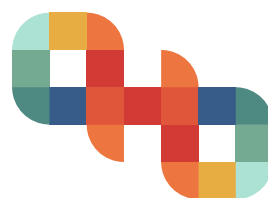


Quarter Three 2021-22  
performance report  
Office of the Health Ombudsman



OFFICE OF THE  
**HEALTH**  
OMBUDSMAN



## **Quarterly performance report—Quarter three 2021-22**

Published by the Office of the Health Ombudsman May 2022.



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An electronic version of this document is available at [www.oho.qld.gov.au](http://www.oho.qld.gov.au).

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# Introduction

This document reports on the quarter three (Q3) performance of the Office of the Health Ombudsman (OHO) for the 2021–22 financial year.

The OHO is the agency responsible for health service complaints management in Queensland. We are committed to protecting the health and safety of the public by assessing, investigating and resolving complaints made about health services provided in Queensland.

We are impartial and independent, and our vision is to be the cornerstone of a transparent, accountable and fair health complaints management system. As testament to this, our performance reports—which are published monthly, quarterly and yearly—are available to the public on our website [www.oho.qld.gov.au](http://www.oho.qld.gov.au).

Data in this report is correct as at 31 March 2022, though figures may differ from those published in previous reports due to subsequent adjustments which occurred after the publication of those reports.

The OHO is working closely with Ahpra within Queensland's co-regulatory framework. All registered practitioner complaints are now jointly considered by OHO and Ahpra from 6 December 2021.

# Intake of complaints

## Type of contacts

Type of contact	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Complaint	818	78.2	710	73.0	810	73.4	2338	74.9
Enquiry	189	18.1	197	20.2	213	19.3	599	19.2
Information	38	3.6	64	6.6	66	6.0	168	5.4
Yet to be classified	1	0.1	2	0.2	15	1.4	18	0.6
<b>Total</b>	<b>1,046</b>	<b>100.0</b>	<b>973</b>	<b>100.0</b>	<b>1,104</b>	<b>100.0</b>	<b>3,123</b>	<b>100.0</b>

Matters that are 'yet to be classified' are contacts in which not enough information was provided in the first instance to allow for a determination, and additional information is being sought. They may also be matters that came in just before the end of the reporting period and were still being processed.

## Type of complaints

Type of complaints	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Health consumer complaint	655	80.1	608	85.6	721	89.0	1984	84.9
Mandatory notification*	28	3.4	31	4.4	20	2.5	79	3.4
Voluntary notification*	130	15.9	62	8.7	58	7.2	250	10.7
Self-notification*	3	0.4	8	1.1	5	0.6	16	0.7
Referral from another agency	2	0.2	1	0.1	6	0.7	9	0.4
<b>Total</b>	<b>818</b>	<b>100.0</b>	<b>710</b>	<b>100.0</b>	<b>810</b>	<b>100.0</b>	<b>2,338</b>	<b>100.0</b>

\*Notifications are matters defined under the Health Practitioner Regulation National Law (Queensland) and only relate to registered practitioners.

## Complaint decisions

The *Health Ombudsman Act 2013* requires a decision to be made within 7 days. Prior to 6 December 2021, this was 7 calendar days however when legislative amendments commenced on 6 December 2021 this timeframe became 7 business days.

### Decisions timeframes—within seven days

Decision made	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Yes	728	99.7	697	99.0	753	98.4	2,178	99.0
No	2	0.3	7	1.0	12	1.6	21	1.0
<b>Total</b>	<b>730</b>	<b>100.0</b>	<b>704</b>	<b>100.0</b>	<b>765</b>	<b>100.0</b>	<b>2,199</b>	<b>100.0</b>

### Decisions made

Number of decisions made	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Accepted and further relevant action taken	321	44.0	391	55.5	432	56.5	1,144	52.0
Accepted and no further action taken*	156	21.4	174	24.7	224	29.3	554	25.2
Not accepted under s35A**	253	34.7	139	19.7	109	14.2	501	22.8
<b>Total</b>	<b>730</b>	<b>100.0</b>	<b>704</b>	<b>100.0</b>	<b>765</b>	<b>100.0</b>	<b>2,199</b>	<b>100.0</b>

\*These decisions relate to matters in which the Health Ombudsman has decided to take no further action under section 44 of the *Health Ombudsman Act 2013*. Prior to 1 March 2020, this category was reported as "Not Accepted".

\*\*Matters may not be accepted under s35A of the Act where the matter would be more appropriately dealt with by an entity other than the health ombudsman or where the complainant has not yet sought a resolution with the health service provider.

An additional 18 matters were determined to fall outside the jurisdiction of the act.

## Accepted decision outcomes

Type of relevant action	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	61	16.9	72	16.9	142	28.7	275	21.5
Local resolution	44	12.2	55	12.9	51	10.3	150	11.7
Conciliation	0	0.0	0	0.0	0	0.0	0	0.0
Investigation	3	0.8	4	0.9	2	0.4	9	0.7
Referred to AHPRA and the national boards	159	44.0	201	47.2	167	33.7	527	41.1
Referred to another entity	94	26.0	94	22.1	133	26.9	321	25.0
Referred to Director of Proceedings	0	0.0	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>361</b>	<b>100.0</b>	<b>426</b>	<b>100.0</b>	<b>495</b>	<b>100.0</b>	<b>1,282</b>	<b>100.0</b>

Accepted decisions may result in multiple issues and/or practitioners being identified, each requiring its own action. The data in the above table includes all identified issues/practitioners requiring action that were identified in the accepted complaints where further relevant action was taken (noted in category 'Accepted and further relevant action taken' included the previous 'Decisions made' table).



# Health service complaints profile

## Main issues raised in complaints

Issue	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Access	160	13.1	123	10.5	138	9.9	421	11.1
Code of conduct for healthcare workers	14	1.1	12	1.0	21	1.5	47	1.2
Communication/information	127	10.4	135	11.5	172	12.4	434	11.5
Consent	20	1.6	33	2.8	39	2.8	92	2.4
Discharge/transfer arrangements	25	2.0	22	1.9	19	1.4	66	1.7
Environment/management of facilities	85	6.9	42	3.6	56	4.0	183	4.8
Fees/cost	38	3.1	47	4.0	50	3.6	135	3.6
Grievance processes	28	2.3	32	2.7	49	3.5	109	2.9
<i>Health Ombudsman Act 2013 offence</i>	1	0.1	1	0.1	1	0.1	3	0.1
Medical records	34	2.8	43	3.7	46	3.3	123	3.2
Medication	165	13.5	147	12.5	132	9.5	444	11.7
Professional conduct	152	12.4	147	12.5	140	10.1	439	11.6
Professional health	31	2.5	23	2.0	24	1.7	78	2.1
Professional performance	305	24.9	331	28.1	474	34.1	1110	29.3
Reports/certificates	39	3.2	37	3.1	29	2.1	105	2.8
Research/teaching/assessment	0	0.0	1	0.1	0	0.0	1	0.0
<b>Total</b>	<b>1,224</b>	<b>100.0</b>	<b>1,176</b>	<b>100.0</b>	<b>1,390</b>	<b>100.0</b>	<b>3,790</b>	<b>100.0</b>

These figures are based on issues recorded during the reporting period. A single complaint can contain multiple issues. Reporting on all issues identified in complaints allows comprehensive monitoring of trends, which can in turn inform a range of health complaint management system functions, such as education and information provision.

## Subcategories of professional performance issues raised in complaints

Issue	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Competence	15	4.9	11	3.3	8	1.7	34	3.1
Coordination of treatment	29	9.5	31	9.4	51	10.8	111	10.0
Delay in treatment	23	7.5	16	4.8	20	4.2	59	5.3
Diagnosis	28	9.2	21	6.3	34	7.2	83	7.5
Inadequate care	30	9.8	41	12.4	47	9.9	118	10.6
Inadequate consultation	31	10.2	38	11.5	48	10.1	117	10.5
Inadequate prosthetic equipment	4	1.3	1	0.3	8	1.7	13	1.2
Inadequate treatment	68	22.3	79	23.9	116	24.5	263	23.7
Infection control	7	2.3	4	1.2	6	1.3	17	1.5
No or inappropriate referral	7	2.3	13	3.9	11	2.3	31	2.8
Rough and painful treatment	6	2.0	12	3.6	14	3.0	32	2.9
Teamwork and supervision	4	1.3	4	1.2	3	0.6	11	1.0
Unexpected treatment outcome or complications	44	14.4	45	13.6	79	16.7	168	15.1
Withdrawal of treatment	1	0.3	2	0.6	7	1.5	10	0.9
Wrong or inappropriate treatment	8	2.6	13	3.9	22	4.6	43	3.9
<b>Total</b>	<b>305</b>	<b>100.0</b>	<b>331</b>	<b>100.0</b>	<b>474</b>	<b>100.0</b>	<b>1,110</b>	<b>100.0</b>

Professional performance represents the largest proportion of complaint issues. Additional information on this category of issue provides greater transparency around the issues being managed by OHO.

## Profile of complaints about health practitioners

Practitioner type	Number of practitioners identified in complaints	Number and type of issues** identified in complaints about health practitioners**																Total
		Access	Code of conduct for healthcare workers	Communication and information	Consent	Discharge/transfer arrangements	Environment/management of facility	Fees and costs	Grievance process	Health Ombudsman Act 2013 Offence	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/certificates	Research/Teaching/Assessment	
Aboriginal and Torres Strait Islander health practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese medicine practitioner	4	-	-	1	-	-	-	-	-	-	-	-	2	-	1	-	-	4
Chiropractor	14	-	-	-	-	-	1	1	2	-	-	-	9	-	6	-	-	19
Dental practitioner	70	2	-	4	2	-	-	6	2	-	-	4	7	2	62	-	-	91
Medical practitioner	646	42	-	133	17	2	3	25	11	-	35	175	120	27	341	61	-	992
Midwife	7	-	-	-	-	-	-	-	-	-	-	1	5	2	3	-	-	11
Nurse	124	-	-	5	1	-	2	-	1	-	6	26	108	18	27	-	-	194
Occupational therapist	3	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	-	3
Optometrist	4	-	-	2	-	-	-	-	-	-	-	-	1	-	3	1	-	7
Osteopath	5	-	-	2	-	-	2	-	-	-	-	-	2	-	2	-	-	8
Paramedic	18	-	-	-	-	-	-	-	-	-	1	2	10	5	6	-	-	24
Pharmacist	34	1	-	7	-	-	-	-	-	-	4	13	19	5	1	1	-	51
Physiotherapist	14	-	-	4	-	-	-	1	-	-	-	-	11	-	3	-	-	19
Podiatrist	2	-	-	-	-	-	-	-	-	-	-	-	2	-	5	-	-	7
Psychologist	69	3	-	13	5	-	1	1	-	-	11	-	49	14	28	7	-	132
Student practitioner	5	-	5	-	-	-	-	-	-	-	-	-	4	2	1	-	-	12
Unknown practitioner	1	8	9	18	5	-	1	2	1	-	3	20	16	-	25	4	1	113
Unregistered practitioner	49	2	29	5	-	-	1	2	-	3	1	-	14	3	4	4	-	68
<b>Total</b>	<b>1069</b>	<b>58</b>	<b>43</b>	<b>195</b>	<b>30</b>	<b>2</b>	<b>11</b>	<b>38</b>	<b>17</b>	<b>3</b>	<b>61</b>	<b>241</b>	<b>379</b>	<b>78</b>	<b>519</b>	<b>79</b>	<b>1</b>	<b>1,755</b>

\* The figures reported in this column are a count of the number of health practitioners identified in complaints during the reporting period. A single complaint may identify more than one health provider. In circumstances where a health practitioner is identified in relation to multiple complaints, the health practitioner would be counted per complaint.

\*\* This data is a count of the number of issues identified within the reporting period. A complaint may also identify more than one issue per health practitioner.

## Profile of complaints about health service organisations

Organisation type	Number of facilities identified in complaints	Number and type of issues* identified in complaints about health service organisations																Total
		Access	Code of conduct for healthcare workers	Communication and information	Consent	Discharge/transfer arrangements	Environment/management of facility	Fees and costs	Grievance processes	Health Ombudsman Act 2013 Office	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/certificates	Research/Teaching/Assessment	
Administrative service	3	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1	-	3
Aged care facility	29	1	-	5	-	-	15	2	2	-	2	7	3	-	22	-	-	59
Allied health service	18	2	-	3	-	-	5	3	4	-	2	1	-	-	4	-	-	24
Ambulance service	6	3	-	6	-	-	-	-	2	-	-	-	-	-	5	-	-	16
Community health service	26	9	-	4	2	-	6	-	3	-	2	9	1	3	10	3	-	52
Correctional facility	15	126	-	11	-	-	11	-	1	-	1	90	2	1	88	1	-	332
Dental service	33	9	-	8	-	-	10	6	3	-	-	-	2	-	16	-	-	54
Hospital and Health Service	11	11	-	10	3	2	3	-	4	-	1	3	4	-	32	-	-	73
Laboratory service	18	-	-	5	-	-	3	11	4	-	-	-	-	1	5	1	-	30
Licensed day hospital	2	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	-	3
Licensed private hospital	35	11	-	18	2	15	15	7	6	-	4	11	2	-	29	-	-	120
Medical centre	200	94	1	53	-	-	39	30	19	-	28	16	8	10	24	10	1	333
Mental health service	44	6	1	7	19	5	4	3	2	-	4	13	7	5	25	5	1	107
Optical store	4	-	-	-	-	-	1	2	-	-	-	-	-	-	4	-	-	7
Other government department	4	1	-	3	-	-	8	1	-	-	-	1	-	1	-	1	-	16
Other support service	10	1	1	1	1	-	2	3	2	-	-	1	1	-	2	-	1	16
Pharmaceutical service	41	1	-	4	-	-	7	6	5	-	1	21	5	1	6	1	-	58
Private organisation	26	4	1	3	-	-	3	10	2	-	2	2	2	-	11	-	1	41
Public health service	15	5	-	1	-	-	4	1	-	-	-	3	-	-	12	-	-	26
Public hospital	45	72	-	86	30	42	30	6	28	-	12	25	19	2	275	2	-	629
Specialised health service	35	7	-	11	5	-	5	5	4	-	2	-	4	1	19	1	-	64
Unknown organisation	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
<b>Total</b>	<b>621</b>	<b>363</b>	<b>4</b>	<b>239</b>	<b>62</b>	<b>64</b>	<b>172</b>	<b>97</b>	<b>92</b>	<b>-</b>	<b>62</b>	<b>203</b>	<b>60</b>	<b>25</b>	<b>591</b>	<b>26</b>	<b>4</b>	<b>2064</b>

\* The figures reported in this column are a count of the number of health service organisations identified in complaints during the reporting period. A single complaint may identify more than one provider. In circumstances where a health service organisation is identified in multiple complaints, the organisation would be counted per complaint. For example, a health service organisation identified in three complaints would be counted three times in this column.



\*\* This data is a count of the number of issues identified within the reporting period. A complaint may also identify more than one issue per health service organisation.

# Assessment

## Assessments started and completed

Assessments this quarter	January	February	March	Q3 total
Assessments started	58	78	139	275
Assessments completed	73	71	82	226

## Completed assessment timeframes

As per s34 of the Health Transparency Bill 2019 (Assent: 05 December 2021), the timeframe for finalising assessment matters received from 6<sup>th</sup> December 2021 onwards has changed from 30 calendar days (or 60 calendar days with an approved extension) to 22 business days (or 44 business days with an approved extension).

Assessment timeframes	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Completed within 22 days	15	20.5	28	39.4	39	47.6	82	36.3
Completed within 30 days	2	2.7	0	0.0	0	0.0	2	0.9
Completed within 44 days*	2	2.7	23	32.4	30	36.6	55	24.3
Completed within 60 days*	50	68.5	15	21.1	0	0.0	65	28.8
Completed in more than 44 days	0	0.0	1	1.4	3	3.7	4	1.8
Completed in more than 60 days	4	5.5	4	5.6	10	12.2	18	8.0
<b>Total</b>	<b>73</b>	<b>100.0</b>	<b>71</b>	<b>100.0</b>	<b>82</b>	<b>100.0</b>	<b>226</b>	<b>100.0</b>

\*Assessments are able to be completed within 60 calendar days (or 44 business for matters received 06/12/2021 onwards) when granted an extension of 30 days (or 22 business days for matters received 06/12/2021 onwards) as a result of legislated requirements being met.

## Assessment decisions

Type of relevant action	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.0	0	0.0	1	1.1	1	0.4
Conciliation	2	2.4	3	3.8	2	2.2	7	2.8
Investigation	5	6.1	9	11.5	15	16.7	29	11.6
Referred to AHPRA and the national boards	13	15.9	7	9.0	11	12.2	31	12.4
Referred to another entity	4	4.9	2	2.6	5	5.6	11	4.4
Director of Proceedings	0	0.0	0	0.0	0	0.0	0	0.0
No further action	58	70.7	57	73.1	56	62.2	171	68.4
<b>Total</b>	<b>82</b>	<b>100.0</b>	<b>78</b>	<b>100.0</b>	<b>90</b>	<b>100.0</b>	<b>250</b>	<b>100.0</b>

Total assessment decisions will not equal the total number of assessments (in previous tables), as a single assessment can result in multiple relevant actions.

# Local resolution

## Local resolutions started and completed

Local resolutions this quarter	January	February	March	Q3 total
Local resolutions started	45	57	51	153
Local resolutions completed	51	56	54	161

The number of local resolutions started in the quarter may not directly match the number of assessment decisions to undertake local resolution, due to the time between a decision being made and an action taken crossing over different reporting periods.

## Completed local resolutions

As per s35 of the Health Transparency Bill 2019 (Assent: 05 December 2021), the timeframe for finalising local resolution matters received from 6<sup>th</sup> December 2021 onwards has changed from 30 calendar days (or 60 calendar days with an approved extension) to 22 business days (or 44 business days with an approved extension).

### Timeframes

Local resolution timeframe	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Completed within 22 days	26	51.0	40	71.4	40	74.1	106	65.8
Completed within 30 days	1	2.0	0	0.0	0	0.0	1	0.6
Completed within 44 days*	0	0.0	13	23.2	11	20.4	24	14.9
Completed within 60 days*	24	47.1	2	3.6	0	0.0	26	16.1
Completed in more than 44 days	0	0.0	1	1.8	1	1.9	2	1.2
Completed in more than 60 days	0	0.0	0	0.0	2	3.7	2	1.2
<b>Total</b>	<b>51</b>	<b>100.0</b>	<b>56</b>	<b>100.0</b>	<b>54</b>	<b>100.0</b>	<b>161</b>	<b>100.0</b>

\*Local resolutions are able to be completed within 60 calendar days (or 44 business for matters received 06/12/2021 onwards) when granted an extension of 30 days (or 22 business days for matters received 06/12/2021 onwards) as a result of legislated requirements being met



## Outcomes

Local resolution outcomes	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Resolved	26	51.0	38	67.9	24	44.4	88	54.7
Not resolved	21	41.2	14	25.0	21	38.9	56	34.8
Complaint withdrawn*	3	5.9	2	3.6	3	5.6	8	5.0
LR did not commence**	1	2.0	2	3.6	6	11.1	9	5.6
<b>Total</b>	<b>51</b>	<b>100.0</b>	<b>56</b>	<b>100.0</b>	<b>54</b>	<b>100.0</b>	<b>161</b>	<b>100.0</b>

\*Complainants can choose to withdraw their complaint at any stage during local resolution.

\*\*A local resolution may not commence where the complaint is resolved directly with the health care provider prior to the commencement of the process.

## Decisions for matters that were not resolved

Type of relevant action	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	0	0.0	0	0.0	0	0.0	0	0.0
Conciliation	0	0.0	0	0.0	0	0.0	0	0.0
Investigation	0	0.0	0	0.0	0	0.0	0	0.0
Referred to AHPRA and the national boards	0	0.0	0	0.0	1	4.8	1	1.8
Referral to another entity	0	0.0	0	0.0	0	0.0	0	0.0
No further action	21	100.0	14	100.0	20	95.2	55	98.2
<b>Total</b>	<b>21</b>	<b>100.0</b>	<b>14</b>	<b>100.0</b>	<b>21</b>	<b>100.0</b>	<b>56</b>	<b>100.0</b>

# Conciliation

## Conciliations started and closed

Conciliations this quarter	January	February	March	Q3 total
Conciliations started	2	4	2	8
Conciliations closed	3	0	2	5

'Conciliations started' includes all matters—including matters where agreement to participate has or has not been reached or the decision is pending—that entered the conciliation workflow during the reporting period. Similarly, 'Conciliations closed' are all matters that were closed during the reporting period, whether due to parties not agreeing to participate or the matter being closed after completing the conciliation process. Closed conciliations differ from completed conciliations below, as completed conciliations only include matters where both parties initially agreed to participate in the conciliation process.

## Agreement to participate in conciliation

Agreement to participate	January	February	March	Q3 total
Parties agreed to participate	1	3	2	6
Party/ies did not agree to participate	0	0	0	0

Once the decision is made to attempt conciliation, both parties must agree to participate in the process. If either one, or both, of the parties do not agree, the conciliation process does not commence and the matter is closed.

## Completed conciliations

### Timeframes

Conciliations completed	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	0	0.0	0	0.0	0	0.0	0	0.0
3–6 months	2	66.7	0	0.0	0	0.0	2	40.0
6–9 months	1	33.3	0	0.0	0	0.0	1	20.0
9–12 months	0	0.0	0	0.0	0	0.0	0	0.0
More than 12 months	0	0.0	0	0.0	2	100.0	2	40.0
<b>Total</b>	<b>3</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>	<b>2</b>	<b>100.0</b>	<b>5</b>	<b>100.0</b>

## Outcomes

Conciliation outcomes	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Successful	1	33.3	0	0.0	2	100.0	3	60.0
Not successful	2	66.7	0	0.0	0	0.0	2	40.0
Ended by the Health Ombudsman	0	0.0	0	0.0	0	0.0	0	0.0
Parties withdrew prior to conciliation conference	0	0.0	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>3</b>	<b>100.0</b>	<b>0</b>	<b>0.0</b>	<b>2</b>	<b>100.0</b>	<b>5</b>	<b>100.0</b>

The data above relates to matters where parties initially agreed to participate in conciliation. After agreeing, the conciliation process was completed with the matter either being successful or not successful—or in some instances, the Health Ombudsman may end a conciliation or parties involved may withdraw from the process prior to conciliation occurring. 'Completed conciliations' differ from 'closed conciliations'—in the table on page 17—in that they only relate to matters where parties agreed to participate in conciliation.

## Decisions for conciliations that were not successful

Type of relevant action	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.0	0	0.00	0	0.00	0	0.0
Investigation	0	0.0	0	0.00	0	0.00	0	0.0
Referred to AHPRA and the national boards	0	0.0	0	0.00	0	0.00	0	0.0
Referred to another entity	0	0.0	0	0.00	0	0.00	0	0.0
No further action	2	100.0	0	0.00	0	0.00	2	100.0
<b>Total</b>	<b>2</b>	<b>100.0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	<b>2</b>	<b>100.0</b>

## Open conciliation timeframes

Conciliations open	January		February		March	
	Number	%	Number	%	Number	%
Less than 3 months	8	26.7	8	23.5	9	25.7
3–6 months	12	40.0	13	38.2	7	20.0
6–9 months	1	3.3	4	11.8	12	34.3
9–12 months	2	6.7	2	5.9	1	2.9
More than 12 months	7	23.3	7	20.6	6	17.1
<b>Total</b>	<b>30</b>	<b>100.0</b>	<b>34</b>	<b>100.0</b>	<b>35</b>	<b>100.0</b>

To allow for continued transparency in the timeliness of conciliation processes, open conciliation timeframes include the time in which a matter was on hold whilst another process was finalised.

# Investigation

## Investigations started and closed

Investigations this quarter	January	February	March	Q3 total
Investigations started*	11	14	17	42
Investigations closed	5	13	13	31
Investigations amalgamated under s40(2)	2	2	4	8
Investigations separated under s40(2)	2	0	0	2

\*The number of investigations started in the quarter is higher than the number referred to investigations due to the number of matters brought to the Health Ombudsman's attention by means other than through a health service complaint or notification.

## Closed investigations

### Timeframes

Closed investigation timeframes	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	0	0.0	0	0.0	0	0.0	0	0.0
3–6 months	2	40.0	2	15.4	4	30.8	8	25.8
6–9 months	0	0.0	4	30.8	0	0.0	4	12.9
9–12 months	0	0.0	1	7.7	3	23.1	4	12.9
12–24 months	2	40.0	5	38.5	6	46.2	13	41.9
More than 2 years	1	20.0	1	7.7	0	0.0	2	6.5
<b>Total</b>	<b>5</b>	<b>100.0</b>	<b>13</b>	<b>100.0</b>	<b>13</b>	<b>100.0</b>	<b>31</b>	<b>100.0</b>

## Outcomes

Investigation outcomes	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Recommended for referral to Director of Proceedings*	3	60.0	8	53.3	5	38.5	16	48.5
Recommend Health Ombudsman issue a Prohibition Order	2	40.0	4	26.7	3	23.1	9	27.3
Referred to AHPRA	0	0.0	0	0.0	2	15.4	2	6.1
Referred to another agency	0	0.0	1	6.7	1	7.7	2	6.1
No further action	0	0.0	2	13.3	2	15.4	4	12.1
Referred for conciliation	0	0.0	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>5</b>	<b>100.0</b>	<b>15</b>	<b>100.0</b>	<b>13</b>	<b>100.0</b>	<b>33</b>	<b>100.0</b>

A single investigation may result in multiple outcomes, and as such the total number of outcomes in this table may not match the number of closed investigations detailed in the table above.

\*Matters determined suitable for referral to the Director of Proceedings at the conclusion of an investigation are sent to the Health Ombudsman for consideration and determination on whether referral to the Director of Proceedings is appropriate.

## Open investigations

Open investigations consist of two categories—active investigations and paused investigations.

Active investigations are being currently investigated, while paused investigations are not able to be investigated until such time as another agency—such as the Queensland Police Service or the Coroner’s Court of Queensland—concludes their own processes. Despite being unable to progress paused investigations, they are still considered to be open investigations.

### Active investigation timeframes

Active investigation timeframes	January		February		March	
	Number	%	Number	%	Number	%
Less than 3 months	40	41.2	33	34.7	34	34.3
3–6 months	12	12.4	24	25.3	30	30.3
6–9 months	13	13.4	9	9.5	12	12.1
9–12 months	15	15.5	15	15.8	9	9.1
12–24 months*	15	15.5	12	12.6	12	12.1
More than 24 months*	2	2.1	2	2.1	2	2.0
<b>Total</b>	<b>97</b>	<b>100.0</b>	<b>95</b>	<b>100.0</b>	<b>99</b>	<b>100.0</b>

\*All investigations that have been open for more than 12 months are published on our investigations register, available on our website ([www.oho.qld.gov.au](http://www.oho.qld.gov.au)).

### Paused investigation timeframes

Paused investigation timeframes	January		February		March	
	Number	%	Number	%	Number	%
Less than 3 months	7	11.3	2	3.2	2	3.4
3–6 months	12	19.4	12	19.4	10	16.9
6–9 months	12	19.4	13	21	12	20.3
9–12 months	3	4.8	7	11.3	8	13.6
12–24 months	23	37.1	22	35.5	19	32.2
More than 24 months	5	8.1	6	9.7	8	13.6
<b>Total</b>	<b>62</b>	<b>100</b>	<b>62</b>	<b>100</b>	<b>59</b>	<b>100.0</b>

## Total open investigation timeframes (active & paused)

Total open investigation timeframes	January		February		March	
	Number	%	Number	%	Number	%
Less than 3 months	47	29.6	35	22.3	36	22.8
3–6 months	24	15.1	36	22.9	40	25.3
6–9 months	25	15.7	22	14	24	15.2
9–12 months	18	11.3	22	14	17	10.8
12–24 months	38	23.9	34	21.7	31	19.6
More than 24 months	7	4.4	8	5.1	10	6.3
<b>Total</b>	<b>159</b>	<b>100</b>	<b>157</b>	<b>100</b>	<b>158</b>	<b>100</b>

## Open investigation categories

Type of investigation	January		February		March	
	Number	%	Number	%	Number	%
Health service complaint	94	59.1	98	62.4	100	63.3
Systemic issue*	3	1.9	3	1.9	3	1.9
Ministerial directed investigation	0	0.0	0	0.0	0	0.0
Another matter**	58	36.5	52	33.1	49	31
Matters identified for further investigation***	4	2.5	4	2.5	5	3.2
Uncategorised	0	0.0	0.0	0	1	0.6
<b>Total</b>	<b>159</b>	<b>100.0</b>	<b>157</b>	<b>100.0</b>	<b>158</b>	<b>100.0</b>

\*Matters involving a systemic issue relating to the provision of a health service, including an issue affecting the quality of a health service.

\*\*Matters brought to the Health Ombudsman's attention by means other than through a health service complaint or notification which warrant investigation. These are commonly referred to internally as 'own motion' investigations.

\*\*\*Matters referred for further investigation by the Health Ombudsman under s105 of the Act following referral to Director of Proceedings.

# Monitoring investigation recommendations

At the completion of certain investigations, the Health Ombudsman makes recommendations to health services for how they can improve service delivery and/or prevent the issues identified in the investigation from happening again. In these instances, the OHO puts in place a recommendation monitoring program to track the implementation of the recommendations.

## OHO recommendations monitoring

OHO monitoring cases	January	February	March
Cases open at the beginning of the month	2	2	2
Recommendations monitoring cases started	0	0	0
Recommendations monitoring cases closed	0	0	0

## Open recommendations monitoring case timeframes

Monitoring case timeframes*	January		February		March	
	Number	%	Number	%	Number	%
Less than 6 months	0	0.00	0	0.00	0	0.00
6–12 months	0	0.00	0	0.00	0	0.00
More than 12 months	2	100.00	2	100.00	2	100.00
<b>Total</b>	<b>2</b>	<b>100.00</b>	<b>2</b>	<b>100.00</b>	<b>2</b>	<b>100.00</b>



# Director of Proceedings

The role of the Director of Proceedings is to independently assess the merits of an investigation and determine whether the matter is suitable to be run to Queensland Civil and Administrative Tribunal (QCAT) for a determination.

Where the Director of Proceedings determines that an investigation has produced evidence of issues relating to health, conduct and/or performance that require intervention by QCAT, a comprehensive brief of evidence is prepared and in-house or external lawyers are briefed to represent the Health Ombudsman before QCAT.

## Matters referred to the Director of Proceedings by practitioner type

Practitioner type	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Medical practitioner	2	66.6	2	28.6	1	20.0	5	33.3
Medical practitioner & Dentist	0	0.00	0	0.00	1	20.0	1	6.7
Paramedic	0	0.00	1	14.3	0	0.00	1	6.7
Psychologist	1	33.3	2	28.6	0	0.00	3	20.0
Registered nurse	0	0.00	2	28.6	3	60.0	5	33.3
<b>Total</b>	<b>3</b>	<b>100.00</b>	<b>7</b>	<b>100.00</b>	<b>5</b>	<b>100.00</b>	<b>15</b>	<b>100.00</b>

Matters determined suitable for referral to the Director of Proceedings at the conclusion of an investigation are sent to the Health Ombudsman for consideration and determination on whether referral to the Director of Proceedings is appropriate. As a result, these figures will differ from the Investigation outcomes' figures elsewhere in this report.

## Matters currently with the Director of Proceedings by practitioner type

These are matters that have been referred to the Director of Proceedings but have not been filed in QCAT or referred back to the Health Ombudsman. This includes matters where there has been a decision to refer the matter to QCAT, but no referral has been filed QCAT at this stage.

Practitioner type	Number	Percentage
Dentist	1	2.6
Medical Practitioner	21	53.8
Medical Practitioner & Dentist	1	2.6
Paramedic	3	7.7
Pharmacist	2	5.1
Psychologist	3	7.7
Registered Nurse	8	20.5
<b>Total</b>	<b>39</b>	<b>100.00</b>

## Outcomes of matters reviewed by the Director of Proceedings

### Matters filed in the Queensland Civil and Administrative Tribunal

Practitioner type	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Medical practitioner	0	0.00	2	66.7	2	66.6	4	50.0
Registered nurse	2	100%	1	33.3	1	33.3	4	50.0
<b>Total</b>	<b>2</b>	<b>100.00</b>	<b>3</b>	<b>100.00</b>	<b>3</b>	<b>100.00</b>	<b>8</b>	<b>100.00</b>

### Matters referred back to Health Ombudsman

Practitioner type	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Medical practitioner	0	0.00	2	66.7	0	0.00	2	66.7
Registered Nurse	0	0.00	1	33.3	0	0.00	1	33.3
<b>Total</b>	<b>0</b>	<b>0.00</b>	<b>3</b>	<b>100.00</b>	<b>0</b>	<b>0.00</b>	<b>3</b>	<b>100.00</b>

\*From 1 March 2021, improvements to systems and processes mean that matters being referred to the Health Ombudsman are now counted based on the date of referral, rather than the date of the decision to refer.

## Decisions on matters referred to the Queensland Civil and Administrative Tribunal

There have been 19 decisions made on matters referred to QCAT during the quarter.

Date of Decision	Matter	Details of QCAT decision
20 January 2022	<i>Health Ombudsman v Lucas</i>	Professional misconduct Reprimand IRA set aside Suspension until 27 April 2022 Parties bear their own costs
4 February 2022	<i>Health Ombudsman v Murphy</i>	Professional misconduct Reprimand Application for costs within 7 days
10 February 2022	<i>Health Ombudsman v Heath</i>	Allegation 1 - Professional misconduct Allegation 2 - Unsatisfactory professional performance Reprimand
15 February 2022	<i>Health Ombudsman v Salvador</i>	Professional misconduct (allegation 1) Unprofessional conduct (allegation 2) Reprimand IPO imposed 15 June 2020 set aside Non-publication order No order as to costs
17 February 2022	<i>Health Ombudsman v JKR</i>	Professional misconduct Reprimand Non-publication order No order as to costs
17 February 2022	<i>Health Ombudsman v Eggerling</i>	Professional Misconduct Reprimand Each party bear their own costs
23 February 2022	<i>Health Ombudsman v North</i>	Professional Misconduct Reprimand Disqualified for a period of 5 years Each party bear their own costs

Date of Decision	Matter	Details of QCAT decision
23 February 2022	<i>Health Ombudsman v RCM</i>	<p>Professional Misconduct (Allegations 1, 2, 3 &amp; 4)</p> <p>Disqualified from applying for registration for a period of 6 years</p> <p>Prohibited from providing any health service [see order for full details]</p> <p>No order as to costs</p> <p>Non-publication order relating to the Respondent, patient etc</p> <p>Refer to order for full details regarding non-publication</p>
3 March 2022	<i>Health Ombudsman v Shi</i>	<p>Professional Misconduct</p> <p>Reprimand</p> <p>Respondent must not practice as a registered nurse in an authorised mental health service</p> <p>Respondent may practice only in place(s) of practice approved by the Nursing and Midwifery Board. For a period of 3 years from the date of this order.</p> <p>For the purpose of this order, 'practise' is defined as any role, whether remunerated or not, in which the individual uses their skills and knowledge as a registered nurse in their profession. It is not restricted to the provision of direct clinical care and includes using the knowledge and skills of a nursing profession in a direct non-clinical relationship with a client, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the nursing industry.</p> <p>Each party bear their own costs</p>
4 March 2022	<i>Health Ombudsman v Chang</i>	<p>Professional Misconduct (allegation 1)</p> <p>Unprofessional Conduct (allegation 2)</p> <p>Reprimand</p> <p>Disqualified from applying for registration for a period of 5 years</p> <p>IPO Issued by the HO set aside</p> <p>Prohibited from providing any health service until registered</p> <p>Parties bear their own costs</p>
9 March 2022	<i>Health Ombudsman v Harirchian</i>	<p>Professional Misconduct</p> <p>Reprimand</p> <p>Registration cancelled</p> <p>Disqualified from applying for registration for a period of 2 years</p> <p>Each party bear their own costs</p>

Date of Decision	Matter	Details of QCAT decision
10 March 2022	<i>Health Ombudsman v Andelkovic</i>	Professional Misconduct Reprimand Registration cancelled Disqualified from applying for registration until 25 April 2023 IRA set aside Each party bear their own costs
10 March 2022	<i>Health Ombudsman v Peroumal</i>	Professional Misconduct Reprimand Conditions imposed on the Respondent's registration (attached to decision) Each party bear their own costs. Schedule of conditions should be the schedule of conditions set out on page 6 of the submissions of Ms Robb dated 29 November 2021
16 March 2022	<i>Health Ombudsman v Self</i>	Professional Misconduct Reprimand Disqualified from applying for registration for a period of 12 months Each party bear their own costs
17 March 2022	<i>Health Ombudsman v Sudusinghe</i>	Professional Misconduct Reprimand Each party bear their own costs IRA set aside
18 March 2022	<i>Health Ombudsman v Hoddle</i>	Professional Misconduct Reprimand Registration cancelled Disqualified from applying for registration for a period of 8 years Prohibited from providing any health service until registered Each party bear their own costs
22 March 2022	<i>Health Ombudsman v Pidgeon</i>	Professional Misconduct Reprimand IRA set aside Each party bear their own costs
22 March 2022	<i>Health Ombudsman v Tatti</i>	Professional Misconduct Reprimand



Date of Decision	Matter	Details of QCAT decision
		Suspended for 3 months Subject to conditions (refer to schedule) Each party bear their own costs

## Decisions on immediate action reviews

There were no decisions on immediate action reviews handed down in the quarter.

## QCAT disciplinary matters

### Matters open in QCAT

Practitioner type	Number	Percentage
Chinese Medical Practitioner	2	2.4
Dentist	5	5.9
Medical Practitioner	34	40.0
Medical Practitioner and Dentist	3	3.5
Medical Oncologist	1	1.2
Osteopath	1	1.2
Paramedic	2	2.4
Pharmacist	4	4.7
Physiotherapist	2	2.4
Psychologist	5	5.9
Registered Nurse	24	28.2
Registered Nurse and Midwife	1	1.2
<b>Total Registered</b>	<b>84</b>	<b>98.8</b>
Massage Therapist	1	1.2
<b>Total Unregistered</b>	<b>1</b>	<b>1.2</b>
<b>Total</b>	<b>85</b>	<b>100.0</b>

## Outcomes of QCAT disciplinary matters

### QCAT decisions

Practitioner type	Number
Massage Therapist	1
Medical Practitioner	7
Osteopath	1
Registered Nurse	10
<b>Total QCAT Decisions</b>	<b>19</b>

### Matters withdrawn

Practitioner type	Number
<b>Total matters withdrawn</b>	<b>0</b>



# Immediate action

The *Health Ombudsman Act 2013* allows for immediate action to be taken against a registered or unregistered health practitioner if the Health Ombudsman reasonably believes:

- that a practitioner's health, conduct or performance poses a serious risk to the health and safety of the public
- that action is in the public interest.

## Show cause notices

As outlined in the *Health Ombudsman Act 2013*, upon receipt of a show cause notice, a health service provider is invited to make a submission within a stated period of time. The Health Ombudsman will then consider the submission before deciding whether to take immediate action against the provider.

The Health Ombudsman issued nine (9) show cause notices in the quarter.

- One (1) unregistered health practitioner relating to conduct.
- Five (5) medical practitioners relating to conduct.
- One (1) Psychologist relating to conduct
- One (1) Pharmacist relation to conduct
- One (1) Nurse relating to conduct

## Immediate registration actions

Practitioner type	Number	Action taken	Reason/s for taking action	
			Public Interest	Serious Risk
Medical Practitioner	1	Conditions	✓	✓

Immediate registration actions apply only to registered practitioners and may result in the Health Ombudsman issuing a suspension of, or imposing conditions upon, a registered practitioner's registration.

## Interim prohibition orders

Practitioner type	Number	Action taken	Reason/s for taking action*	
			Public Interest	Serious Risk
Counsellor	1	Prohibition	✓	✓
Health Support worker	3	Prohibition	✓	✓
Disability Support worker	1	Prohibition	✓	✓
Security Guard	1	Prohibition	✓	✓

The Health Ombudsman has powers to issue interim prohibitions orders to unregistered practitioners and registered practitioners practicing outside their field of registration. An interim prohibition order can prohibit or restrict the practitioner from providing any health service, or a specific health service.

The details for current prohibition orders can be found on the prohibition order register on the OHO website.

# Monitoring practitioner compliance

When the Health Ombudsman takes immediate action against a health practitioner, we monitor the practitioner's compliance with the conditions of the order.

For interim prohibition orders, this means monitoring compliance with the restriction(s) on or prohibitions placed of service. For immediate registration actions, this means monitoring compliance with condition(s) on or suspension of a practitioner's registration.

The Health Ombudsman may take immediate action against a single practitioner with both immediate registration action and an interim prohibition order. This can occur, for example, in instances where there is a risk that a registered practitioner may also practice in an unregistered capacity.

## Practitioner monitoring cases

Cases this month	January	February	March
Practitioner monitoring cases started	2	2	7
Practitioner monitoring cases closed	1	4	6

## Open monitoring cases

### Timeframes

Open case timeframes	January		February		March	
	Number	%	Number	%	Number	%
Less than 6 months	21	11.1	23	12.3	29	15.4
6–12 months	52	27.5	51	27.3	51	27.1
More than 12 months	116	61.4	113	60.4	108	57.4
<b>Total</b>	<b>189</b>	<b>100.0</b>	<b>187</b>	<b>100.0</b>	<b>188</b>	<b>100.0</b>

## Immediate action types

Open cases by immediate action type	January		February		March	
	Number	%	Number	%	Number	%
Interim prohibition order – restrictions	26	13.8	25	13.4	24	12.8
Interim prohibition order – prohibited	34	18.0	34	18.2	38	20.2
Immediate registration action - conditions	53	28.0	51	27.3	50	26.6
Immediate registration action – suspension	23	12.2	23	12.3	20	10.6
QCAT disciplinary decision	31	16.4	31	16.6	33	17.6
QCAT interim decision	1	0.5	1	0.5	1	0.5
Permanent prohibition order	21	11.1	22	11.8	22	11.7
<b>Total</b>	<b>189</b>	<b>100.0</b>	<b>187</b>	<b>100.0</b>	<b>188</b>	<b>100.0</b>

## Registered practitioners under monitoring by practitioner type

Open cases by practitioner type	Number	Percentage
Chinese Medicine Practitioner	9	11.1
Chiropractor	1	1.2
Dentist	2	2.5
Medical Practitioner	29	35.8
Nurse	25	30.9
Osteopath	1	1.2
Paramedic	3	3.7
Pharmacist	3	3.7
Physiotherapist	4	4.9
Psychologist	4	4.9
<b>Total</b>	<b>81</b>	<b>100.0</b>

These figures are based on the number of individual registered practitioners being monitored by the OHO during the reporting period. As a single practitioner may be monitored in relation to more than one immediate action, these figures may not match the total number of open monitoring cases.

## Unregistered practitioners under monitoring by type

Open cases by practitioner type	Number	Percentage
Aboriginal and Torres strait islander health worker	1	0.9
Aged care health worker	9	8.4
Assistant in nursing	13	12.1
Ayurvedic medicine practitioner	1	0.9
Cosmetic therapist	1	0.9
Counsellor	2	1.9
Disability support worker	3	2.8
Former registered health practitioner	16	15.0
Holding out*	2	1.9
Kinesiologist	2	1.9
Massage therapist	34	31.8
Medical assistant	3	2.8
Naturopath	1	0.9
Other health educator	1	0.9
Other health support worker	3	2.8
Other natural or alternative health care provider	2	1.9
Other non-clinical support worker	4	3.7
Other unregistered health worker	1	0.9
Personal carer	3	2.8
Psychotherapists	1	0.9
Social worker	1	0.9
Unregistered paramedic**	2	1.9
Wardsperson	1	0.9
<b>Total</b>	<b>107</b>	<b>100.0</b>

\*Certain titles of registered health professions are protected under the National Law. Anyone who uses a protected title (e.g. medical practitioner), without being registered for that profession, are classified as 'holding out' as a practitioner of that profession.

\*\*On 1 December 2018 paramedicine became a regulated profession under the National Registration and Accreditation Scheme. The practitioners listed in this table were working as paramedics prior to the regulation of the profession and are therefore listed as unregistered.

These figures are based on the number of individual unregistered practitioners being monitored by the OHO during the reporting period. As a single practitioner may be monitored in relation to more than one immediate action, these figures may not match the total number of open monitoring cases.



# Australian Health Practitioner Regulation Agency

Prior to a change in legislation in December 2021, the Health Ombudsman and Ahpra consulted on matters that were determined to be appropriate for referral to Ahpra for the Boards to manage.

The Health Transparency Bill 2019 (Assent: 05 December 2021), has changed the way the Health Ombudsman consults with Ahpra. From 6<sup>th</sup> December 2021 onwards, the Health Ombudsman and Ahpra must jointly consider all matters received involving registered health practitioners within 7 business days and decide what course of action to take. The consultation period is excluded from the 7 business day statutory timeframe. A matter can either be retained by the Health Ombudsman, referred to Ahpra or no further action taken.

If a matter is retained by the Health Ombudsman for further relevant action and at the end of the relevant action the decision is to take no further action on the complaint, Ahpra can decide to have the matter referred to them. This is known as subsequent joint consideration. (Refer to the Health Transparency Bill 2019 for more information on the joint consideration process.)

The following section of the report relates to matters that were **commenced** prior to the implementation of the new joint consideration process. These matters will also continue to be reported on in Quarter 3 as they progress through the pre-joint consideration process. It is anticipated that there will be a steady reduction of these matters into Quarter 4.

For the joint consideration process to commence, significant system changes were required which also included an upgrade on the existing case management system. Therefore, joint consideration matters commencing from 6 December 2021 will not be reported in Quarter 2 or 3 monthly reports but will be comprehensively reported on in Quarter 4 and the annual report.

## Consultation on matters (matters commenced prior to 6 December 2021)

The office consulted with Ahpra on matters that were considered to be appropriate for Ahpra to manage. For matters that we were considering referring to Ahpra under section 91 of the Act, we provided Ahpra with all necessary information in order for Ahpra to form a view as to whether they needed to discuss or accept and progress the referral.

It is anticipated that the matters consulted on each month will decrease given the implementation of joint consideration.

Consultation matters	January	February	March	Q3 total
Matters consulted on*	24	12	4	40
Matters referred	24	12	4	40
Matters retained by the office**	0	0	0	0
Decision pending	0	0	0	0

\*The number of matters consulted on may not equal the total number of matters referred, retained and pending as a matter may have commenced consultation prior to the start of the reporting period.

\*\*Under certain circumstances additional information may be received in the course of consultation resulting in the office retaining carriage of the matter and/or taking other relevant action.

## Relevant action proposing referral

Relevant action	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Intake and triage	0	0.0	0	0.0	0	0.0	0	0.0
Assessment	16	66.7	8	66.7	1	25.0	25	62.5
Investigation	0	0.0	0	0.0	2	50.0	2	5.0
Local resolution	4	16.7	1	8.3	0	0.0	5	12.5
Referrals	4	16.7	3	25.0	1	25.0	8	20.0
<b>Total</b>	<b>24</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>4</b>	<b>100.0</b>	<b>40</b>	<b>100.0</b>

## Age of matters on commencement of consultation

In order to prevent duplication of work, we aim to ensure that matters are referred to AHPRA as early as possible in the complaint management process.

Due to the type of matters in which investigation or conciliation is deemed appropriate, and the more time intensive nature of these processes, these matters are usually older when consultation commences.

Relevant action	0–7 days	8–14 days	15–30 days	30–60 days	More than 60 days
Assessment	-	-	-	-	1
Referrals	-	-	-	-	1
Investigations	-	-	-	-	2
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>

'Age of matters' is calculated from the date on which a matter was accepted by the office.

## Consultation duration

Consultation duration	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
0–3 days	13	54.2	11	91.7	4	100.0	28	70.0
4–7 days	9	37.5	0	0.0	0	0.0	9	22.5
8–11 days	2	8.3	0	0.0	0	0.0	2	5.0
More than 12 days	0	0.0	1	8.3	0	0.0	1	2.5
<b>Total</b>	<b>24</b>	<b>100.0</b>	<b>12</b>	<b>100.0</b>	<b>4</b>	<b>100.0</b>	<b>40</b>	<b>100.0</b>



## Number of practitioners referred to AHPRA by practitioner type

Practitioner type	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Aboriginal and Torres Strait Islander health practitioner	1	2.4	0	0.0	0	0.0	1	1.6
Chinese medicine practitioner	2	4.8	1	5.9	0	0.0	3	4.7
Chiropractor	3	7.1	0	0.0	0	0.0	3	4.7
Dental practitioner	10	23.8	0	0.0	0	0.0	10	15.6
Medical practitioner	25	59.5	7	41.2	2	40.0	34	53.1
Medical radiation practitioner	0	0.0	0	0.0	0	0.0	0	0.0
Nursing and midwifery practitioner	0	0.0	6	35.3	1	20.0	7	10.9
Occupational therapist	0	0.0	0	0.0	0	0.0	0	0.0
Optometrist	0	0.0	0	0.0	0	0.0	0	0.0
Osteopath	0	0.0	0	0.0	0	0.0	0	0.0
Paramedic	0	0.0	0	0.0	0	0.0	0	0.0
Pharmacist	0	0.0	1	5.9	1	20.0	2	3.1
Physiotherapist	0	0.0	1	5.9	0	0.0	1	1.6
Podiatrist	0	0.0	0	0.0	0	0.0	0	0.0
Psychologist	0	0.0	1	5.9	1	20.0	2	3.1
Student practitioner	0	0.0	0	0.0	0	0.0	0	0.0
Unknown practitioner	1	2.4	0	0.0	0	0.0	1	1.6
<b>Total</b>	<b>42</b>	<b>100.0</b>	<b>17</b>	<b>100.0</b>	<b>5</b>	<b>100.0</b>	<b>64</b>	<b>100.0</b>

## Number of issues referred to AHPRA by practitioner type

Registered practitioner type	Access	Communication and information	Consent	Discharge/transfer arrangements	Environment/management of facility	Fees and costs	Grievance processes	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/certificates	Total
Aboriginal and Torres Strait Islander health worker	-	-	-	-	-	-	-	-	-	1	-	1	-	2
Chinese medicine practitioner	-	-	-	-	-	-	-	-	-	-	-	3	-	3
Chiropractor	-	-	-	-	-	-	-	-	-	3	-	2	-	5
Dental practitioner	-	-	1	-	-	-	-	-	1	6	2	9	1	20
Medical practitioner	-	3	-	-	-	-	-	2	5	15	-	18	1	44
Medical radiation practitioner	-	-	-	-	-	-	-	-	-	-	-	2	-	2
<b>Total</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>25</b>	<b>2</b>	<b>35</b>	<b>2</b>	<b>76</b>

The figures above represent the number of issues referred to AHPRA, not the number of practitioners. The referral of a single practitioner may include multiple issues relating to that practitioner, with each issue requiring its own action.

# Demographics of healthcare consumers

## Gender of healthcare consumers

Gender	Number	Percentage
Female	1,165	49.9
Male	1,076	46.1
Prefer not to specify	49	2.1
Unknown	43	1.8
<b>Total</b>	<b>2,333</b>	<b>100.0</b>

## Age of healthcare consumers

Age	Number	Percentage
Less than 18 years	126	5.4
18–24 years	115	4.9
25–34 years	395	16.9
35–44 years	503	21.6
45–54 years	432	18.5
55–64 years	266	11.4
65–74 years	175	7.5
More than 75 years	161	6.9
Unknown*	160	6.9
<b>Total</b>	<b>2,333</b>	<b>100.0</b>

\*Age not recorded or not provided for a particular matter.

## Location of healthcare consumers

Location of healthcare consumers	Number	Percentage
Brisbane	939	40.2
Central West	5	0.2
Darling Downs	59	2.5
Far North	91	3.9
Fitzroy	110	4.7
Gold Coast	258	11.1
Mackay	62	2.7
North West	8	0.3
Northern	98	4.2
South West	9	0.4
Sunshine Coast	157	6.7
West Moreton	49	2.1
Wide Bay-Burnett	135	5.8
Outside Queensland	93	4.0
Unknown	260	11.1
<b>Total</b>	<b>2,333</b>	<b>100.0</b>

## Location of health service providers

Location of health service providers	Number	Percentage
Brisbane	1,226	45.0
Central West	5	0.2
Darling Downs	80	2.9
Far North	104	3.8
Fitzroy	116	4.3
Gold Coast	334	12.3
Mackay	63	2.3
North West	128	4.7
Northern	20	0.7
South West	15	0.6
Sunshine Coast	184	6.8
West Moreton	34	1.2
Wide Bay-Burnett	137	5.0
Outside Queensland*	37	1.4
Unknown	239	8.8
<b>Total</b>	<b>2,722</b>	<b>100.0</b>

\*Health service provider location is taken from the primary address of the provider recorded in the OHO complaints management system. Complaints can be made about health service providers from other states who have provided health services in Queensland. This could include locums travelling to Queensland from interstate or providers who previously lived in Queensland providing services but have since moved interstate—as the OHO can deal with complaints up to two years old.