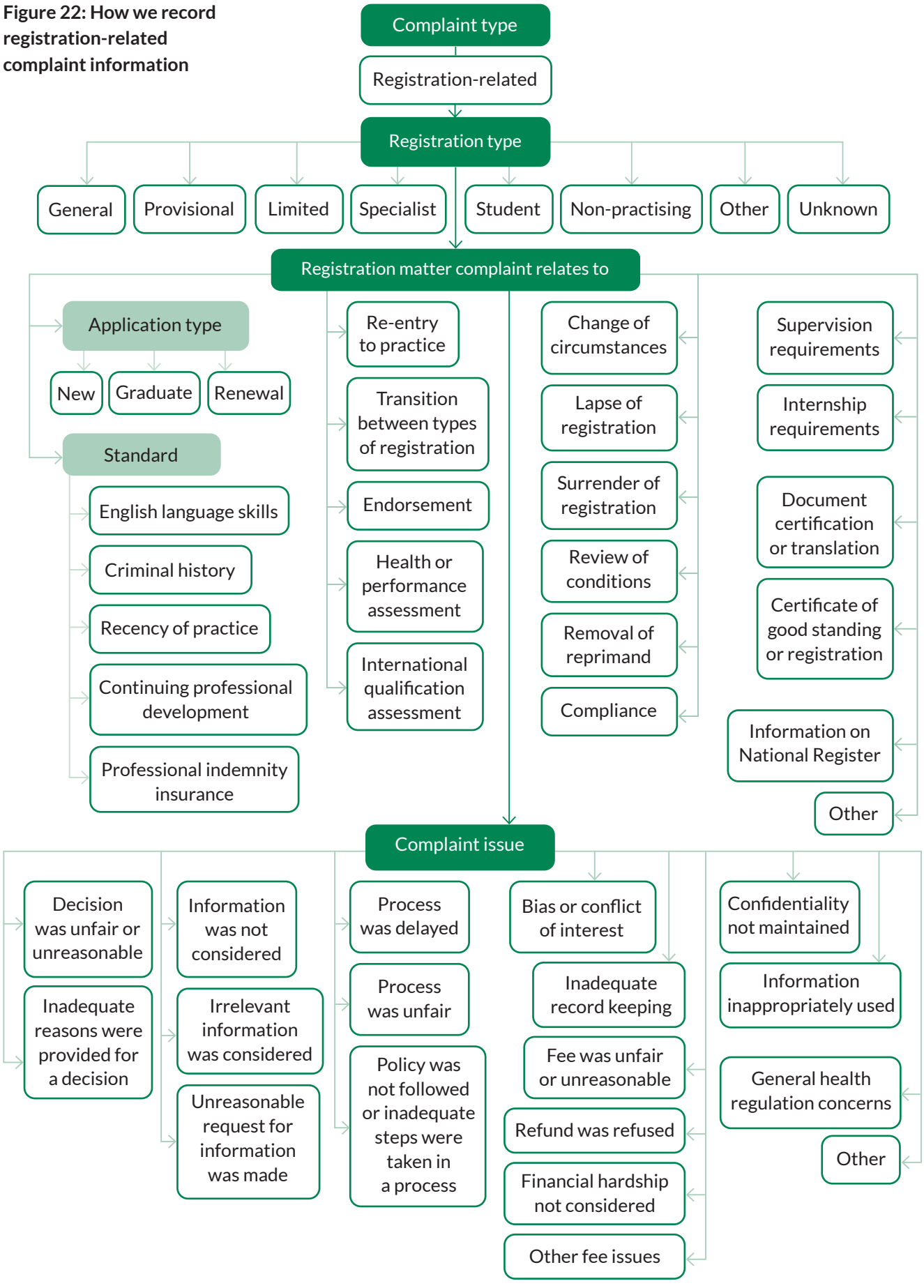


Figure 23: How we record experience-related complaint information

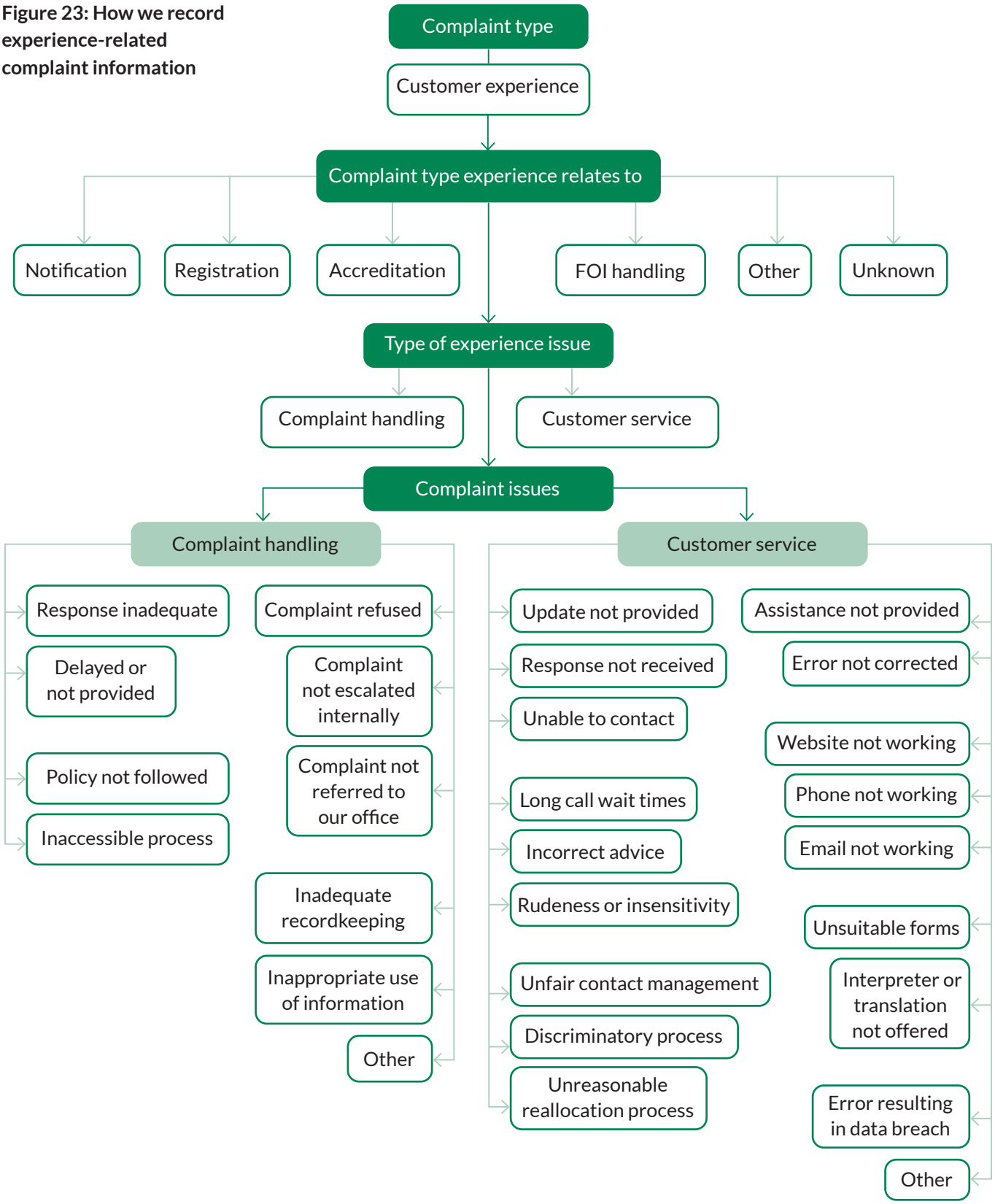
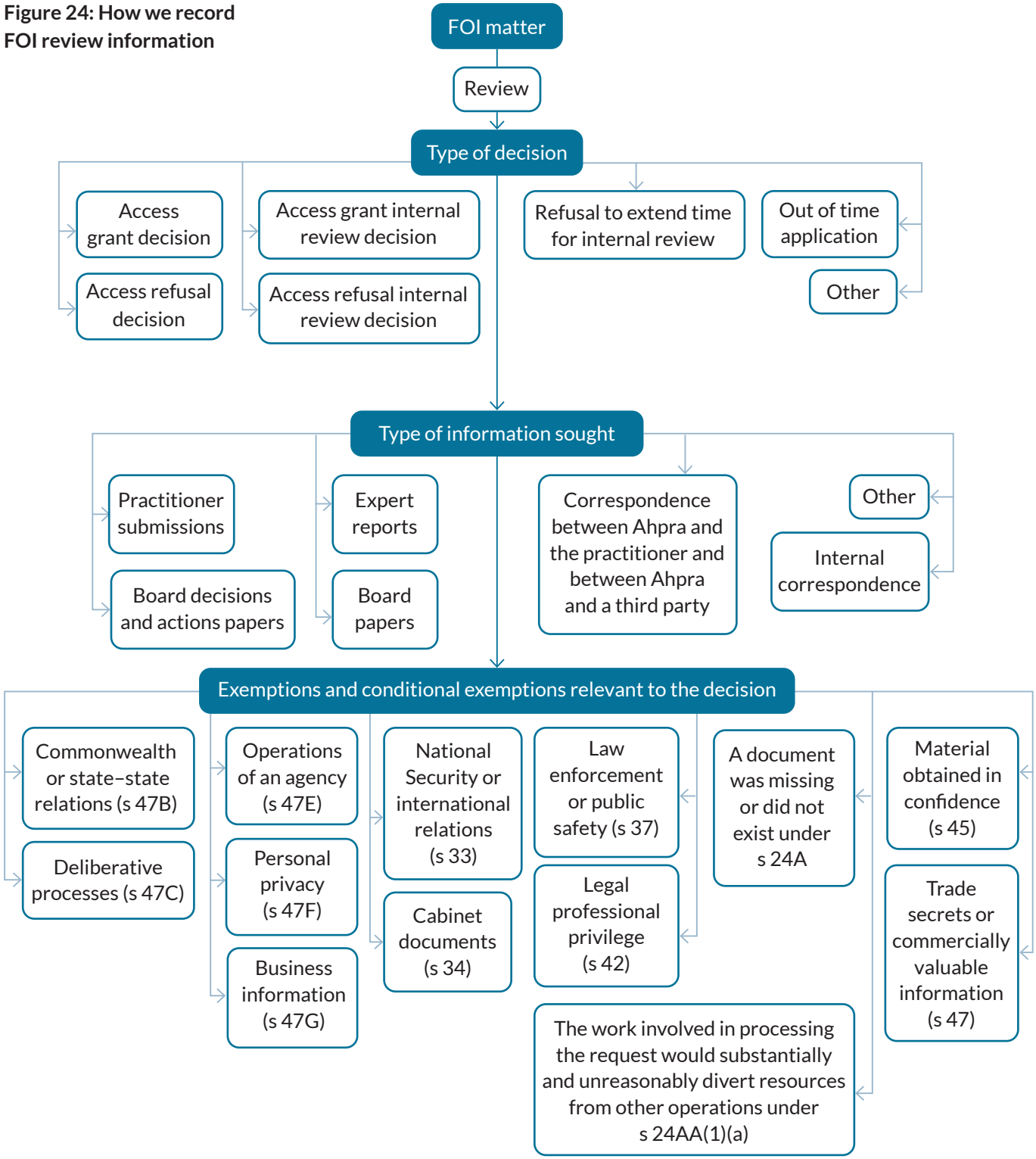


Figure 24: How we record FOI review information



Appendix 3: Ombudsman complaint information

The following tables provide summaries of information about our Ombudsman complaints data.

Table 11: Summary of outcomes on complaints finalised without investigation, by outcome and stage in our complaint-handling process, 2025–26

Outcome type	Assessment	Early resolution transfer	Preliminary inquiry	Total outcomes without investigation
Investigation is not warranted in the circumstances	170	57	83	310
The organisation's response to the complaint is fair and reasonable	41	147	39	227
Complainant did not provide requested information to our office	136	37	1	174
Regulatory matter is still active with the organisation	57	23	16	96
Complaint is about the merits of an organisation's decision	51	20	15	86
Matter was withdrawn prior to investigation	45	7	–	52
We are monitoring the systemic issue	36	1	5	42
We previously considered the same concerns	40	2	–	42
Complainant is not directly impacted by the complaint issue	40	1	–	41
Complainant has not made a complaint directly to the organisation	33	–	–	33
Matter is more appropriately handled by a court or tribunal	22	4	–	26
Matter is currently before a court or tribunal	22	1	1	24
Complainant has an active complaint with the organisation	23	–	1	24

Outcome type	Assessment	Early resolution transfer	Preliminary inquiry	Total outcomes without investigation
Complaint was resolved by mutual agreement between the organisation and the complainant and/or the complainant was satisfied with how their concerns had been addressed	4	12	1	17
Feedback was provided by our office to the organisation	1	2	13	16
Anonymous complainant cannot be contacted	15	–	–	15
Complainant became aware of the matter more than 12 months ago	12	1	–	13
Matter concerns a court or tribunal decision	6	–	–	6
Total	**756**	**315**	**175**	**1,244**

Table 12: Action or problem driving notification-related complaints, 2024–25 and 2025–26

Action or problem (as described by the complainant)	Notification-related complaint issues in 2024–25	2025–26
Decision was unfair or unreasonable	351	360
Process was unfair	181	170
Information was not considered	113	133
Process was delayed	152	119
Inadequate reasons were provided for a decision	101	100
Inadequate steps were taken in a process	85	87
Bias or a conflict of interest	63	45
Vexatious nature of a notification was not identified	47	24
Irrelevant information considered or requested	31	22
Unreasonable request for information	15	11
Information inappropriately used	10	11
Policy not followed	18	9
General health regulation concerns	14	9
Inadequate recordkeeping	9	6
Inappropriate own motion initiated	4	3
Confidentiality not maintained	3	3
Other	6	4
Total	**1,203**	**1,116**

Table 13: Summary of the stage and outcome of notifications that drove complaints to us, 2024–25 and 2025–26

Type of notifications action taken by Ahpra or a National Board	Notification-related complaint issues recorded in 2024–25	2025–26
No further action taken at the assessment stage	409	492
Active notification	222	192
Immediate action taken	180	144
Matter not processed as a notification	55	77
No further action taken at an unknown stage	36	49
Action taken at the investigation stage	80	44
No further action taken at the investigation stage	48	39
Board decided to refer to a tribunal or panel	74	22
Action taken at the assessment stage	42	13
Health or performance assessment was required or resulted in action being taken	13	2
Unknown	30	25
Other	14	17
Total	**1,203**	**1,116**

Table 14: Action or problem driving registration-related complaints, 2024–25 and 2025–26

Action or problem (as described by the complainant)	Registration-related complaint issues recorded in 2024–25	2025–26
Unfair process	148	135
Delayed process	123	110
Unfair or unreasonable decision	81	74
Information not considered	20	15
Unfair or unreasonable fees	85	14
General health regulation concerns	50	11
Unreasonable request for information	20	10
Inadequate reasons provided for a decision	16	10
Bias or conflict of interest in the process	14	9
Policy not followed	13	8
Inadequate steps being taken as part of the process	13	7
Other issues	59	27
Total	**642**	**430**

Table 15: Issues related to registration processes, 2024–25 and 2025–26

Registration processes	Registration-related complaint issues recorded in 2024–25	2025–26
Processing of a new application for registration	107	91
Processing of a renewal application	103	79
Assessment of an international qualification	24	43
Application of an English Language Skills Registration Standard	23	42
Fees for registration	102	24
Transition between registration types	10	16
Information on the public national register of practitioners	24	15
Supervision requirements on a practitioner's registration	17	14
Review of conditions	43	14
Public concern that public safety has been compromised by regulatory action or lack thereof	30	14
Endorsement of registration	31	11
Other issues	128	67
Total	**642**	**430**