



Quarterly performance report— Quarter Two 2022-23

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Introduction

This document reports on the quarter two (Q2) performance of the Office of the Health Ombudsman (OHO) for the 2022–23 financial year.

The OHO provides a single point of entry for health service complaints and operates in a co-regulatory model with the Australian Health Practitioner Agency (AHPRA) when dealing with notifications and complaints about registered health practitioners. The OHO also deals with complaints about unregistered health practitioners and health service organisations and facilities.

The key objectives of the Health Ombudsman Act 2013 (the Act) are to:

- Protect the health and safety of the public.
- Promote professional, safe and competent practice by health practitioners.
- Promote high standards of service delivery by health service organisations.
- Maintain public confidence in the management of complaints and other matters relating to the provision of health services.

We have a range of functions which include:

- Receive and deal with complaints about health services and health service providers.
- Assess and investigate complaints about health practitioners and health services and conduct investigations into systemic issues
- Decide what action to take in relation complaints and, where required, take immediate action and regulatory action on practitioner matters to protect the health and safety of the public
- Provide local resolution and conciliation of complaints
- Identify, report and make recommendations on systemic issues in the delivery of quality health services.
- Monitor how Australian Health Practitioner Regulation Agency and national health practitioner boards monitor health, conduct and performance
- Provide information and education about resolving health service complaints
- Refer registered practitioner matters to the Director of Proceedings to take to the Queensland Civil and Administrative Tribunal for determination

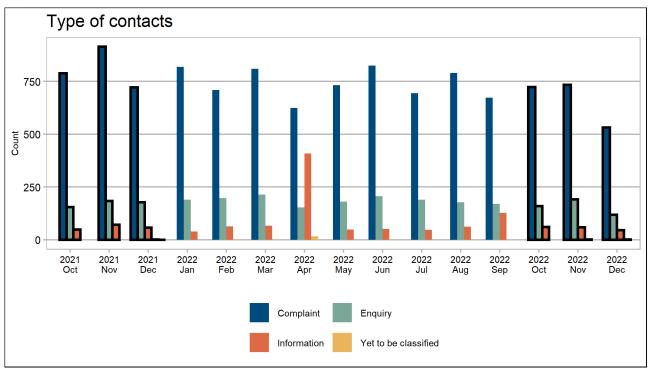
Our performance reports are available to the public on our website www.oho.qld.gov.au.

Data in this report is correct as of 31 December 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 health practitioner complaints are now jointly considered by OHO and Ahpra from 6 December 2021.

Intake of complaints

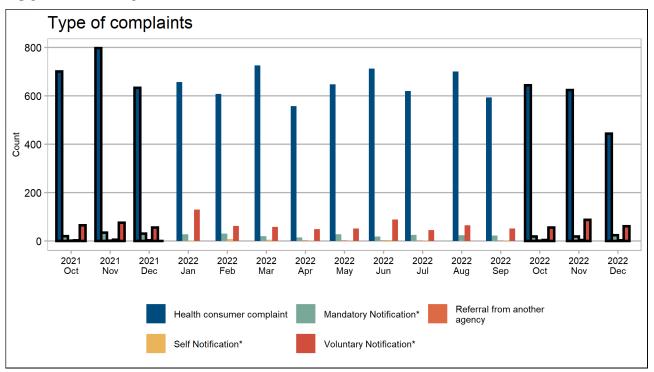
Type of contacts



Type of contact	Octo	ber	Nover	nber	Decer	nber	Q2 total		
	Number	%	Number	%	Number	%	Number	%	
Complaint	724	76.69	733	74.34	531	76.18	1988	75.68	
Enquiry	160	16.95	192	19.47	119	17.07	471	17.93	
Information	60	6.36	59	5.98	46	6.6	165	6.28	
Yet to be classified	0	0	2	0.2	1	0.14	3	0.11	
Total	944	100	986	100	697	100	2627	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

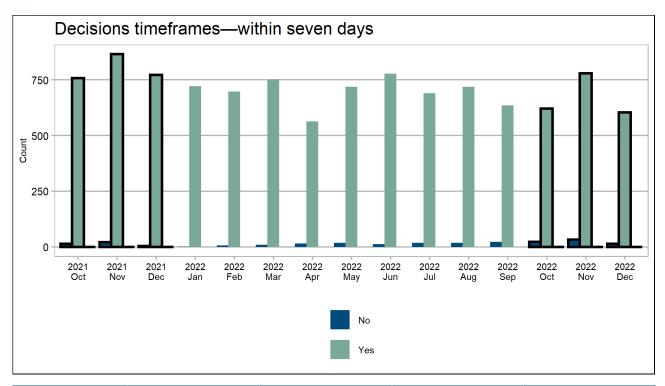


Type of complaints	Octo	ober	Nove	mber	Dece	mber	Q2 t	otal
	Number	%	Number	%	Number	%	Number	%
Health consumer complaint	645	89.09	623	84.99	443	83.43	1711	86.07
Mandatory notification*	18	2.49	19	2.59	24	4.52	61	3.07
Voluntary notification*	56	7.73	87	11.87	61	11.49	204	10.26
Self-notification*	4	0.55	4	0.55	3	0.56	11	0.55
Referral from another agency	1	0.14	0	0	0	0	1	0.05
Total	724	100	733	100	531	100	1988	100

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

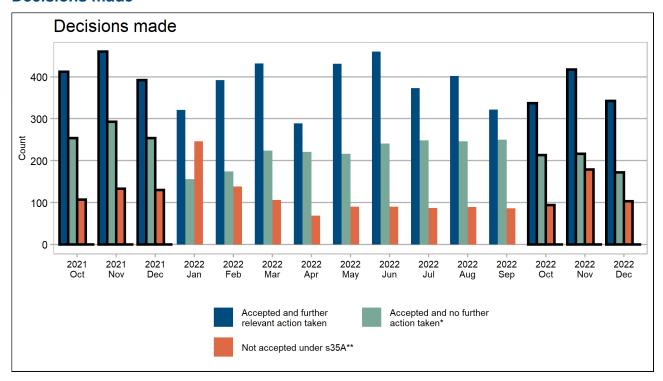
Complaint decisions

Decisions timeframes—within seven days



Decision made	Octo	ber	Nover	nber	Decer	nber	Q2 total			
	Number	% Number		%	Number	%	Number	%		
Yes	621	96.43	780	95.94	603	97.73	2004	96.62		
No	23	3 3.57 33		4.06	14	2.27	70	3.38		
Total	644	100	813	100	617	100	2074	100		

Decisions made



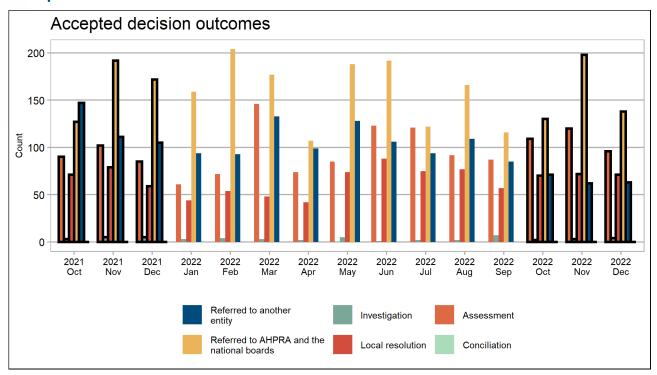
Number of decisions made	Octo	ober	Nove	mber	Dece	mber	Q2 total			
	Number	%	Number	%	Number	%	Number	%		
Accepted and further relevant action taken	337	52.33	418	51.41	342	55.43	1097	52.89		
Accepted and no further action taken*	213	33.07	216	26.57	172	27.88	601	28.98		
Not accepted under s35A**	94	14.6	179	22.02	103	16.69	376	18.13		
Total	644	100	813	100	617	100	2074	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".

An additional 52 matters were determined to fall outside the jurisdiction of the act.

^{**}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.

Accepted decision outcomes



Type of relevant action	Octo	ber	Nove	mber	Dece	mber	Q2	total
	Number	%	Number	%	Number	%	Number	%
Assessment	109	28.53	120	26.49	95	25.68	324	26.89
Local resolution	70	18.32	72	15.89	71	19.19	213	17.68
Conciliation	0	0	0	0	0	0	0	0
Investigation	2	0.52	3	0.66	3	0.81	8	0.66
Referred to AHPRA and the national boards	130	34.03	196	43.27	138	37.3	464	38.51
Referred to another entity	71	18.59	62	13.69	63	17.03	196	16.27
Total	382	100	453	100	370	100	1205	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	Octo	ober	Nove	mber	Dece	mber	Q2 t	otal
	Number	%	Number	%	Number	%	Number	%
Access	105	10.49	98	9.59	69	9.52	272	9.9
Code of conduct for Health Care Workers	10	1	16	1.57	19	2.62	45	1.64
Communication and Information	96	9.59	102	9.98	58	8	256	9.32
Consent	26	2.6	23	2.25	12	1.66	61	2.22
Discharge and Transfer Arrangements	15	1.5	19	1.86	13	1.79	47	1.71
Environment/Manag ement of Facility	43	4.3	36	3.52	27	3.72	106	3.86
Fees and Costs	35	3.5	39	3.82	24	3.31	98	3.57
Grievance Processes	23	2.3	22	2.15	23	3.17	68	2.47
Health Ombudsman Act 2013 Offence	0	0	0	0	0	0	0	0
Information	0	0	0	0	0	0	0	0
Medical Records	22	2.2	26	2.54	27	3.72	75	2.73
Medication	136	13.59	145	14.19	97	13.38	378	13.76
Professional Conduct	106	10.59	120	11.74	94	12.97	320	11.64
Professional Health	17	1.7	22	2.15	15	2.07	54	1.97
Professional Performance	343	34.27	333	32.58	237	32.69	913	33.22
Reports/Certificates	24	2.4	19	1.86	10	1.38	53	1.93
Research/teaching/a ssessment	0	0	2	0.2	0	0	2	0.07
Total	1001	100	1022	100	725	100	2748	100

These figures are based on the registration date of the issue recorded during the 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	Octo	ber	Nove	mber	Dece	mber	Q2 t	otal
	Number	%	Number	%	Number	%	Number	%
Competence	8	2.33	9	2.7	6	2.53	23	2.52
Coordination of treatment	25	7.29	26	7.81	25	10.55	76	8.32
Delay in treatment	22	6.41	18	5.41	12	5.06	52	5.7
Diagnosis	36	10.5	28	8.41	13	5.49	77	8.43
Inadequate care	38	11.08	45	13.51	24	10.13	107	11.72
Inadequate consultation	35	10.2	32	9.61	15	6.33	82	8.98
Inadequate prosthetic equipment	4	1.17	4	1.2	2	0.84	10	1.1
Inadequate treatment	86	25.07	89	26.73	69	29.11	244	26.73
Infection control	2	0.58	6	1.8	4	1.69	12	1.31
No or inappropriate referral	8	2.33	6	1.8	11	4.64	25	2.74
Rough and painful treatment	12	3.5	9	2.7	6	2.53	27	2.96
Teamwork and supervision	1	0.29	4	1.2	2	0.84	7	0.77
Unexpected treatment outcome or complications	50	14.58	44	13.21	41	17.3	135	14.79
Withdrawal of treatment	5	1.46	2	0.6	1	0.42	8	0.88
Wrong or inappropriate treatment	11	3.21	11	3.3	6	2.53	28	3.07
Total	343	100	333	100	237	100	913	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

The data displayed in the below table shows categories of issues recorded in the quarter by the practitioner type they were recorded against. Counts in the grey cells are indicative of the total number of practitioners by type, whereas white cell counts are the corresponding number of issues recorded against the organisation type in the issue category.

	Number of						N	lumber and	type of issue	s" identified in	complair	nts about h	ealth practitic	ners"					
Practitioner type	practitioners identified in complaints	Access		Communication and Information		Discharge and Transfer Arrangements	Management		Grievance Processes	Health Ombudsman Act 2013 Offence	Infor- mation	Medical Records	Medication	Professional Conduct	Professional Health	Professional Performance	Reports/ Certificates	Research/ teaching/ assessment	Total
Aboriginal and Torres Strait Islander Health Practitioner	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	2	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2
Chiropractor	4	-	-	1	-	-	-	-	-	-	-	-	-	3	-	1	-	-	5
Dental practitioner	40	1	-	4	2	-	-	3	1	-	-	-	4	6	2	26	-	-	49
Medical Practitioner	527	15	-	67	18	2	6	13	3	-	-	14	135	123	13	272	25	1	707
Medical Radiation Practitioner	6	-	-	1	-	-	-	-	-	-	-	-	-	3	-	2	-	-	6
Midwife	4	-	-	-	-	-	-	1	-	-	-	-	-	2	1	5	-	-	9
Registered Nurse	109	-	-	3	2	-	1	-	-	-	-	3	6	77	33	26	1	-	152
Occupational Therapist	9	-	-	1	-	-	2	-	-	-	-	1	1	2	-	2	4	-	13
Optometrist	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	3
Oral Health Therapist	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Osteopath	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paramedic	5	-	-	-	1	-	-	-	-	-	-	-	-	2	-	2	-	-	5
Pharmacist	21	-	-	-	-	-	2	-	-	-	-	2	16	5	2	1	-	-	28
Physiotherapist	11	-	-	1	-	-	1	-	-	-	-	2	-	5	2	5	1	-	17
Podiatrist / Chiropodist	5	-	-	-	1	-	-	2	-	-	-	1	-	3	-	3	-	-	10
Psychologist	46	-	-	9	1	-	1	3	1	-	-	1	2	21	1	16	4	1	61
Unknown	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Unregistered practitioner	33	-	39	1	1	-	1	-	-	-	-	1	5	17	-	12	-	-	77
Total	827	16	39	88	26	2	14	22	5	-	-	25	169	272	54	377	35	2	1146

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.

[&]quot;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

The data displayed in the below table shows categories of issues recorded in the quarter by the organisation type they were recorded against. Counts in the grey cells are indicative of the total number of organisations by type, whereas white cell counts are the corresponding number of issues recorded against the organisation type in the issue category.

	Number of						N	lumber and	type of issue	s" identified in	complair	its about h	ealth practitio	ners					
Practitioner type	practitioners identified in complaints	Access		Communication and Information		Discharge and Transfer Arrangements		Fees and		Health Ombudsman Act 2013 Offence	Infor-	Medical Records	Medication		Professional Health	Professional Performance	Reports/ Certificates	Research/ teaching/ assessment	Total
Administrative Service	2	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	2
Aged Care Facility	14	-	-	-	-	1	4	1	1	-	-	-	1	-	-	7	-	-	15
Allied Health Service	7	1	1	2	-	-	-	3	-	-	-	-	-	-	-	-	-	-	7
Ambulance Service	5	1	-	4	-	-	-	-	-	-	-	-	-	2	-	7	-	-	14
Area Health Services	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Health Service	22	3	-	1	1	1	3	3	-	-	-	3	2	1	-	10	-	-	28
Correctional Facility	14	127	-	12	1	1	6	-	2	-	-	-	137	3	-	89	1	-	379
Dental Service	20	9	_	1	-	-	2	2	2	_	-	1	-	-	_	6	-	_	23
Environmental Health Service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Education Service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Information Service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Promotion Service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Service District	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hospital & Health Service	11	3	-	4	1	-	1	-	1	-	-	-	3	2	-	14	-	-	29
Laboratory Service	15	-	-	2	-	-	1	14	1	-	-	1	-	-	-	2	-	-	21
Licensed Day Hospital	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Licensed Private Hospital	31	4	-	11	-	4	3	4	6	-	-	2	3	3	-	32	2	-	74
Medical Centre	103	23	-	29	-	1	20	17	6	-	-	17	14	2	-	21	2	-	152
Mental Health Service	32	7	-	6	8	4	2	-	1	-	-	1	1	4	-	26	2	-	62
Nursing Service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Optical Store	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Government Department	5	4	-	-	2	-	3	4	1	-	-	-	-	-	-	1	-	-	15
Other Support Service	17	-	3	1	-	-	3	1	2	-	-	-	1	2	-	5	1	-	19
Paramedical Service	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
Parent Organisation	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmaceutical Service	34	2	-	6	-	-	8	6	4	-	-	1	16	2	-	2	-	-	47
Private Organisation	38	2	1	4	3	-	6	14	-	-	-	1	8	6	-	12	-	-	57
Public Health Service	14	-	-	3	-	1	2	-	1	-	-	1	1	1	-	10	-	-	20
Public Hospital	48	67	-	79	18	32	22	3	29	-	-	19	20	18	-	275	10	-	592
Registration Board	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

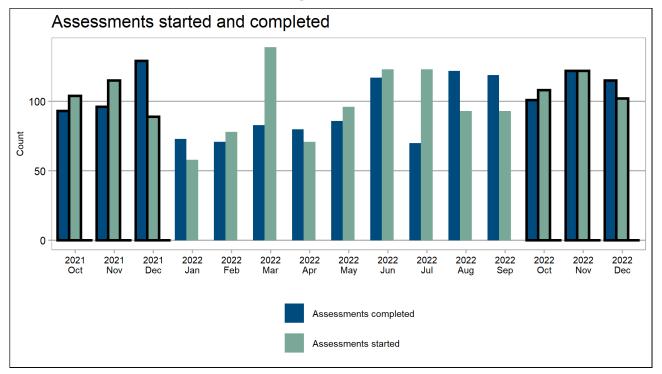
	Number of		Number and type of issues" identified in complaints about health practitioners" Access Code of Communication Consent Discharge and Environment/ Fees and Grievance Health Infor- Medical Medication Professional Professional Professional Reports/ Research/ Tot																
Practitioner type	practitioners identified in complaints	Access		and Information			Management			Health Ombudsman Act 2013 Offence				Professional Conduct	Professional Health	Professional Performance	Certificates	Research/ teaching/ assessment	
Residential Care Service	2	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	2
Social Work Service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Specialised Health Service	31	3	1	3	1	-	4	3	4	-	-	3	2	1	-	15	-	-	40
Welfare Service	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	467	256	6	168	35	45	92	76	63	-	-	50	209	47	-	535	18	-	1600

^{*}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

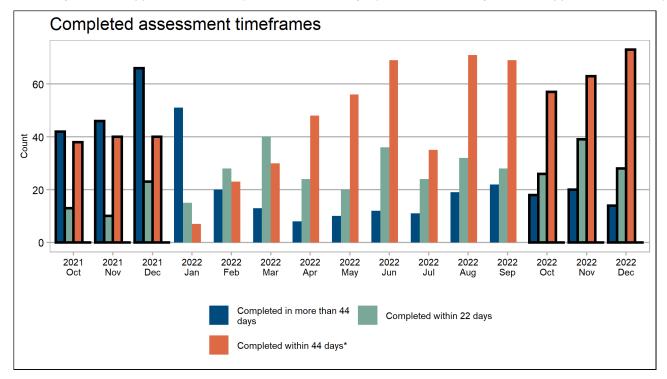
Assessments started and completed



Assessments this quarter	October	November	December	Q2 total
Assessments started	108	122	102	332
Assessments completed	101	122	115	338

Completed assessment timeframes

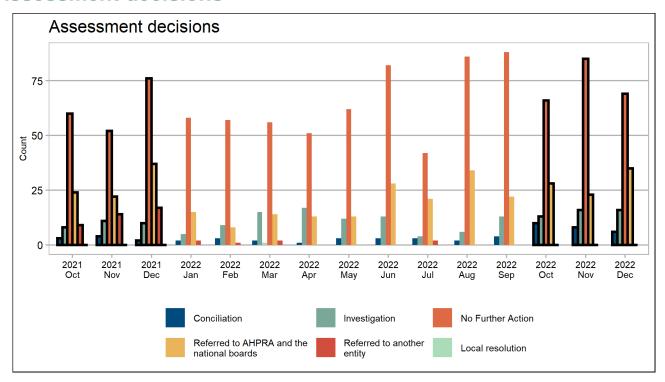
As per s34 of the Health Transparency Bill 2019 (Assent: 05 December 2021), the timeframe for finalising assessment matters received from 6th December 2021 onwards has changed from 30 calendar days (or 60 calendar days with an approved extension) to 22 business days (or 44 business days with an approved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



Assessment timeframes	October		Nove	November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%	
Completed within 22 days	26	25.74	39	31.97	28	24.35	93	27.51	
Completed within 44 days*	57	56.44	63	51.64	73	63.48	193	57.1	
Completed in more than 44 days	18	17.82	20	16.39	14	12.17	52	15.38	
Total	101	100	122	100	115	100	338	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

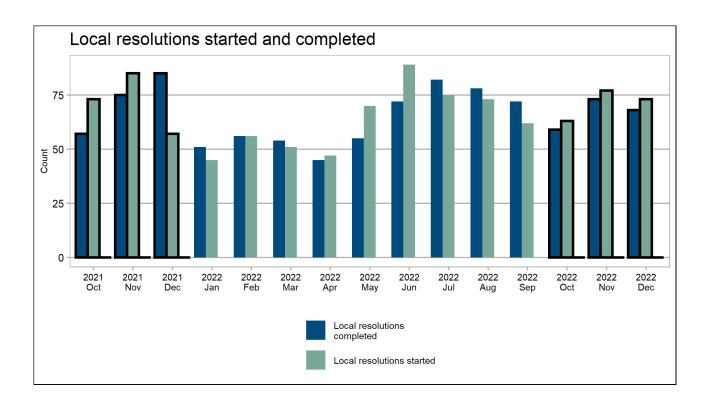


Type of relevant action	October		Nove	November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%	
Local resolution	0	0	0	0	0	0	0	0	
Conciliation	10	8.55	8	6.06	6	4.76	24	6.4	
Investigation	13	11.11	16	12.12	16	12.7	45	12	
Referred to AHPRA and the national boards	28	23.93	23	17.42	35	27.78	86	22.93	
Referred to another entity	0	0	0	0	0	0	0	0	
Director of Proceedings	0	0	0	0	0	0	0	0	
No further action	66	56.41	85	64.39	69	54.76	220	58.67	
Total	117	100	132	100	126	100	375	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



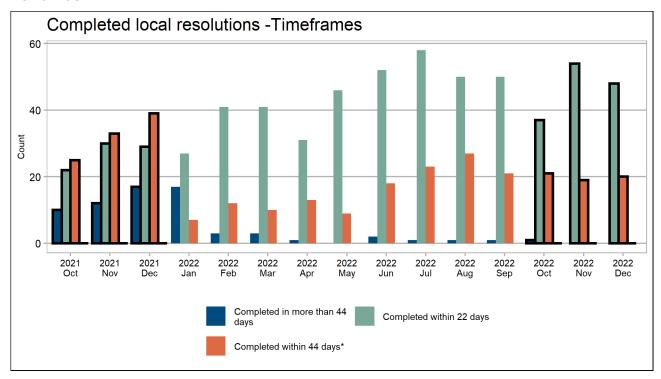
Local resolutions this quarter	October	November	December	Q2 total
Local resolutions started	59	73	68	200
Local resolutions completed	63	77	73	213

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).

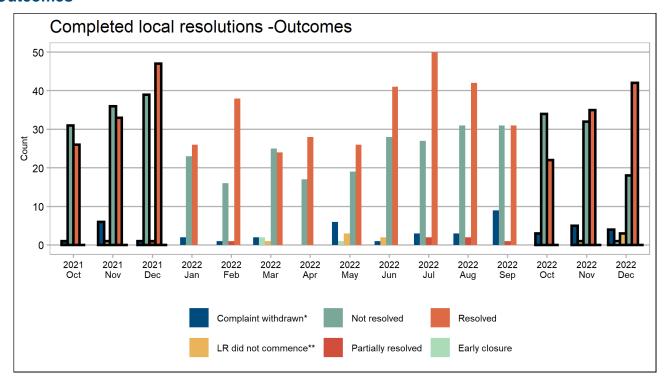
Timeframes



Local resolution timeframe	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Completed within 22 days	37	62.71	54	73.97	48	70.59	139	69.5
Completed within 44 days*	21	35.59	19	26.03	20	29.41	60	30
Completed in more than 44 days	1	1.69	0	0	0	0	1	0.5
Total	59	100	73	100	68	100	200	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	October		November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%
Resolved	22	37.29	35	47.95	42	61.76	99	49.5
Partially Resolved	0	0	0	0	0	0	0	0
Not resolved	34	57.63	32	43.84	18	26.47	84	42
Complaint withdrawn*	3	5.08	5	6.85	4	5.88	12	6
LR did not commence**	0	0	1	1.37	3	4.41	4	2
Early Closure	0	0	0	0	1	1.47	1	0.5
Total	59	100	73	100	68	100	200	100

^{*}Complainants can choose to withdraw their complaint at any stage during local resolution.

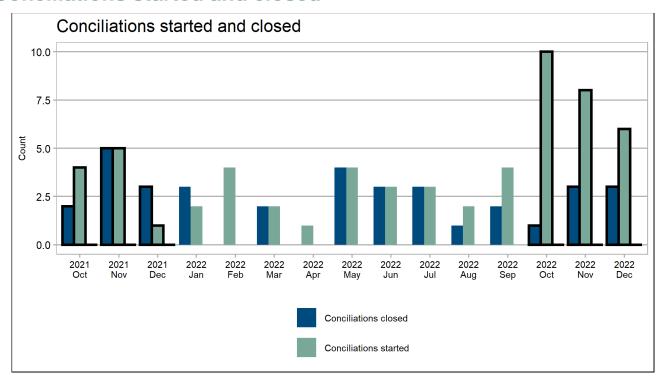
[&]quot;A local resolution may not commence where the complaint is resolved directly with the health care provider prior to the commencement of the process.

Decisions for matters that were not resolved

Type of relevant action	October		Nove	November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%	
Assessment	0	0	0	0	0	0	0	0	
Conciliation	0	0	0	0	0	0	0	0	
Investigation	0	0	0	0	0	0	0	0	
Referred to AHPRA and the national boards	0	0	0	0	0	0	0	0	
Referral to another entity	0	0	0	0	0	0	0	0	
No further action	34	100	32	100	18	100	84	100	
Total	34	100	32	100	18	100	84	100	

Conciliation

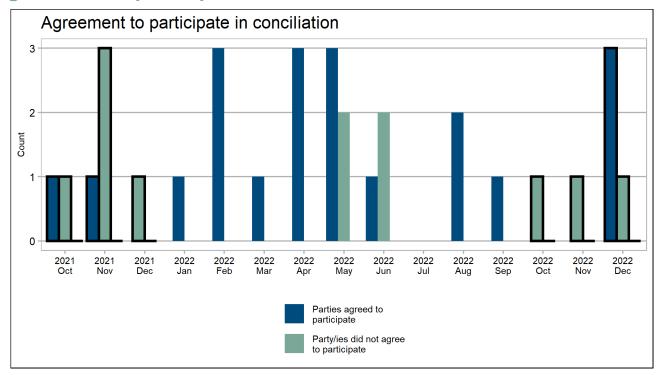
Conciliations started and closed



Conciliations this quarter	October	November	December	Q2 total	
Conciliations started	10	8	6	24	
Conciliations closed	1	3	3	7	

'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

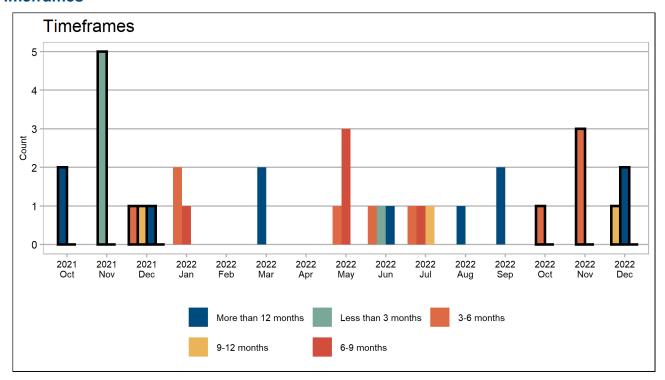


Agreement to participate	October	November	December	Q2 total	
Parties agreed to participate	0	0	3	3	
Party/ies did not agree to participate	1	1	1	3	

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.

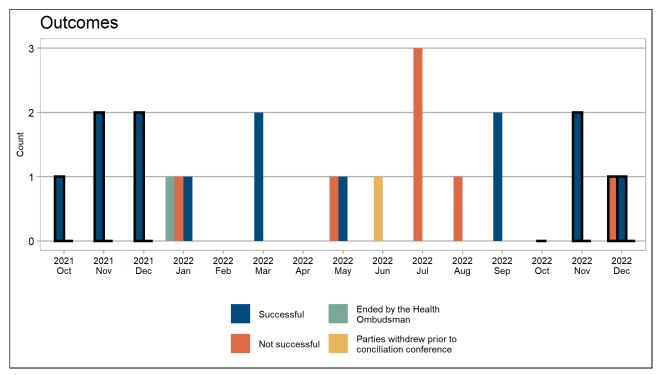
Completed conciliations

Timeframes



Conciliations Closed	October		Nove	November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%	
Less than 3 months	0	0	0	0	0	0	0	0	
3-6 months	1	100	3	100	0	0	4	57.14	
6-9 months	0	0	0	0	0	0	0	0	
9-12 months	0	0	0	0	1	33.33	1	14.29	
More than 12 months	0	0	0	0	2	66.67	2	28.57	
Total	1	100	3	100	3	100	7	100	

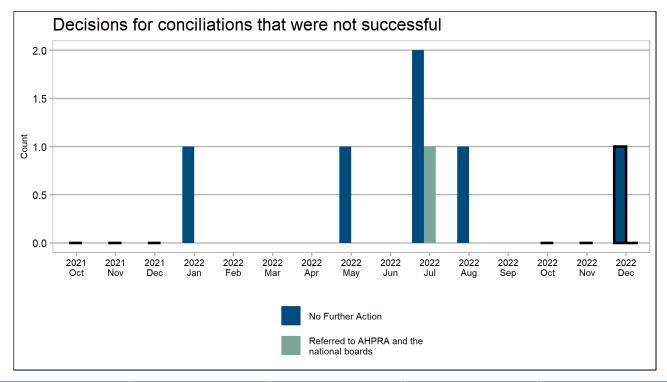
Outcomes



Conciliation outcomes	October		Nove	November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%	
Successful	0	0	2	100	1	50	3	75	
Not successful	0	0	0	0	1	50	1	25	
Ended by the Health Ombudsman	0	0	0	0	0	0	0	0	
Parties withdrew prior to conciliation conference	0	0	0	0	0	0	0	0	
Total	0	100	2	100	2	100	4	100	

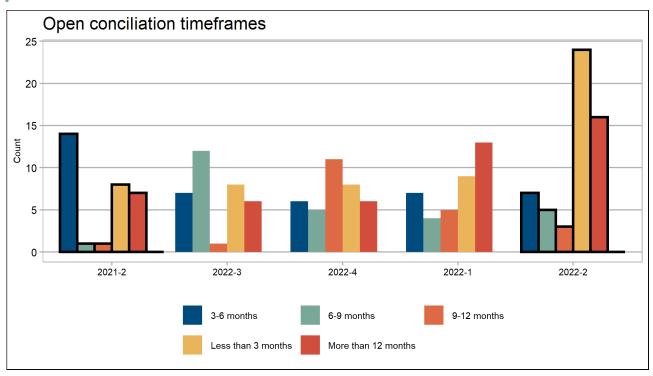
The data above relates to matters where parties initially agreed to participate in conciliation. After agreeing, the conciliation process was completed with the matter either being successful or not successful—or in some instances, the Health Ombudsman may end a conciliation or parties involved may withdraw from the process prior to conciliation occurring. 'Completed conciliations' differ from 'closed conciliations'—in the table on page 24—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	October		Nove	November		December		Q2 total	
	Number	%	Number	%	Number	%	Number	%	
Local resolution	0	0	0	0	0	0	0	0	
Investigation	0	0	0	0	0	0	0	0	
Referred to AHPRA and the national boards	0	0	0	0	0	0	0	0	
Referred to another entity	0	0	0	0	0	0	0	0	
No further action	0	0	0	0	1	100	1	100	
Total	0	100	0	100	1	100	1	100	

Open conciliation timeframes

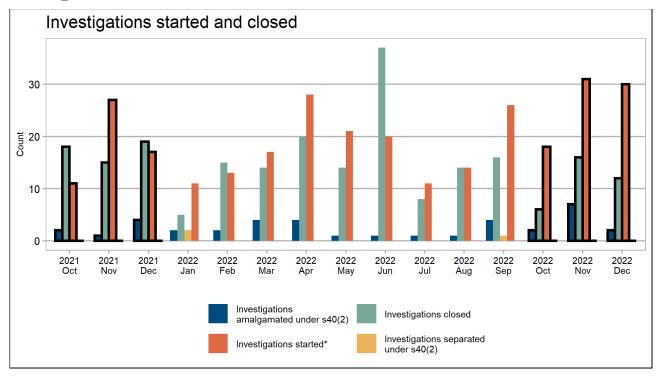


Conciliations open	Q2		
	Number	%	
Less than 3 months	24	43.64	
3–6 months	7	12.73	
6–9 months	5	9.09	
9–12 months	3	5.45	
More than 12 months	16	29.09	
Total	55	100	

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

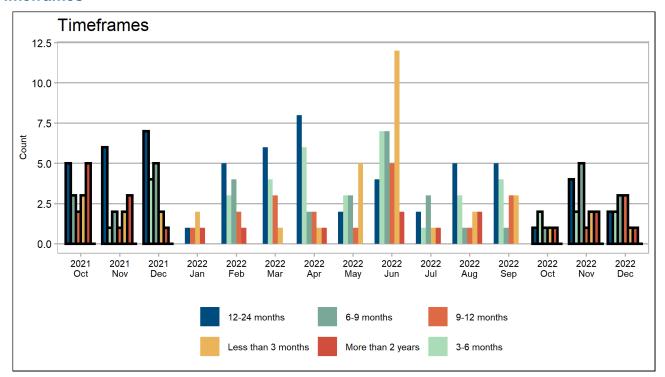


Investigations this quarter	October	November	December	Q2 total
Investigations started*	18	31	30	79
Investigations closed	6	16	12	34
Investigations amalgamated under s40(2)	2	7	2	11
Investigations separated under s40(2)	0	0	0	0

^{*}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.

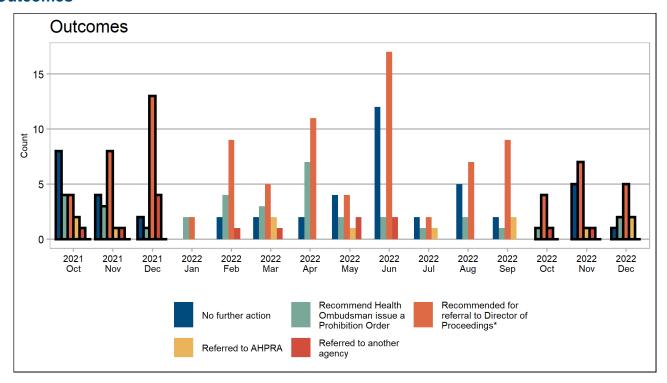
Closed investigations

Timeframes



Closed investigation timeframes	Octo	ber	Nove	mber	Decer	nber	Q2 to	otal
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	1	16.67	2	12.5	1	8.33	4	11.76
3-6 months	2	33.33	2	12.5	2	16.67	6	17.65
6-9 months	1	16.67	5	31.25	3	25	9	26.47
9-12 months	0	0	1	6.25	3	25	4	11.76
12-24 months	1	16.67	4	25	2	16.67	7	20.59
More than 2 years	1	16.67	2	12.5	1	8.33	4	11.76
Total	6	100	16	100	12	100	34	100

Outcomes



Investigation outcomes	Octo	ber	Nove	mber	Decer	mber	Q2 to	otal
	Number	%	Number	%	Number	%	Number	%
Recommended for referral to Director of Proceedings*	4	66.67	7	50	5	50	16	53.33
Recommend Health Ombudsman issue a Prohibition Order	1	16.67	0	0	2	20	3	10
Referred to AHPRA	0	0	1	7.14	2	20	3	10
Referred to another agency	1	16.67	1	7.14	0	0	2	6.67
No further action	0	0	5	35.71	1	10	6	20
Referred for conciliation	0	0	0	0	0	0	0	0
Total	6	100	14	100	10	100	30	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	Q2	
	Number	%
Less than 3 months	92	46.46
3–6 months	35	17.68
6–9 months	28	14.14
9–12 months	16	8.08
12–24 months*	21	10.61
More than 24 months*	6	3.03
Total	198	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	Q2		
	Number	%	
Less than 3 months	1	2.08%	
3–6 months	3	6.25%	
6–9 months	4	8.33%	
9–12 months	2	4.17%	
12–24 months	24	50.00%	
More than 24 months	14	29.17%	
Total	48	100.00	

Total open investigation timeframes (active & paused)

Total open investigation timeframes	Q2	
	Number	%
Less than 3 months	93	37.80
3–6 months	38	15.45
6–9 months	32	13.01
9–12 months	18	7.32
12–24 months	45	18.29
More than 24 months	20	8.13
Total	246	100.00

Open investigation categories

Type of investigation	Q2		
	Number	%	
Health service complaint	168	68.29	
Systemic issue*	5	2.03	
Ministerial directed investigation	0	0	
Another matter**	59	23.98	
Matters identified for further investigation***	5	2.03	
Uncategorised	9	3.66	
Total	246	100.00	

^{*}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	October	November	December
Cases open at the beginning of the month	1	1	1
Recommendations monitoring cases started	0	0	0
Recommendations monitoring cases closed	0	0	0

Open recommendations monitoring case timeframes

Monitoring case timeframes	October		November		December	
	Number	%	Number	%	Number	%
Less than 6 months	0	0	0	0	0	0
6–12 months	0	0	0	0	0	0
More than 12 months	1	100	1	100	1	100
Total	1	100	1	100	1	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	Number	Percentage
Chinese Medical Practitioner	1	5.9
Medical Radiation Practitioner	1	5.9
Medical Practitioner	8	47.1
Physiotherapist	1	5.9
Psychologist	1	5.9
Registered Nurse	5	29.5
Total	17	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
Chinese Medical Practitioner	1	2.8%
Chiropractor	2	5.6
Medical Practitioner	16	44.5
Pharmacist	4	11.2
Physiotherapist	1	2.8
Psychologist	5	13.9
Registered Nurse	7	19.5
Total	36	100

Outcomes of matters reviewed by the Director of Proceedings

Matters filed in the Queensland Civil and Administrative Tribunal

Practitioner type	Number	Percentage
Chiropractor	1	10
Medical Practitioner	5*	50
Physiotherapist	1**	10
Registered Nurse	3	30
Total Registered	10	100

^{*} This figure includes a referral where the Director of Proceedings decided to refer two matters regarding the same practitioner to QCAT, and filed both matters as one referral.

Matters referred back to Health Ombudsman

Practitioner type	Number	Percentage
Medical Practitioner	1	20
Physiotherapist	1	20
Registered Nurse	3	60
Total	5	100

^{**} This figure includes a referral where the Director of Proceedings decided to refer two matters regarding the same practitioner to QCAT, and filed both matters as one referral.

Decisions on matters referred to the Queensland Civil and Administrative Tribunal

There have been 6 decisions made on matters referred to QCAT during the quarter.

Date of Decision	Matter	Details of QCAT Decision
13 October 2022	Health Ombudsman v RMJ	Professional Misconduct
13 October 2022	Tealth Ombudsman v Kivis	Reprimand
		Each party bear their own costs
13 October 2022	Health Ombudsman v Greenland	Professional Misconduct (Allegation 1)
10 0010001 2022	Troditir Officacionan Corocinana	Reprimand
		Disqualified for 5 years
		Each party bear their own costs
24 October 2022	Health Ombudsman v Liu	Professional Misconduct
		Reprimand
		No order as to costs
24 October 2022	Health Ombudsman v Roza	Professional Misconduct
		Reprimand
		Disqualified for 6 months
		IRA by the HO set aside
		Prohibited from providing any health service until
		registered
		Each party bear their own costs
28 October 2022	Health Ombudsman v Woo	Professional Misconduct
		Reprimand
		Registration cancelled
		Disqualified for 9 years
O November 2000	Llasth Ombudanan y Daakant	Each party bear their own costs
2 November 2022	Health Ombudsman v Poskart	Professional Misconduct (allegation 1)
		Unprofessional conduct (allegation 2)
		Reprimand Disqualified for 12 months
		No order as to costs
9 November 2022	Health Ombudsman v Nixon	Finding of Professional Misconduct (decision made
3 NOVEITIBEL 2022	Treatti Offibadsifiati v Mixori	19/08/22)
		Sanction:
		Reprimand
		Conditions (as per order)
		Registration suspended for 9 months
		Respondent to pay Applicant costs of \$50,000 by 31
		December 2022
15 November 2022	Health Ombudsman v	Professional Misconduct
	Applegarth	Reprimand
		Each party bear their own costs
7 December 022	Health Ombudsman v Christie	Professional Misconduct
		Reprimand
		Complete specified education within 6 months
		(schedule of conditions)
		No order as to costs
7 December 2022	Health Ombudsman v Han	Professional Misconduct
		Reprimand
		Disqualified for 8 years
		Prohibited from providing any health service until
		registered No order as to costs
9 December 2022	Health Ombudsman v Ting	Professional Misconduct
a December 2022	i icaitii Ombuusman v Ting	Registration cancelled
		Disqualified indefinitely
		IRA taken by the Board on 7 March 2019 set aside
13 December 2022	Health Ombudsman v Raniga	Professional Misconduct
TO DOUGHING! ZUZZ	Todai Ombadoman v Kaniga	Reprimand
	I .	reprinaria

		Fined \$25,000 to be paid to the Health Ombudsman
15 December 2022	Health Ombudsman v Herrod	Professional Misconduct
		Registration cancelled
		Disqualified indefinitely
		IRA set aside
		No order as to costs

Decisions on immediate action reviews

There was 1 application 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 guarter

- 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	October	Conditions	√	
Nurse	1	October	Conditions	√	✓
Nurse	1	October	Suspension	√	
Nurse	1	October	Suspension	√	✓
Nurse	1	November	Suspension		✓
Nurse	2	November	Conditions	√	✓
Medical Practitioner	1	November	Conditions		✓
Nurse	1	December	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
Massage Therapist	1	October	Prohibit	✓	✓
Medical Practitioner	1	November	Prohibit		✓
Massage Therapist	2	November	Prohibit	✓	✓
Health Support Worker	1	November	Prohibit	✓	✓

Health Support Worker	1	December	Prohibit		✓
Unregistered Pharmacist	1	December	Prohibit	√	√

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	Action taken	Reason/s for taking action	
				Public Interest	Serious Risk
Medical Practitioner	1	November	Conditions		✓
Physiotherapist	1	November	Suspension	✓	
Medical Practitioner	1	December	Conditions	✓	✓
Medical Practitioner	1	December	Conditions		✓

Interim prohibition order variations

Practitioner type	Number	Month	Previous Action taken	Current Action Taken
N/A				

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.

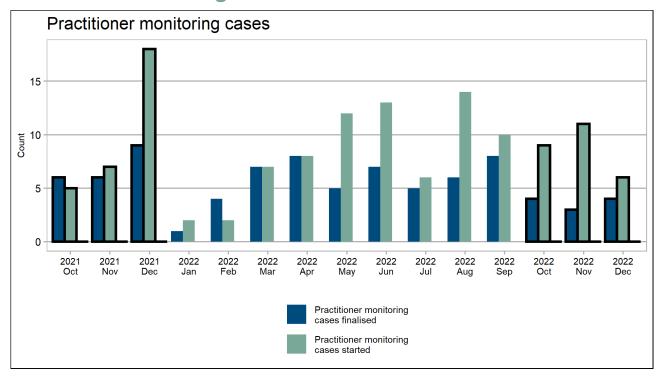
Monitoring practitioner compliance

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.

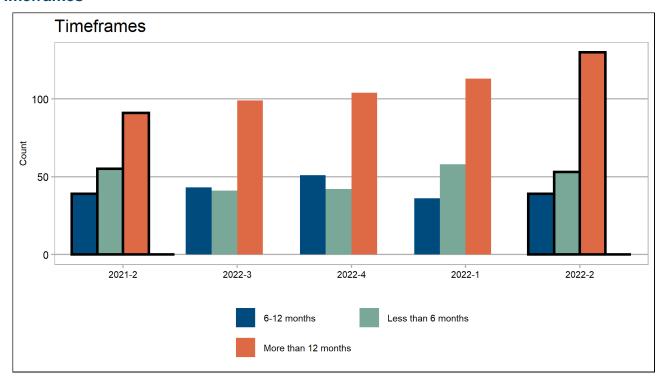
Practitioner monitoring cases



Cases this month	October	November	December
Practitioner monitoring cases started	9	11	6
Practitioner monitoring cases finalised	4	3	4

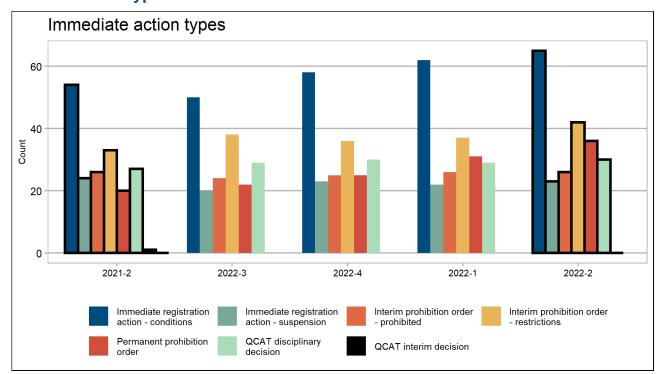
Open monitoring cases

Timeframes



Open case timeframes	Q2 total		
	Number	%	
Less than 6 months	53	23.87	
6–12 months	39	17.57	
More than 12 months	130	58.56	
Total	222	100	

Immediate action types



Open cases by immediate action type	Q2	total
	Number	%
Interim prohibition order - restrictions	42	18.92
Interim prohibition order - prohibited	26	11.71
Immediate registration action - conditions	65	29.28
Immediate registration action - suspension	23	10.36
QCAT disciplinary decision	30	13.51
QCAT interim decision	0	0
Permanent prohibition order	36	16.22
Total	222	100

Registered practitioners under monitoring by practitioner type

Open cases by practitioner type	Number	Percentage
Aboriginal and Torres Strait Islander Health Practitioner	0	0
Chinese Medicine Practitioner	8	6.84
Chiropractor	1	0.85
Dental practitioner	1	0.85
Medical Practitioner	31	26.5
Medical Radiation Practitioner	1	0.85
Midwife	0	0
Registered Nurse	45	38.46
Occupational Therapist	0	0
Optometrist	0	0
Oral Health Therapist	0	0
Osteopath	1	0.85
Paramedic	3	2.56
Pharmacist	6	5.13
Physiotherapist	8	6.84
Podiatrist / Chiropodist	0	0
Psychologist	12	10.26
Total	117	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	0.95
Aged care health worker	7	6.67
Allied health practitioner	2	1.9
Alternative health provider	45	42.86
Ambulance Officers	3	2.86
Assistant in nursing	16	15.24
Body modification practitoner	0	0
Cosmetic Therapist	1	0.95
Counsellor	2	1.9
Disability support worker	4	3.81
First aid officer	0	0
Health Educator	1	0.95
Health support worker	9	8.57
Holding Out	4	3.81
Mental Health Worker	1	0.95
Non-clinical support worker	6	5.71
Optical mechanic/dispenser	0	0
Personal trainer	1	0.95
Pre/post-natal services provide	0	0
Psychotherapists	1	0.95
Reproductive/Sexual Health Practitioner	0	0
Sports therapist	0	0
Student Provider	1	0.95
Unknown	0	0
Total	105	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.

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.

^{**}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.

Australian Health Practitioner Regulation Agency

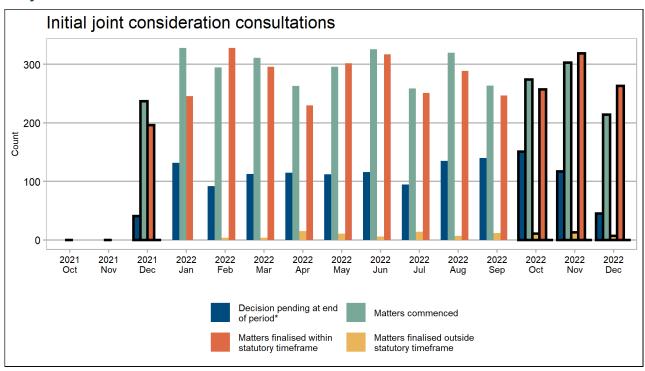
Joint consideration matters

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 6th 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.)

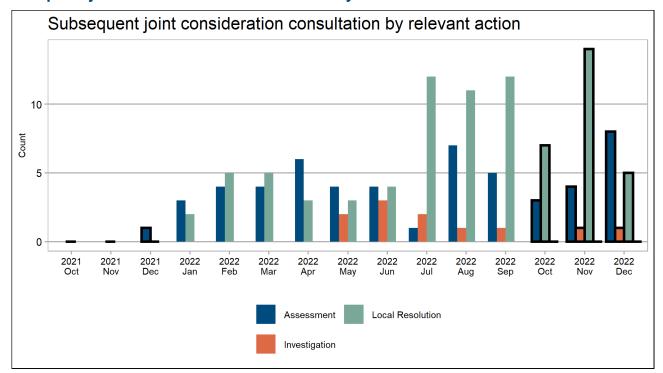
Initial joint consideration consultations



Consultation matters	October	November	December	Q2 total
Matters commenced	274	300	210	784
Matters finalised within statutory timeframe	256	318	258	832
Matters finalised outside statutory timeframe	11	13	7	31
Decision pending at end of period*	151	117	45	313

^{*}This is defined as the count of all decision instances where a matter was still open at the end of the period. The total column is a sum of these instances across the three months.

Subsequent joint consideration consultation by relevant action



Relevant Action	October	November	December	Q2 total
Assessment	3	4	8	15
Local Resolution	7	14	5	26
Investigation	0	1	1	2
Total	10	19	14	43

Outcome of initial joint consideration consultations by practitioner type

Quarter 2

Duratitian an toma	No Furth	ner Action	HCE t	o retain	Refer t	o Ahpra	To	otal
Practitioner type	No.	%	No.	%	No.	%	No.	%
Aboriginal and Torres Strait Islander Health Practitioner	0	0	0	0	0	0	0	0
Chinese Medicine Practitioner	2	0.44	0	0	0	0	2	0.22
Chiropractor	2	0.44	2	1.19	0	0	4	0.44
Dental practitioner	26	5.69	6	3.57	11	3.89	43	4.74
Medical Practitioner	296	64.77	100	59.52	203	71.73	599	65.97
Medical Radiation Practitioner	2	0.44	1	0.6	1	0.35	4	0.44
Midwife	2	0.44	2	1.19	3	1.06	7	0.77
Registered Nurse	0	0	0	0	0	0	0	0
Occupational Therapist	0	0	0	0	0	0	0	0
Optometrist	2	0.44	1	0.6	0	0	3	0.33
Oral Health Therapist	0	0	0	0	0	0	0	0
Osteopath	0	0	0	0	1	0.35	1	0.11
Paramedic	2	0.44	1	0.6	2	0.71	5	0.55
Pharmacist	12	2.63	2	1.19	6	2.12	20	2.2
Physiotherapist	7	1.53	3	1.79	3	1.06	13	1.43
Podiatrist / Chiropodist	2	0.44	0	0	2	0.71	4	0.44
Psychologist	28	6.13	10	5.95	22	7.77	60	6.61
Unknown practitioner	0	0	0	0	0	0	0	0
Total	457	100	168	100	283	100	908	100

Outcome of subsequent joint consideration consultations by practitioner type

Quarter 2

Para different and	No Furti	ner Action	HCE to	o retain	Refer t	o Ahpra	T.	otal
Practitioner type	No.	%	No.	%	No.	%	No.	%
Aboriginal and Torres Strait Islander Health Practitioner	0	0	-	-	-	-	0	0
Chinese Medicine Practitioner	0	0	-	-	-	-	0	0
Chiropractor	1	2.22	-	-	-	-	1	2.22
Dental practitioner	5	11.11	-	-	-	-	5	11.11
Medical Practitioner	28	62.22	-	-	-	-	28	62.22
Medical Radiation Practitioner	0	0	-	-	-	-	0	0
Midwife	1	2.22	-	-	-	-	1	2.22
Registered Nurse	0	0	-	-	-	-	0	0
Occupational Therapist	0	0	-	-	-	-	0	0
Optometrist	0	0	-	-	-	-	0	0
Oral Health Therapist	0	0	-	-	-	-	0	0
Osteopath	0	0	-	-	-	-	0	0
Paramedic	0	0	-	-	-	-	0	0
Pharmacist	0	0	-	-	-	-	0	0
Physiotherapist	0	0	-	-	-	-	0	0
Podiatrist / Chiropodist	0	0	-	-	-	-	0	0
Psychologist	4	8.89	-	-	-	-	4	8.89
Unknown practitioner	0	0	-	-	-	-	0	0
Total	45	100	-	-	-	-	45	100

Number of issues referred to AHPRA by practitioner type

Quarter 2

Practitioner type	Access	Code of conduct for Health Care Workers	Communication and Information		Discharge and Transfer Arrangements	Environment/ Management of Facility	Fees and Costs	Grievance Processes	Health Ombudsman Act 2013 Offence	Infor- mation	Medical Records	Medication	Professional Conduct	Professional Health	Professional Performance	Reports /Certificates	Research /teaching /assessment	Total
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	3
Chiropractor	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	3
Dental practitioner	1	-	3	-	-	-	1	-	-	-	-	3	3	1	17	-	-	29
Medical Practitioner	2	-	22	11	1	3	2	2	-	-	4	96	65	13	166	4	1	392
Medical Radiation Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	-	-	3
Midwife	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	-	4
Registered Nurse	-	-	-	2	-	1	-	-	-	-	2	5	104	44	24	-	-	182
Occupational Therapist	-	-	1	-	-	-	-	-	-	-	-	1	1	-	1	-	-	4
Optometrist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	2
Oral Health Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paramedic	-	-	-	-	-	-	-	-	-	-	-	2	8	-	-	-	-	10
Pharmacist	-	-	-	-	-	2	-	-	-	-	1	9	6	2	-	-	-	20
Physiotherapist	-	-	-	-	-	1	-	-	-	-	-	-	8	2	4	1	-	16
Podiatrist / Chiropodist	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	3
Psychologist	-	-	3	-	-	-	1	-	-	-	-	1	13	1	11	3	-	33
Unknown practitioner	-	-	-	-	-	-	-	-	-	-	-	-	2	2	1	-	-	5
Total	3	-	29	13	1	7	4	2	-	-	7	117	221	66	232	8	1	711

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	October	November	December	Q2 total
Matters consulted on*	0	0	0	0
Matters referred	1	0	4	5
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.

Relevant action proposing referral

Relevant action	October		Nove	ember	Dece	ember	Q2	total
	Number	%	Number	%	Number	%	Number	%
Intake and triage	1	100	-	-	0	0	1	20
Assessment	0	0	-	-	2	50	2	40
Investigation	0	0	-	-	0	0	0	0
Local resolution	0	0	-	-	0	0	0	0
Referrals	0	0	-	-	0	0	0	0
Legal	0	0	-	-	2	50	2	40
Total	1	100	-	-	4	100	5	100

^{**}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.

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
Intake and triage	-	-	-	-	1
Assessment	-	-	-	-	2
Referrals	-	-	-	-	0
Local Resolution	-	-	-	-	0
Investigations	-	-	-	-	0
Legal	-	-	-	-	2
Total	-	-	-	-	5

^{&#}x27;Age of matters' is calculated from the date on which a matter was accepted by the office.

Consultation duration

Consultation duration	October		Nove	mber	Decei	mber	Q2 total		
	Number	%	Number	%	Number	%	Number	%	
0-3 days	0	0	-	-	0	0	0	0	
4-7 days	1	100	-	-	0	0	1	20	
8-11 days	0	0	-	-	0	0	0	0	
More than 12 days	0	0	-	-	4	100	4	80	
Total	1	100	-	-	4	100	5	100	

Number of practitioners referred to AHPRA by practitioner type

•				-	7:						
Practitioner type	Oct	ober	Nove	mber	Dece	mber	Q2 t	otal			
	Number	%	Number	%	Number	%	Number	%			
Aboriginal and Torres Strait Islander health practitioner	0	0	-	-	0	0	0	0			
Chinese medicine practitioner	0	0	-	-	0	0	0	0			
Chiropractor	0	0	-	-	0	0	0	0			
Dental practitioner	0	0	-	-	0	0	0	0			
Medical practitioner	0	0	-	-	2	50	2	40			
Medical radiation practitioner	0	0	-	-	0	0	0	0			
Nursing and midwifery practitioner	1	100	-	-	2	50	3	60			
Occupational therapist	0	0	-	-	0	0	0	0			
Optometrist	0	0	-	-	0	0	0	0			
Osteopath	0	0	-	-	0	0	0	0			
Paramedic	0	0	-	-	0	0	0	0			
Pharmacist	0	0	-	-	0	0	0	0			
Physiotherapist	0	0	-	-	0	0	0	0			
Podiatrist	0	0	-	-	0	0	0	0			
Psychologist	0	0	-	-	0	0	0	0			
Student practitioner	0	0	-	-	0	0	0	0			
Unknown practitioner	0	0	-	-	0	0	0	0			
Total	1	100	-	-	4	100	5	100			

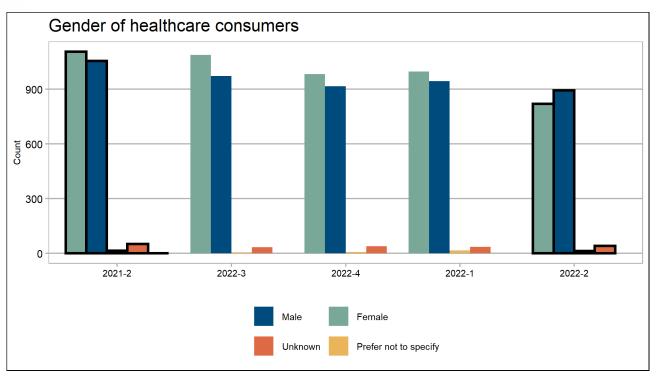
Number of issues referred to AHPRA by practitioner type

Registered practitioner type	Access	Communication and information			Environment/ management of facility		Grievance processes	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/ certificates	Total
Medical practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing and midwifery practitioner	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Student Practitioner	-	-	-	-	-	-	-	-	-	1	1	-	-	2
Total	-	-	-	-	-	-	-	-	-	2	1	-	-	3

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	820	46.38
Male	894	50.57
Prefer not to specify	13	0.74
Unknown	41	2.32
Total	1768	100

Age of healthcare consumers

Age	Number	Percentage
Less than 18 years	87	4.92
18–24 years	61	3.45
25–34 years	316	17.87
35–44 years	359	20.31
45–54 years	287	16.23
55–64 years	204	11.54
65–74 years	145	8.2
More than 75 years	110	6.22
Unknown*	199	11.26
Total	1768	100

^{*}Age not recorded or not provided for a particular matter.

Location of healthcare consumers

Location of healthcare consumers	Number	Percentage
Brisbane	672	38.01
Central West	1	0.06
Darling Downs	41	2.32
Far North	77	4.36
Fitzroy	64	3.62
Gold Coast	165	9.33
Mackay	55	3.11
North West	8	0.45
Northern	62	3.51
Outside Queensland	0	0
South West	4	0.23
Sunshine Coast	77	4.36
West Moreton	43	2.43
Wide Bay-Burnett	91	5.15
Unknown	408	23.08
Total	1768	100

Location of health service providers

Location of health service providers	Number	Percentage
Brisbane	527	42.06
Central West	1	0.08
Darling Downs	56	4.47
Far North	60	4.79
Fitzroy	50	3.99
Gold Coast	197	15.72
Mackay	34	2.71
North West	5	0.4
Northern	52	4.15
Outside Queensland	0	0
South West	2	0.16
Sunshine Coast	74	5.91
West Moreton	10	0.8
Wide Bay-Burnett	65	5.19
Unknown	120	9.58
Total	1253	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.