

Quarter One 2022-23
performance report
Office of the Health Ombudsman



OFFICE OF THE
HEALTH
OMBUDSMAN



Quarterly performance report— Quarter One 2022-23

Published by the Office of the Health Ombudsman October 2022.



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Introduction

This document reports on the quarter one (Q1) performance of the Office of the Health Ombudsman (OHO) for the 2022–23 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.

Data in this report is correct as of 30 September 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 complaints are now jointly considered by OHO and Ahpra from 6 December 2021.

Intake of complaints

Type of contacts

Type of contact	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Complaint	694	74.62	790	77.00	671	68.96	2155	73.57
Enquiry	189	20.32	178	17.35	171	17.57	538	18.37
Information	47	5.05	58	5.65	128	13.16	233	7.95
Yet to be classified	0	0.00	0	0.00	3	0.31	3	0.10
Total	930	100	1026	100	973	100	2929	100

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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Health consumer complaint	619	89.19	700	88.61	593	88.38	1912	88.72
Mandatory notification*	25	3.6	25	3.16	23	3.43	73	3.39
Voluntary notification*	45	6.48	65	8.23	51	7.6	162	7.52
Self-notification*	3	0.43	0	0	3	0.45	6	0.28
Referral from another agency	1	0.14	0	0	1	0.15	2	0.09
Total	693	100	790	100	671	100	2155	100

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

Complaint decisions

Decisions timeframes—within seven days

Decision made	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Yes	690	97.46	719	97.43	635	96.36	2044	97.10
No	18	2.54	19	2.57	24	3.64	61	2.90
Total	708	100	738	100	659	100	2105	100

Decisions made

Number of decisions made	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Accepted and further relevant action taken	373	52.68	402	54.47	321	48.71	1096	52.07
Accepted and no further action taken*	248	35.03	246	33.33	251	38.09	745	35.39
Not accepted under s35A**	87	12.29	90	12.20	87	13.20	264	12.54
Total	708	100	738	100	659	100	2105	100

*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 June 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 51 matters were determined to fall outside the jurisdiction of the act.

Accepted decision outcomes

Type of relevant action	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	121	29.16	92	20.96	85	24.43	298	24.79
Local resolution	76	18.31	78	17.77	59	16.95	213	17.72
Conciliation	0	0.00	0	0.00	0	0.00	0	0.00
Investigation	2	0.48	2	0.46	7	2.01	11	0.92
Referred to AHPRA and the national boards	122	29.40	159	36.22	113	32.47	394	32.78
Referred to another entity	94	22.65	108	24.60	84	24.14	286	23.79
Total	415	100	439	100	348	100	1202	100

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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Access	117	9.50	125	9.68	108	13.20	350	10.48
Code of conduct for healthcare workers	11	0.89	18	1.39	14	1.71	43	1.29
Communication/information	177	14.37	152	11.77	81	9.90	410	12.27
Consent	35	2.84	39	3.02	26	3.18	100	2.99
Discharge/transfer arrangements	35	2.84	23	1.78	15	1.83	73	2.18
Environment/management of facilities	69	5.60	54	4.18	48	5.87	171	5.12
Fees/cost	42	3.41	73	5.65	37	4.52	152	4.55
Grievance processes	48	3.90	40	3.10	16	1.96	104	3.11
<i>Health Ombudsman Act 2013 offence</i>	0	0.00	0	0.00	0	0.00	0	0.00
Medical records	34	2.76	50	3.87	15	1.83	99	2.96
Medication	145	11.77	137	10.61	102	12.47	384	11.49
Professional conduct	115	9.33	118	9.14	83	10.15	316	9.46
Professional health	19	1.54	12	0.93	13	1.59	44	1.32
Professional performance	366	29.71	419	32.46	247	30.20	1032	30.89
Reports/certificates	19	1.54	31	2.40	12	1.47	62	1.86
Research/teaching/assessment	0	0.00	0	0.00	1	0.12	1	0.03
Total	1232	100	1291	100	818	100	3341	100

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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Competence	18	4.92	19	4.53	10	4.05	47	4.55
Coordination of treatment	28	7.65	26	6.21	20	8.10	74	7.17
Delay in treatment	29	7.92	21	5.01	12	4.86	62	6.01
Diagnosis	29	7.92	41	9.79	23	9.31	93	9.01
Inadequate care	69	18.85	66	15.75	29	11.74	164	15.89
Inadequate consultation	30	8.20	54	12.89	23	9.31	107	10.37
Inadequate prosthetic equipment	8	2.19	6	1.43	3	1.21	17	1.65
Inadequate treatment	70	19.13	94	22.43	71	28.74	235	22.77
Infection control	4	1.09	3	0.72	3	1.21	10	0.97
No or inappropriate referral	12	3.28	12	2.86	7	2.83	31	3.00
Rough and painful treatment	10	2.73	11	2.63	7	2.83	28	2.71
Teamwork and supervision	3	0.82	6	1.43	1	0.40	10	0.97
Unexpected treatment outcome or complications	38	10.38	45	10.74	21	8.50	104	10.08
Withdrawal of treatment	9	2.46	7	1.67	7	2.83	23	2.23
Wrong or inappropriate treatment	9	2.46	8	1.91	10	4.05	27	2.62
Total	366	100	419	100	247	100	1032	100

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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese medicine practitioner	5	-	-	-	-	-	-	-	-	-	-	6	-	-	-	-	-	6
Chiropractor	6	-	1	-	-	-	-	-	-	-	-	3	-	2	-	-	-	6
Dental practitioner	51	1	-	4	4	-	-	3	1	-	1	2	8	1	43	-	-	68
Medical practitioner	597	27	-	141	30	4	12	20	10	-	35	97	103	11	309	33	-	832
Medical Radiation Practitioner	4	-	-	-	-	-	-	-	-	-	-	-	3	-	2	-	-	5
Midwife	8	-	-	-	-	-	-	-	-	-	-	1	7	-	4	-	-	12
Nurse	123	-	-	5	6	1	1	-	1	-	2	18	77	19	33	-	-	163
Occupational therapist	4	-	-	1	-	-	-	-	-	-	-	-	1	1	2	-	-	5
Optometrist	4	-	-	1	-	-	-	1	-	-	-	-	1	-	2	1	-	6
Osteopath	2	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	2
Paramedic	8	-	-	-	1	-	-	-	-	-	-	-	7	1	-	-	-	9
Pharmacist	26	-	-	5	2	-	3	2	1	-	-	17	5	3	1	-	-	39
Physiotherapist	20	-	-	1	-	-	1	2	-	-	4	-	15	-	3	-	-	26
Podiatrist / Chiropodist	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Psychologist	72	-	-	15	5	-	-	1	-	-	7	1	29	7	23	9	-	97
Student practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unknown practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unregistered practitioner	79	-	37	11	2	-	2	2	-	-	-	5	19	1	15	-	-	94
Total	1009	28	38	185	50	5	19	31	13	-	49	141	285	44	439	43	1	1371

* 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 Offence	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/certificates	Research/Teaching/Assessment	
Administrative Service	4	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	4
Aged Care Facility	17	2	1	5	-	-	2	-	4	-	3	2	1	-	20	-	-	40
Allied Health Service	11	1	-	2	-	-	-	2	-	-	-	1	-	-	7	2	-	15
Ambulance Service	13	3	-	2	1	1	1	1	-	-	-	-	-	-	5	-	-	14
Community Health Service	24	6	-	5	-	-	3	1	3	-	1	1	1	-	9	1	-	31
Correctional Facility	374	158	-	9	-	1	5	-	-	-	3	126	2	-	100	2	-	406
Dental Service	40	6	-	7	1	-	7	8	5	-	2	1	-	-	18	-	-	55
Health Education Service	5	1	-	1	1	-	1	-	-	-	-	-	1	-	-	-	-	5
Health Service District	1	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	2
Hospital & Health Service	37	6	-	13	2	2	9	-	1	-	3	5	4	-	27	-	-	72
Laboratory Service	34	-	-	1	2	-	-	30	1	-	-	-	-	-	4	1	-	39
Licensed Private Hospital	50	5	-	11	1	9	7	4	8	-	1	9	-	-	35	-	-	90
Medical Centre	164	37	-	37	-	1	32	17	18	-	15	10	3	-	27	2	-	199
Mental Health Service	77	4	-	12	14	4	15	-	4	-	-	16	4	-	26	2	-	101
Nursing Service	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Optical Store	3	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	-	3
Other Government Department	13	5	-	3	-	-	3	2	-	-	-	-	-	-	2	-	-	15
Other Support Service	10	3	4	-	-	-	1	1	2	-	-	-	-	-	3	-	-	14
Paramedical Service	2	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	2
Pharmaceutical Service	51	1	-	5	-	-	6	13	3	-	2	36	1	-	-	-	-	67
Private Organisation	53	2	-	9	1	-	4	27	8	-	-	2	4	-	13	2	-	72
Public Health Service	19	7	-	3	-	2	2	-	1	-	-	3	-	-	13	1	-	32
Public Hospital	404	72	-	94	27	47	46	5	28	-	17	29	8	-	276	4	-	653
Residential Care Service	6	-	-	1	-	-	4	1	-	-	1	-	1	-	2	-	-	10
Specialised Health Service	20	3	-	4	-	1	4	4	4	-	1	2	-	-	4	1	-	28

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 Offence	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/certificates		Research/Teaching/Assessment
Total	1433	322	5	225	50	68	152	121	91	-	50	243	31	-	593	19	-	1970

* 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	July	August	September	Q1 total
Assessments started	123	94	93	310
Assessments completed	70	121	116	307

Completed assessment timeframes

As per s34 of the Health Transparency Bill 2019 (Assent: 05 December 2021), the timeframe for finalising assessment matters received from 6th 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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Completed within 22 days	24	34.29	32	26.45	28	24.14	84	27.36
Completed within 44 days*	35	50.00	71	58.68	66	56.90	172	56.03
Completed in more than 44 days	11	15.71	18	14.88	22	18.97	51	16.61
Total	70	100	121	100	116	100	307	100

*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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.0	0	0.0	0	0.0	0	0.0
Conciliation	3	4.23	2	1.57	4	3.23	9	2.80
Investigation	4	5.63	6	4.72	13	10.48	23	7.14
Referred to AHPRA and the national boards	21	29.58	34	26.77	21	16.94	76	23.60
Referred to another entity	1	1.41	0	0.00	0	0.00	1	0.31
Director of Proceedings	0	0.0	0	0.0	0	0.0	0	0.0
No further action	42	59.15	85	66.93	86	69.35	213	66.15
Total	71	100	127	100	124	100	322	100

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	July	August	September	Q1 total
Local resolutions started	75	73	65	213
Local resolutions completed	83	79	73	235

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 6th 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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Completed within 22 days	58	70.73	50	64.10	50	69.44	158	68.10
Completed within 44 days*	23	28.05	27	34.62	21	29.17	71	30.60
Completed in more than 44 days	1	1.22	1	1.28	1	1.39	3	1.29
Total	82	100	78	100	72	100	232	100

*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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Resolved	50	60.98	42	53.85	31	43.06	123	53.02
Partially Resolved	2	2.44	2	2.56	1	1.39	5	2.16
Not resolved	25	30.49	29	37.18	31	43.06	85	36.64
Complaint withdrawn*	5	6.10	5	6.41	9	12.50	19	8.19
LR did not commence**	0	0.00	0	0.00	0	0.00	0	0.00
Total	82	100	78	100	72	100	232	100

*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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	0	0.00	0	0.00	0	0.00	0	0.00
Conciliation	0	0.00	0	0.00	0	0.00	0	0.00
Investigation	0	0.00	0	0.00	0	0.00	0	0.00
Referred to AHPRA and the national boards	0	0.00	0	0.00	0	0.00	0	0.00
Referral to another entity	0	0.00	0	0.00	0	0.00	0	0.00
No further action	25	100	29	100	31	100	85	100
Total	25	100	29	100	31	100	85	100

Conciliation

Conciliations started and closed

Conciliations this quarter	July	August	September	Q1 total
Conciliations started	3	2	4	9
Conciliations closed	3	1	2	6

'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	July	August	September	Q1 total
Parties agreed to participate	0	2	1	3
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 Closed	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	0	0.00	0	0.00	0	0.00	0	0.00
3–6 months	1	33.33	0	0.00	0	0.00	1	16.67
6–9 months	1	33.33	0	0.00	0	0.00	1	16.67
9–12 months	1	33.33	0	0.00	0	0.00	1	16.67
More than 12 months	0	0.00	1	100	2	100	3	50.00
Total	3	100	1	100	2	100	6	100

Outcomes

Conciliation outcomes	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Successful	0	0.00	0	0.00	2	100	2	33.33
Not successful	3	100	1	100	0	0.00	4	66.67
Ended by the Health Ombudsman	0	0.00	0	0.00	0	0.00	0	0.00
Parties withdrew prior to conciliation conference	0	0.00	0	0.00	0	0.00	0	0.00
Total	3	100	1	100	2	100	6	100

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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.00	0	0.00	0	0.00	0	0.00
Investigation	0	0.00	0	0.00	0	0.00	0	0.00
Referred to AHPRA and the national boards	1	33.33	0	0.00	0	0.00	1	25.00
Referred to another entity	0	0.00	0	0.00	0	0.00	0	0.00
No further action	2	66.67	1	100	0	0.00	3	75.00
Total	3	100	1	100	0	100	4	100

Open conciliation timeframes

Conciliations open	Q1	
	Number	%
Less than 3 months	7	18.92
3–6 months	7	18.92
6–9 months	4	10.81
9–12 months	5	13.51
More than 12 months	14	37.84
Total	37	100

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	July	August	September	Q1 total
Investigations started*	11	14	26	51
Investigations closed	8	14	16	38
Investigations amalgamated under s40(2)	0	1	4	5
Investigations separated under s40(2)	0	0	1	1

*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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	2	25.00	4	28.57	3	18.75	9	23.68
3–6 months	0	0.00	1	7.14	4	25.00	5	13.16
6–9 months	3	37.50	2	14.29	2	12.50	7	18.42
9–12 months	0	0.00	1	7.14	2	12.50	3	7.89
12–24 months	2	25.00	5	35.71	5	31.25	12	31.58
More than 2 years	1	12.50	1	7.14	0	0.00	2	5.26
Total	8	100	14	100	16	100	38	100

Outcomes

Investigation outcomes	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Recommended for referral to Director of Proceedings*	2	33.33	6	50.00	9	60.00	17	51.52
Recommend Health Ombudsman issue a Prohibition Order	1	16.67	2	16.67	1	6.67	4	12.12
Referred to AHPRA	1	16.67	0	0.00	2	13.33	3	9.09
Referred to another agency	0	0.00	0	0.00	0	0.00	0	0.00
No further action	2	33.33	4	33.33	3	20.00	9	27.27
Referred for conciliation	0	0.00	0	0.00	0	0.00	0	0.00
Total	6	100	12	100	15	100	33	100

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	Q1	
	Number	%
Less than 3 months	57	37.50
3–6 months	44	28.95
6–9 months	20	13.16
9–12 months	13	8.55
12–24 months*	17	11.18
More than 24 months*	1	0.66
Total	152	100

*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).

Paused investigation timeframes

Paused investigation timeframes	Q1	
	Number	%
Less than 3 months	1	2.08
3–6 months	1	2.08
6–9 months	2	4.17
9–12 months	10	20.83
12–24 months	20	41.67
More than 24 months	14	29.17
Total	48	100

Total open investigation timeframes (active & paused)

Total open investigation timeframes	Q1	
	Number	%
Less than 3 months	58	29.00
3–6 months	45	22.50
6–9 months	22	11.00
9–12 months	23	11.50
12–24 months	37	18.50
More than 24 months	15	7.50
Total	200	100

Open investigation categories

Type of investigation	Q1	
	Number	%
Health service complaint	125	62.50
Systemic issue*	4	2.00
Ministerial directed investigation	0	0.00
Another matter**	55	27.50
Matters identified for further investigation***	6	3.00
Uncategorised	10	5.00
Total	200	100

*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	July	August	September
Cases open at the beginning of the month	2	2	2
Recommendations monitoring cases started	0	0	0
Recommendations monitoring cases closed	0	0	1

Open recommendations monitoring case timeframes

Monitoring case timeframes	July		August		September	
	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	2	100	2	100
Total	2	100	2	100	2	100

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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Chiropractor	0	0.00	1	16.67	1	10	2	11.11
Medical practitioner	0	0.00	2	33.33	4	40	6	33.33
Pharmacist	2	100	1	16.67	1	10	4	22.22
Physiotherapist	0	0.00	0	0.00	2	20	2	11.11
Psychologist	0	0.00	1	16.67	1	10	2	11.11
Registered nurse	0	0.00	1	16.67	1	10	2	11.11
Total	2	100	6	100	10	100	18	100

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
Chiropractor	3	8.33
Medical Practitioner	14	38.89
Pharmacist	4	11.11
Physiotherapist	3	8.33
Psychologist	4	11.11
Registered Nurse	8	22.22
Total	36	100

Outcomes of matters reviewed by the Director of Proceedings

Matters filed in the Queensland Civil and Administrative Tribunal

Practitioner type	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Chiropractor	0	0.00	0	0.00	1	50.00	1	16.67
Medical Practitioner	0	0.00	2	100	1	50.00	3	50.00
Nurse	2	100	0	0.00	0	0.00	2	33.33
Total	2	100	2	100	2	100	6	100

Matters referred back to Health Ombudsman

Practitioner type	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Medical Practitioner	0	0.00	0	0.00	1	100	1	33.33
Physiotherapist	2	100	0	0.00	0	0.00	2	66.67
Total	2	100	0	0.00	1	100	3	100

*From 1 June 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 7 decisions made on matters referred to QCAT during the quarter.

Date of Decision	Matter	Details of QCAT decision
13 July 2022	<i>Health Ombudsman v Sinton</i>	Professional Misconduct (allegation 1) Unprofessional Conduct (allegation 2) Reprimand No order as to costs
13 July 2022	<i>Health Ombudsman v DNE</i>	Professional Misconduct (allegation 1) Unprofessional Conduct (allegation 2) Reprimand Registration cancelled Disqualified for a period of 3 years IRA set aside Parties bear their own costs
18 August 2022	<i>Health Ombudsman v Truscott</i>	Unprofessional Conduct Reprimand Parties bear their own costs
7 September 2022	<i>Health Ombudsman v Manabat</i>	Professional Misconduct Reprimand IRA set aside Each party bear their own costs
7 September 2022	<i>Health Ombudsman v Walker</i>	Professional Misconduct Reprimand IRA set aside No order as to costs
15 September 2022	<i>Health Ombudsman v Kadrian</i>	Professional Misconduct Reprimand Suspended for 6 months IRA set aside No order as to costs
15 September 2022	<i>Health Ombudsman v Mainwaring</i>	Professional Misconduct Reprimand No order as to costs

Decisions on immediate action reviews

There were 2 applications made to QCAT to review Immediate Registration Action.

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 sixteen (16) show cause notices in the quarter

- Seven (7) unregistered practitioner’s relating to professional conduct
- Five (5) Nurse’s relating to professional conduct
- One (1) Physiotherapist relating to professional conduct
- One (1) Psychologist relating to professional conduct
- Two (2) Medical Practitioner’s relating to professional conduct

Immediate registration actions

Practitioner type	Number	Month	Action taken	Reason/s for taking action	
				Public Interest	Serious Risk
Enrolled Nurse	1	July	Conditions	✓	
Psychologist	1	July	Conditions		✓
Enrolled Nurse	1	August	Conditions	✓	✓
Psychologist	2	August	Conditions		✓
Medical Practitioner	2	August	Conditions	✓	✓
Nurse	1	August	Conditions	✓	✓
Nurse	1	August	Conditions		✓
Nurse	1	September	Suspension	✓	✓
Pharmacist	1	September	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	Month	Action taken	Reason/s for taking action*	
				Public Interest	Serious Risk
Aged Health Care Worker	1	July	Restriction		✓
Non-Clinical Support Worker	1	July	Prohibit		✓
Alternative Health Practitioner	2	August	Restriction	✓	✓
Alternative Health Practitioner	2	August	Prohibit	✓	✓
Enrolled Nurse	1	September	Prohibit	✓	✓
Unregistered - Enrolled Nurse (failed to renew)	1	September	Prohibit	✓	✓
Assistant in Nursing	2	September	Restriction		✓
Medical Technician	1	September	Restriction		✓

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 interim prohibition orders can be found on the prohibition order register on the OHO website.

Immediate registration action variations

Practitioner type	Number	Month	Previous Action taken	Current Action Taken
Chinese Medicine Practitioner	1	August	Suspension	Conditions
Dentist	1	September	Conditions	Suspension

Interim prohibition order variations

Practitioner type	Number	Month	Previous Action taken	Current Action Taken
Chinese Medicine Practitioner	1	August	Prohibit	Restriction

A health practitioner may apply to the Health Ombudsman to vary an immediate action if there is a material change in relation to the matter giving rise to the immediate action. The Health Ombudsman may also initiate a decision to vary an immediate action if, at any time after a decision to take immediate action, there is a material change in relation to the matter giving rise to the immediate action.

Monitoring practitioner compliance

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

For interim prohibition orders, this means monitoring compliance with either a full prohibition, or restrictions imposed, on a practitioner's provision of health services. 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 practise in an unregistered capacity.

Practitioner monitoring cases

Cases this month	July	August	September
Practitioner monitoring cases started	6	16	10
Practitioner monitoring cases closed	5	6	7

Open monitoring cases

Timeframes

Open case timeframes	Q1 total	
	Number	%
Less than 6 months	61	27.35
6–12 months	40	17.94
More than 12 months	122	54.71
Total	223	100

Immediate action types

Open cases by immediate action type	Q1 total	
	Number	%
Interim prohibition order – restrictions	26	11.45
Interim prohibition order – prohibited	37	16.59
Immediate registration action – conditions	63	28.25
Immediate registration action – suspension	23	10.31
QCAT disciplinary decision	38	16.74
QCAT interim decision	1	0.44
Permanent prohibition order	35	15.42
Total	223	100

Registered practitioners under monitoring by practitioner type

Open cases by practitioner type	Number	Percentage
Aboriginal and Torres Strait Islander health worker	0	0.00
Chinese medicine practitioner	5	4.59
Chiropractor	1	0.92
Dental practitioner	2	1.83
Medical practitioner	34	31.19
Medical radiation practitioner	1	0.92
Nursing and midwifery practitioner	38	34.86
Occupational therapist	0	0.00
Optometrist	0	0.00
Osteopath	1	0.92
Paramedic	2	1.83
Pharmacist	7	6.42
Physiotherapist	7	6.42
Podiatrist	0	0.00
Psychologist	11	10.09
Total	109	100

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	1.04
Aged care health worker	8	8.33
Ambulance officer	3	3.13
Assistant in nursing	15	15.63
Ayurvedic medicine practitioner	1	1.04
Cosmetic therapist	1	1.04
Counsellor	2	2.08
Disability support worker	3	3.13
Former registered health practitioner	0	0.00
Health educator	1	1.04
Health support worker	8	8.33
Holding out*	3	3.13
Kinesiologist	2	2.08
Massage therapist	34	35.42
Medical assistant	1	1.04
Natural therapist	0	0.00
Naturopath	1	1.04
Other health educator	0	0.00
Other health support worker	1	1.04
Other natural or alternative health care provider	4	4.17
Other non-clinical support worker	4	4.17
Personal carer	0	0.00
Psychotherapist	1	1.04
Social worker	1	1.04
Unregistered paramedic	0	0.00
Wardsperson	1	1.04
Total	96	100

*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

Joint consideration matters

Initial joint consideration consultations

Consultation matters	July	August	September	Q1 total
Matters commenced	285	326	294	905
Matters finalised within statutory timeframe	252	301	257	810
Matters finalised outside statutory timeframe	16	7	12	35
Decision pending at end of period*	118	149	21	288

* This is defined as the count of all instances where a matter was still open at the end of the period. The total column is a sum of these instances.

Subsequent joint consideration consultation by relevant action

Relevant Action	July	August	September	Q1 total
Assessment	1	7	5	13
Local Resolution	12	9	13	34
Investigation	2	1	0	3
Total	15	17	18	50

Outcome of initial joint consideration consultations by practitioner type

Quarter 1

Practitioner type	No Further Action		HCE to retain		Refer to Ahpra		Total	
	No.	%	No.	%	No.	%	No.	%
Chinese Medicine Practitioner	1	0.11	-	0.00	5	0.53	6	0.64
Chiropractor	2	0.21	2	0.21	1	0.11	5	0.53
Dental Prosthetist	2	0.21	3	0.32	1	0.11	6	0.64
Dental Therapist	-	0.00	-	0.00	1	0.11	1	0.11
Dentist	16	1.70	5	0.53	24	2.55	45	4.78
Medical Practitioner	291	30.92	76	8.08	261	27.74	628	66.74
Medical Radiation Practitioner	-	0.00	-	0.00	1	0.11	1	0.11
Midwife	-	0.00	1	0.11	5	0.53	6	0.64
Nurse	33	3.51	27	2.87	50	5.31	110	11.69
Occupational Therapist	-	0.00	1	0.11	2	0.21	3	0.32
Optometrist	1	0.11	-	0.00	3	0.32	4	0.43
Osteopath	-	0.00	-	0.00	1	0.11	1	0.11
Paramedic	6	0.64	3	0.32	2	0.21	11	1.17
Pharmacist	7	0.74	5	0.53	8	0.85	20	2.13
Physiotherapist	7	0.74	5	0.53	10	1.06	22	2.34
Podiatrist / Chiropodist	-	0.00	1	0.11	-	0.00	1	0.11
Psychologist	23	5.91	12	8.51	36	8.76	71	7.55
Total	389	41.34	141	14.98	411	43.68	941	100

Outcome of subsequent joint consideration consultations by practitioner type

Quarter 1

Practitioner type	No Further Action		No SJC response given		Refer to Ahpra		Total	
	No.	%	No.	%	No.	%	No.	%
Dental Prosthetist	3	6.00	-	-	-	-	3	6.00
Dentist	4	8.00	-	-	-	-	4	8.00
Medical Practitioner	28	56.00	-	-	-	-	28	56.00
Nurse	6	12.00	-	-	-	-	6	12.00
Occupational Therapist	1	2.00	-	-	-	-	1	2.00
Paramedic	1	2.00	-	-	-	-	1	2.00
Pharmacist	2	4.00	-	-	-	-	2	4.00
Physiotherapist	1	2.00	-	-	-	-	1	2.00
Podiatrist / Chiropodist	2	4.00	-	-	-	-	2	4.00
Psychologist	2	4.00	-	-	-	-	2	4.00
Total	50	100	-	-	-	-	50	100

Number of issues referred to AHPRA by practitioner type

Quarter 1

Registered practitioner type	Access	Code of conduct for HCW	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	Research /teaching	Total
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	4
Chiropractor	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2
Dental Hygienist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Prosthetist	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Dental Therapist	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Dentist	-	-	1	4	-	1	-	-	1	2	6	1	25	-	-	41
Medical Practitioner	5	-	50	18	2	7	5	4	11	56	70	10	188	3	-	429
Medical Radiation Practitioner	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	4
Midwife	-	-	-	-	-	-	-	-	-	-	5	-	1	-	-	6
Nurse	-	-	3	6	1	-	-	-	2	13	83	20	32	-	-	160
Occupational Therapist	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2
Optometrist	-	-	-	-	-	-	1	-	-	-	1	-	2	-	-	4
Osteopath	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Paramedic	-	-	-	-	-	-	-	-	-	-	5	2	-	-	-	7
Pharmacist	-	-	1	-	-	1	1	1	-	10	6	6	-	-	-	26
Physiotherapist	-	-	1	-	-	-	2	-	2	-	10	-	3	-	-	18
Podiatrist	-	-	-	-	-	-	-	-	1	-	2	-	-	-	-	3
Psychologist	1	-	4	1	-	-	-	-	4	-	23	7	11	4	-	55
Total	6	-	61	29	3	9	9	5	21	81	222	48	263	7	-	764

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.

Pre-joint consideration matters

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. These consultations occurred at various stages of the OHO's processes as shown in the second table below. 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	July	August	September	Q1 total
Matters consulted on*	0	0	0	0
Matters referred	4	6	2	12
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	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Intake and triage	0	0.00	0	0.00	0	0.00	0	0.00
Assessment	0	0.00	2	33.33	1	50.00	3	25.00
Investigation	1	25.00	2	33.33	1	50.00	4	33.33
Local resolution	0	0.00	1	16.67	0	0.00	1	8.33
Referrals	0	0.00	0	0.00	0	0.00	0	0.00
Legal	3	75.00	1	16.67	0	0.00	4	33.33
Total	4	100	6	100	2	100	12	100

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	0	0	0	0	3
Referrals	0	0	0	0	0
Local Resolution	0	0	0	0	1
Investigations	0	0	0	0	4
Legal	0	0	0	0	3
Total	0	0	0	0	11

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

Consultation duration

Consultation duration	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
0–3 days	1	25.00	2	33.33	0	0.00	3	25.00
4–7 days	3	75.00	2	33.33	1	50.00	6	50.00
8–11 days	0	0.00	1	16.67	0	0.00	1	8.33
More than 12 days	0	0.00	1	16.67	1	50.00	2	16.67
Total	4	100	6	100	2	100	12	100

Number of practitioners referred to AHPRA by practitioner type

Practitioner type	July		August		September		Q1 total	
	Number	%	Number	%	Number	%	Number	%
Aboriginal and Torres Strait Islander health practitioner	0	0.00	0	0.00	0	0.00	0	0.00
Chinese medicine practitioner	0	0.00	0	0.00	0	0.00	0	0.00
Chiropractor	0	0.00	0	0.00	0	0.00	0	0.00
Dental practitioner	0	0.00	0	0.00	0	0.00	0	0.00
Medical practitioner	2	50.00	3	60.00	0	0.00	5	55.56
Medical radiation practitioner	0	0.00	0	0.00	0	0.00	0	0.00
Nursing and midwifery practitioner	1	25.00	2	40.00	0	0.00	3	33.33
Occupational therapist	0	0.00	0	0.00	0	0.00	0	0.00
Optometrist	0	0.00	0	0.00	0	0.00	0	0.00
Osteopath	0	0.00	0	0.00	0	0.00	0	0.00
Paramedic	1	25.00	0	0.00	0	0.00	1	11.11
Pharmacist	0	0.00	0	0.00	0	0.00	0	0.00
Physiotherapist	0	0.00	0	0.00	0	0.00	0	0.00
Podiatrist	0	0.00	0	0.00	0	0.00	0	0.00
Psychologist	0	0.00	0	0.00	0	0.00	0	0.00
Student practitioner	0	0.00	0	0.00	0	0.00	0	0.00
Unknown practitioner	0	0.00	0	0.00	0	0.00	0	0.00
Total	4	100	5	100	0	0.00	9	100

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
Medical practitioner	0	1	1	0	0	0	0	2	0	4	0	3	0	11
Nursing and midwifery practitioner	0	0	0	0	0	0	0	1	1	1	1	2	0	6
Paramedic	0	0	0	0	0	0	0	0	0	1	0	1	0	2
Total	0	1	1	0	0	0	0	3	1	6	1	6	0	19

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	1067	47.87
Male	1015	45.54
Prefer not to specify	39	1.75
Unknown	108	4.85
Total	2229	100

Age of healthcare consumers

Age	Number	Percentage
Less than 18 years	120	5.38
18–24 years	103	4.62
25–34 years	396	17.77
35–44 years	418	18.75
45–54 years	356	15.97
55–64 years	242	10.86
65–74 years	158	7.09
More than 75 years	149	6.68
Unknown*	287	12.88
Total	2229	100

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

Location of healthcare consumers

Location of healthcare consumers	Number	Percentage
Brisbane	962	43.16
Central West	3	0.13
Darling Downs	54	2.42
Far North	99	4.44
Fitzroy	102	4.58
Gold Coast	238	10.68
Mackay	71	3.19
North West	6	0.27
Northern	91	4.08
South West	5	0.22
Sunshine Coast	108	4.85
West Moreton	63	2.83
Wide Bay-Burnett	150	6.73
Outside Queensland	86	3.86
Unknown	191	8.57
Total	2229	100

Location of health service providers

Location of health service providers	Number	Percentage
Brisbane	1184	48.31
Central West	5	0.20
Darling Downs	76	3.10
Far North	105	4.28
Fitzroy	101	4.12
Gold Coast	280	11.42
Mackay	59	2.41
North West	10	0.41
Northern	102	4.16
South West	7	0.29
Sunshine Coast	132	5.39
West Moreton	41	1.67
Wide Bay-Burnett	141	5.75
Outside Queensland*	43	1.75
Unknown	165	6.73
Total	2451	100

*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.

