

Quarterly performance report— Quarter Three 2022-23

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Contents

Introduction	4
Intake of complaints	5
Type of contacts	5
Contacts Received through Genesys	6
Type of complaints	7
Complaint decisions	8
Health service complaints profile	11
Main issues raised in complaints	
Subcategories of professional performance issues raised in complaints	12
Subcategories of professional conduct issues raised in complaints	13
Subcategories of professional health issues raised in complaints	14
Profile of complaints about health practitioners	
Profile of complaints about health service organisations	16
Assessment	18
Assessments started and completed	18
Completed assessment timeframes	19
Assessment decisions	20
Local resolution	21
Local resolutions started and completed	21
Completed local resolutions	22
Conciliation	24
Conciliations started and closed	
Agreement to participate in conciliation	25
Completed conciliations	26
Decisions for conciliations that were not successful	28
Open conciliation timeframes	29
Investigation	30
Investigations started and closed	
Closed investigations	
Open investigations	33
Monitoring investigation recommendations	35
OHO recommendations monitoring	
Open recommendations monitoring case timeframes	
Director of Proceedings	
Matters referred to the Director of Proceedings by practitioner type	
Matters currently with the Director of Proceedings by practitioner type	
Outcomes of matters reviewed by the Director of Proceedings	
Decisions on matters referred to the Queensland Civil and Administrative Tribunal	
Decisions on immediate action reviews	39
Immediate action	40
Show cause notices	
Immediate registration actions	
Interim prohibition orders	
Immediate registration action variations	
Interim prohibition order variations	Δ1

Monitoring practitioner compliance	42
Practitioner monitoring cases	
Open monitoring cases	43
Australian Health Practitioner Regulation Agency	47
Joint consideration matters	47
Pre-joint consideration matters	52
Demographics of healthcare consumers	56
Gender of healthcare consumers	56
Age of healthcare consumers	56
Location of healthcare consumers	
Location of health service providers	58

Introduction

This document reports on the Quarter Three (Q3) 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

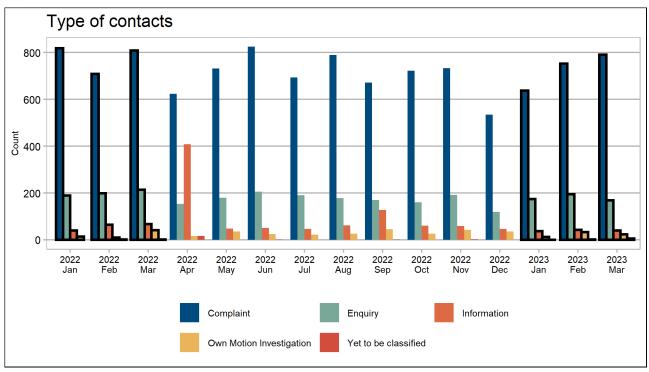
Our performance reports are available to the public on our website www.oho.qld.gov.au.

Data in this report is correct as of 31 March 2023, 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	January		Febru	February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%	
Complaint	638	74.1	753	73.5	791	76.9	2182	74.9	
Enquiry	174	20.2	195	19	169	16.4	538	18.5	
Information	37	4.3	42	4.1	40	3.9	119	4.1	
Own Motion Investigation	12	1.4	33	3.2	23	2.2	68	2.3	
Yet to be classified	0	0	1	0.1	6	0.6	7	0.2	
Total	861	100	1024	100	1029	100	2914	100	

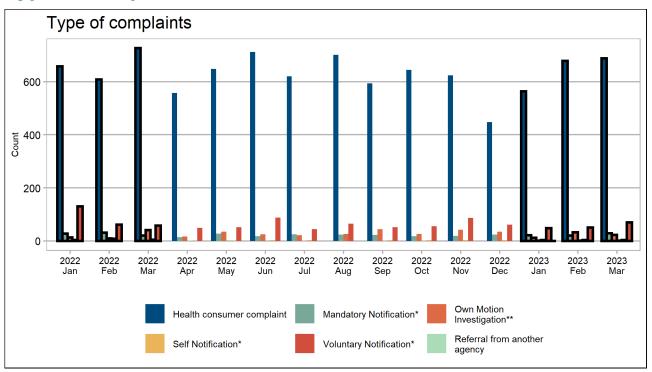
Matters that are 'yet to be classified' are contacts in which not enough information was provided in the first instance to allow for a determination, and additional information is being sought. They may also be matters that came in just before the end of the reporting period and were still being processed.

Contacts Received through Genesys

A large portion of Resolve contacts are generated from calls to the OHO. To manage these calls the OHO utilises Genesys - a cloud-based telephony / contact system that provides the OHO with multiple contemporary functions to record and report on work beyond what is formally recorded in our complaint's management systems. In short, for the same period (Q3) Genesys contacts amounted to 4691 which is equates to approximately 40% of other contacts made with the OHO which do not necessitate being recorded in the Resolve system as a particular type of contact (as shown on the previous page). The table below is a breakdown of the contacts recorded in Genesys.

Type of contact	January		Febru	February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%	
General Enquiry	284	20.6	319	19.8	347	20.3	950	20.3	
Health Service Complaint	549	39.9	657	40.9	677	39.7	1883	40.1	
Notification	72	5.2	81	5	92	5.4	245	5.2	
PPL	307	22.3	317	19.7	333	19.5	957	20.4	
Email	164	11.9	234	14.6	258	15.1	656	14	
Total	1376	100	1608	100	1707	100	4691	100	

Type of complaints



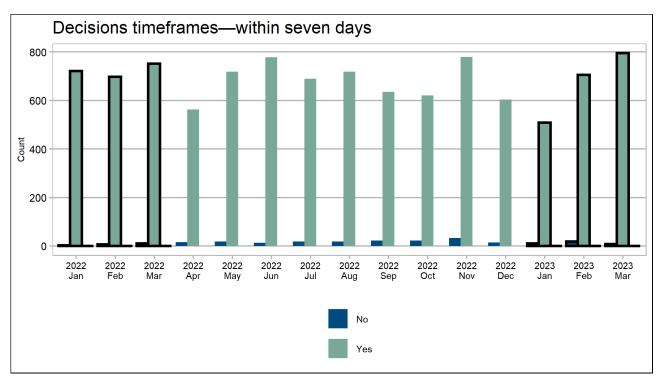
Type of complaints	Janı	uary	Febr	February		March		otal
	Number	%	Number	%	Number	%	Number	%
Health consumer complaint	563	86.6	678	86.3	687	84.4	1928	85.7
Mandatory notification*	22	3.4	21	2.7	29	3.6	72	3.2
Voluntary notification*	48	7.4	50	6.4	70	8.6	168	7.5
Self-notification*	4	0.6	3	0.4	4	0.5	11	0.5
Referral from another agency	1	0.2	1	0.1	1	0.1	3	0.1
Own Motion Investigation**	12	1.8	33	4.2	23	2.8	68	3
Total	650	100	786	100	814	100	2250	100

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

^{**} In reports prior to Q3 2022/23, Own Motion Investigation were not listed under complaints.

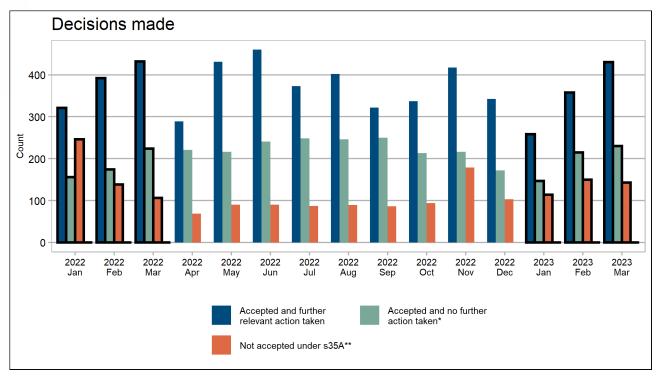
Complaint decisions

Decisions timeframes—within seven days



Decision made	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Yes	508	98.1	705	97.5	795	99	2008	98.2
No	10	1.9	18	2.5	8	1	36	1.8
Total	518	100	723	100	803	100	2044	100

Decisions made



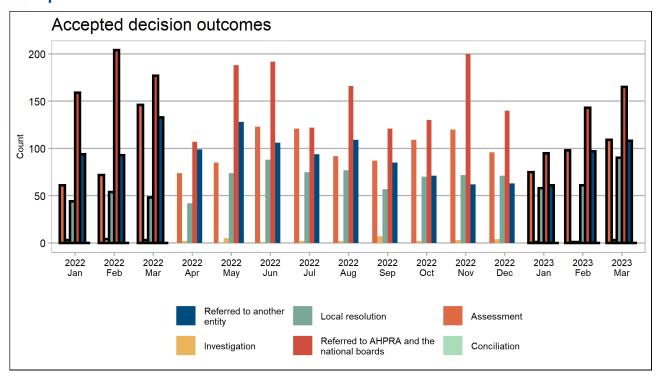
Number of decisions made	January		February		Ма	rch	Q3 total		
	Number	%	Number	%	Number	%	Number	%	
Accepted and further relevant action taken	258	49.7	358	49.5	430	53.5	1046	51.1	
Accepted and no further action taken*	147	28.3	215	29.7	230	28.6	592	28.9	
Not accepted under s35A**	114	22	150	20.7	143	17.8	407	19.9	
Total	519	100	723	100	803	100	2045	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. When this occurs, education and resources are provided to complainant's to assist with possible resolutions.

An additional 33 matters were determined to fall outside the jurisdiction of the act.

Accepted decision outcomes



Type of relevant action	January		Febr	February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%	
Assessment	75	25.9	98	24.4	109	22.9	282	24.2	
Conciliation	0	0	1	0.2	0	0	1	0.1	
Investigation	1	0.3	1	0.2	3	0.6	5	0.4	
Local resolution	58	20	61	15.2	90	18.9	209	17.9	
Referred to AHPRA and the national boards	95	32.8	143	35.7	165	34.7	403	34.6	
Referred to another entity	61	21	97	24.2	108	22.7	266	22.8	
Total	290	100	401	100	475	100	1166	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	Janı	uary	Febr	uary	Ма	rch	Q3 t	otal
	Number	%	Number	%	Number	%	Number	%
Access	95	10.7	99	9.7	93	8.2	287	9.4
Code of conduct for Health Care Workers	16	1.8	12	1.2	24	2.1	52	1.7
Communication and Information	84	9.4	108	10.6	109	9.7	301	9.9
Consent	23	2.6	20	2	26	2.3	69	2.3
Discharge and Transfer Arrangements	20	2.2	26	2.5	16	1.4	62	2
Environment/Manag ement of Facility	34	3.8	33	3.2	38	3.4	105	3.5
Fees and Costs	26	2.9	40	3.9	24	2.1	90	3
Grievance Processes	17	1.9	27	2.6	25	2.2	69	2.3
Health Ombudsman Act 2013 Offence	0	0	0	0	0	0	0	0
Information	0	0	0	0	0	0	0	0
Medical Records	25	2.8	30	2.9	44	3.9	99	3.3
Medication	105	11.8	106	10.4	124	11	335	11
Professional Conduct	99	11.1	111	10.9	148	13.1	358	11.8
Professional Health	19	2.1	21	2.1	19	1.7	59	1.9
Professional Performance	322	36.2	366	35.8	410	36.3	1098	36.1
Reports/Certificates	4	0.4	24	2.3	29	2.6	57	1.9
Research/teaching/a ssessment	0	0	0	0	0	0	0	0
Total	889	100	1023	100	1129	100	3041	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	Janu	ary	Febr	February		rch	Q3 t	otal
	Number	%	Number	%	Number	%	Number	%
Competence	15	4.7	7	1.9	9	2.2	31	2.8
Coordination of treatment	28	8.7	27	7.4	34	8.3	89	8.1
Delay in treatment	24	7.5	33	9	20	4.9	77	7
Diagnosis	19	5.9	26	7.1	37	9	82	7.5
Inadequate care	40	12.4	50	13.7	33	8	123	11.2
Inadequate consultation	26	8.1	21	5.7	32	7.8	79	7.2
Inadequate prosthetic equipment	3	0.9	1	0.3	5	1.2	9	0.8
Inadequate treatment	100	31.1	116	31.7	125	30.5	341	31.1
Infection control	5	1.6	1	0.3	2	0.5	8	0.7
No or inappropriate referral	6	1.9	8	2.2	12	2.9	26	2.4
Rough and painful treatment	4	1.2	10	2.7	13	3.2	27	2.5
Teamwork or supervision	3	0.9	5	1.4	2	0.5	10	0.9
Unexpected treatment outcome or complications	31	9.6	43	11.7	56	13.7	130	11.8
Withdrawal of treatment	4	1.2	4	1.1	13	3.2	21	1.9
Wrong or inappropriate treatment	14	4.3	14	3.8	17	4.1	45	4.1
Total	322	100	366	100	410	100	1098	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.

Subcategories of professional conduct issues raised in complaints

Issue	Janu	ıary	Febr	uary	Mai	rch	Q3 t	otal
	Number	%	Number	%	Number	%	Number	%
Annual declaration not completed or completed incorrectly	0	0	0	0	2	1.4	2	0.6
Assault	4	4	5	4.5	2	1.4	11	3.1
Attendance	1	1	0	0	0	0	1	0.3
Boundary violation	7	7.1	4	3.6	12	8.1	23	6.4
Breach of condition	2	2	1	0.9	5	3.4	8	2.2
Conflict of interest	2	2	6	5.4	7	4.7	15	4.2
Discriminatory conduct	1	1	3	2.7	5	3.4	9	2.5
Emergency treatment not provided	1	1	0	0	1	0.7	2	0.6
Excessive treatment	0	0	2	1.8	2	1.4	4	1.1
Experimental treatment	1	1	1	0.9	0	0	2	0.6
False or misleading statements and or information	6	6.1	6	5.4	8	5.4	20	5.6
Financial fraud	1	1	2	1.8	1	0.7	4	1.1
Illegal practice	20	20.2	16	14.4	28	18.9	64	17.9
Inappropriate behaviour	23	23.2	22	19.8	23	15.5	68	19
Inappropriate collection, use or disclosure of information	15	15.2	11	9.9	13	8.8	39	10.9
Misrepresentation of qualifications	2	2	5	4.5	3	2	10	2.8
National Law breach	2	2	7	6.3	8	5.4	17	4.7
National Law offence	8	8.1	6	5.4	11	7.4	25	7
Response to adverse event	1	1	6	5.4	5	3.4	12	3.4
Sexual misconduct	2	2	8	7.2	12	8.1	22	6.1
Total	99	100	111	100	148	100	358	100

Subcategories of professional health issues raised in complaints

Issue	January		Febr	February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%	
Mental impairment - cognitive impairment	0	0	1	4.8	2	10.5	3	5.1	
Mental impairment - mental illness	3	15.8	7	33.3	6	31.6	16	27.1	
Mental impairment - other	3	15.8	3	14.3	5	26.3	11	18.6	
Mental impairment - substance misuse, abuse or addiction	13	68.4	8	38.1	6	31.6	27	45.8	
Physical impairment	0	0	2	9.5	0	0	2	3.4	
Total	19	100	21	100	19	100	59	100	

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	Number and type of issues" identified in complaints about health practitioners"																	
Practitioner type	practitioners identified in complaints	Access		Communication and Information	Consent	Discharge and Transfer Arrangements	Management	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	4	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	4
Chiropractor	7	-	-	-	-	-	-	-	-	-	-	-	-	6	-	2	-	-	8
Dental practitioner	63	-	-	6	2	-	1	2	-	-	-	-	-	5	-	54	2	-	72
Medical Practitioner	548	20	-	96	22	6	10	12	4	-	-	25	83	97	14	322	32	-	743
Medical Radiation Practitioner	4	-	-	1	-	-	-	-	-	-	-	-	-	2	-	2	-	-	5
Midwife	8	-	-	2	-	-	-	-	-	-	-	-	1	1	1	4	-	-	9
Registered Nurse	136	-	-	4	-	1	-	-	2	-	-	4	10	86	27	39	1	-	174
Occupational Therapist	8	-	-	1	-	-	2	3	-	-	-	1	-	2	-	4	1	-	14
Optometrist	3	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	-	3
Oral Health Therapist	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paramedic	16	-	-	-	-	-	-	-	-	-	-	1	2	9	3	7	-	-	22
Pharmacist	31	1	-	3	1	1	1	-	-	-	-	-	25	13	2	1	-	-	48
Physiotherapist	10	1	-	1	-	-	-	-	-	-	-	1	-	6	2	6	-	-	17
Podiatrist / Chiropodist	4	-	-	2	-	-	1	-	-	-	-	1	-	1	1	-	-	-	6
Psychologist	60	-	-	5	4	-	-	1	-	-	-	1	-	51	7	13	6	-	88
Student practitioner	5	-	1	-	-	-	-	-	-	-	-	-	-	3	1	-	-	-	5
Unknown practitioner	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Unregistered practitioner	53	1	45	6	2	-	-	1	1	-	-	-	8	17	-	12	-	-	93
Total	962	24	46	128	31	8	15	19	7	-	-	34	129	303	59	468	42	-	1313

^{*}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

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		Number and type of issues" identified in complaints about health practitioners"																
Practitioner type	practitioners identified in complaints	Access	Code of conduct for Health Care Workers	Communication and Information	Consent	Discharge and Transfer Arrangements	Management	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
Administrative	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2
Service	40			4			4												40
Aged Care Facility Allied Health	12	-	-	1	-	-	1	-	2	-	-	-	-	-	-	9	-	-	13
Service	23	3	-	1	-	-	-	4	1	-	-	3	1	3	-	9	2	-	27
Ambulance Service	10	2	-	-	1	-	3	1	1	-	-	-	-	4	-	7	-	-	19
Area Health Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Health Service	9	1	-	2	-	-	1	-	2	-	-	-	1	-	-	7	-	-	14
Correctional Facility	14	128	-	12	-	2	6	-	4	-	-	1	119	2	-	138	1	-	413
Dental Service	28	7	-	6	-	-	3	2	1	-	-	-	-	2	-	10	-	-	31
Environmental Health Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Education Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Information Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Promotion Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Service District	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hospital & Health Service	10	2	-	1	2	1	2	1	-	-	-	1	2	-	-	11	-	-	23
Laboratory Service	6	-	-	-	-	-	2	6	-	-	-	-	-	-	-	2	-	-	10
Licensed Day Hospital	1	-	-	1	-	2	-	-	1	-	-	-	-	-	-	1	-	-	5
Licensed Private Hospital	31	2	-	12	-	5	8	5	7	-	-	2	4	1	-	28	-	-	74
Medical Centre	135	30	-	27	2	1	17	33	14	_	-	34	15	6	_	13	3	_	195
Mental Health Service	42	8	-	16	13	9	6	1	2	-	-	4	6	10	-	26	1	-	102
Nursing Service	2	-	_	_	-	_	1	-	_	_	-	-	-	_	_	2	_	_	3
Optical Store	1	-	_	_	-	_	-	-	_	_	-	1	-	_	_	-	_	_	1
Other Government Department	6	-	-	2	-	-	4	-	-	-	-	-	2	-	-	-	-	-	8
Other Support Service	11	1	3	2	-	-	-	2	-	-	-	-	-	1	-	4	-	-	13
Paramedical	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Service Parent Organisation		_	_	_	_	_	_	-	_	_			-			_	_	_	_
Pharmaceutical	34	2	-	6		_	1	2	2	-	-	-	27	-		-	-	-	40
Service	04			0			'					_	21						40
Private Organisation	21	2	-	4	1	-	1	4	1	-	-	1	2	4	-	5	3	-	28
Public Health Service	17	2	-	3	1	1	1	-	1	-	-	-	1	-	-	11	-	-	21

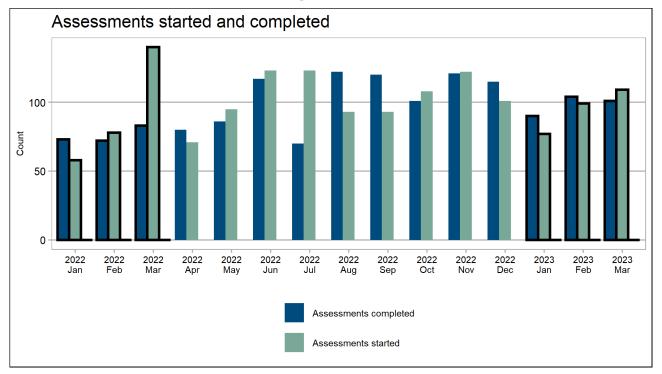
	Number of		Number and type of issues" identified in complaints about health practitioners"																
Practitioner type	practitioners identified in complaints	Access		Communication and Information			Management			Health Ombudsman Act 2013 Offence		Medical Records		Professional Conduct	Professional Health			Research/ teaching/ assessment	Total
Public Hospital	47	67	1	71	18	33	30	3	19	-	-	15	20	20	-	338	4	-	639
Registration Board	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Residential Care Service	5	2	-	1	-	-	2	-	-	-	-	-	-	1	-	-	-	-	6
Social Work Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Specialised Health Service	29	3	2	5	-	-	1	7	4	-	-	3	6	1	-	9	-	-	41
Welfare Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	496	263	6	173	38	54	90	71	62	-	-	65	206	55	-	630	15	-	1728

^{*}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.

[&]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 service organisation.

Assessment

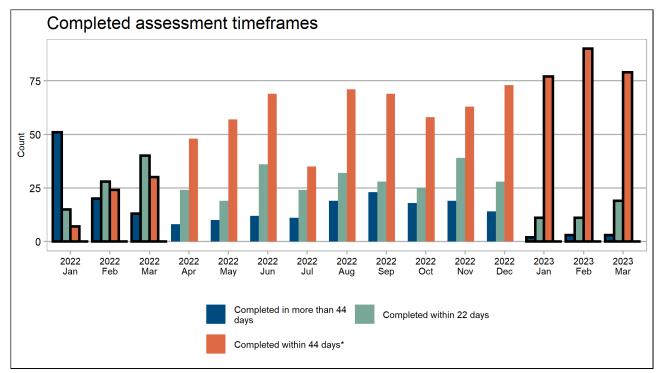
Assessments started and completed



Assessments this quarter	January	February	March	Q3 total
Assessments started	77	99	109	285
Assessments completed	90	104	101	295

Completed assessment timeframes

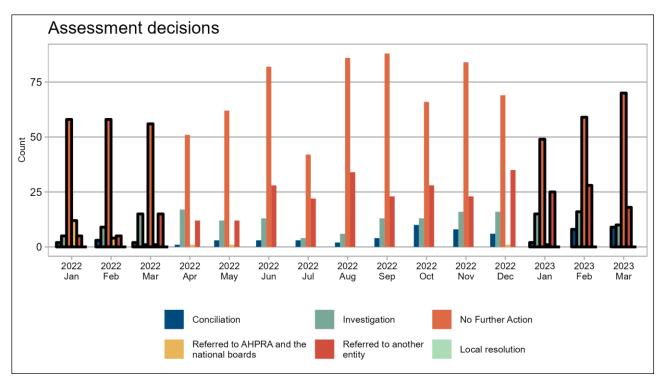
As per s34 of the Health Transparency Bill 2019 (Assent: 05 December 2021), the timeframe for finalising assessment matters received from 6th December 2021 onwards has changed from 30 calendar days (or 60 calendar days with an approved extension) to 22 business days (or 44 business days with an approved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



Assessment timeframes	January		February		Ма	rch	Q3 total		
	Number	%	Number	%	Number	%	Number	%	
Completed within 22 days	11	12.2	11	10.6	19	18.8	41	13.9	
Completed within 44 days*	77	85.6	90	86.5	79	78.2	246	83.4	
Completed in more than 44 days	2	2.2	3	2.9	3	3	8	2.7	
Total	90	100	104	100	101	100	295	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

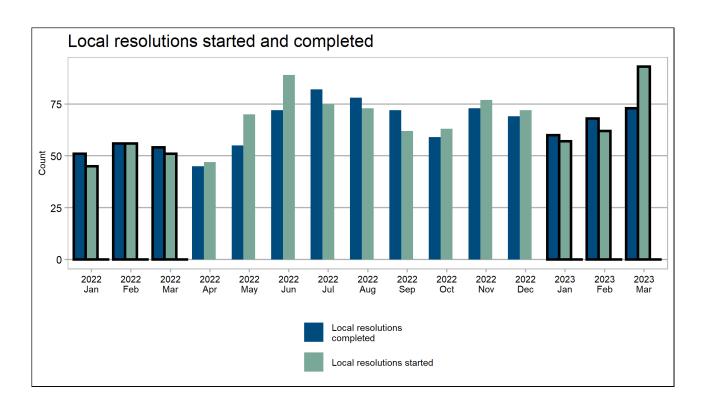


Type of relevant action	Jan	uary	Febr	uary	Ма	rch	Q3 t	otal
	Number	%	Number	%	Number	%	Number	%
Conciliation	2	2.2	8	7.2	9	8.4	19	6.1
Director of Proceedings	0	0	0	0	0	0	0	0
Investigation	15	16.3	16	14.4	10	9.3	41	13.2
Local resolution	0	0	0	0	0	0	0	0
Referred to AHPRA and the national boards	1	1.1	0	0	0	0	1	0.3
Referred to another entity	25	27.2	28	25.2	18	16.8	71	22.9
No Further Action	49	53.3	59	53.2	70	65.4	178	57.4
Total	92	100	111	100	107	100	310	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



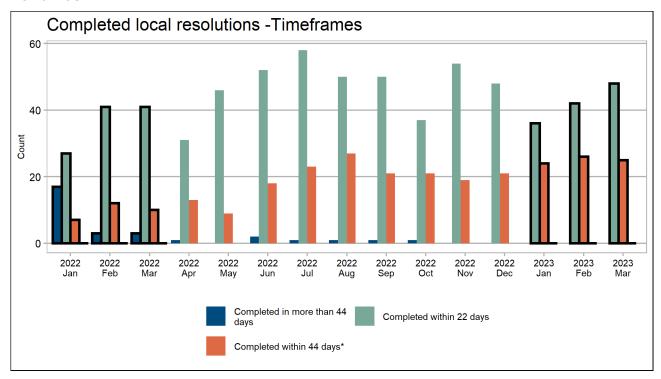
Local resolutions this quarter	January	February	March	Q3 total
Local resolutions started	57	62	93	212
Local resolutions completed	60	68	73	201

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).

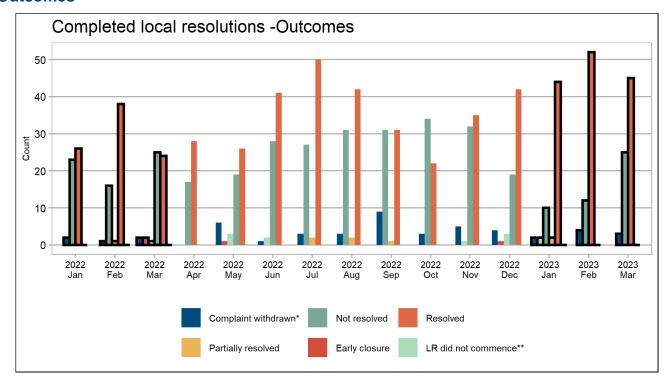
Timeframes



Local resolution timeframe	January		February		Ма	rch	Q3 total		
	Number	%	Number	%	Number	%	Number	%	
Completed within 22 days	36	60	42	61.8	48	65.8	126	62.7	
Completed within 44 days*	24	40	26	38.2	25	34.2	75	37.3	
Completed in more than 44 days	0	0	0	0	0	0	0	0	
Total	60	100	68	100	73	100	201	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



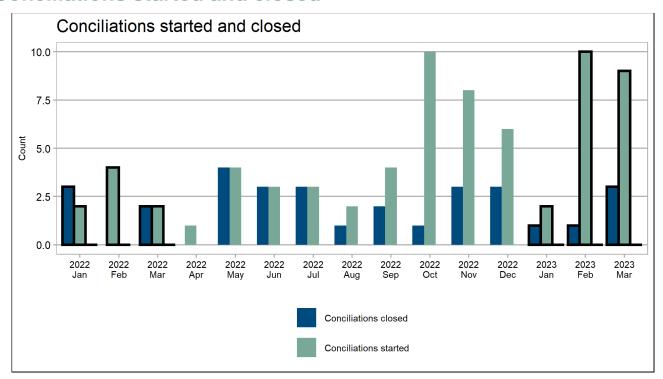
Local resolution outcomes	January		Febru	ary	Marc	ch	Q3 total	
	Number	%	Number	%	Number	%	Number	%
Resolved	44	73.3	52	76.5	45	61.6	141	70.1
Partially Resolved	2	3.3	0	0	0	0	2	1
Not resolved	10	16.7	12	17.6	25	34.2	47	23.4
Complaint withdrawn*	2	3.3	4	5.9	3	4.1	9	4.5
LR did not commence**	2	3.3	0	0	0	0	2	1
Early Closure	0	0	0	0	0	0	0	0
Total	60	100	68	100	73	100	201	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.

Conciliation

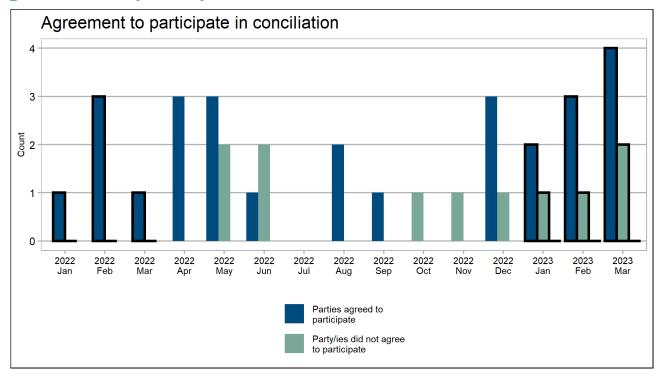
Conciliations started and closed



Conciliations this quarter	January	February	March	Q3 total
Conciliations started	2	10	9	21
Conciliations closed	1	1	3	5

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

Agreement to participate in conciliation

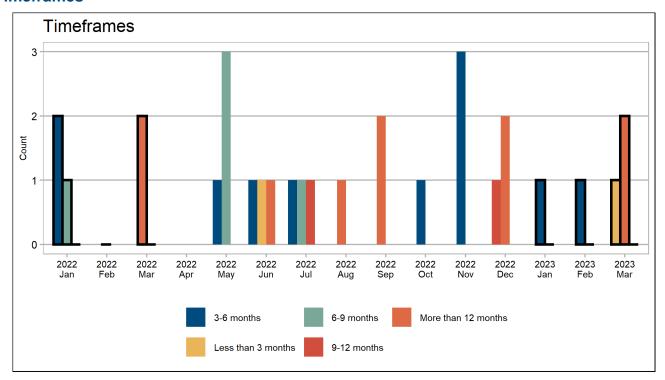


Agreement to participate	January	February	March	Q3 total
Parties agreed to participate	2	3	4	9
Party/ies did not agree to participate	1	1	2	4

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.

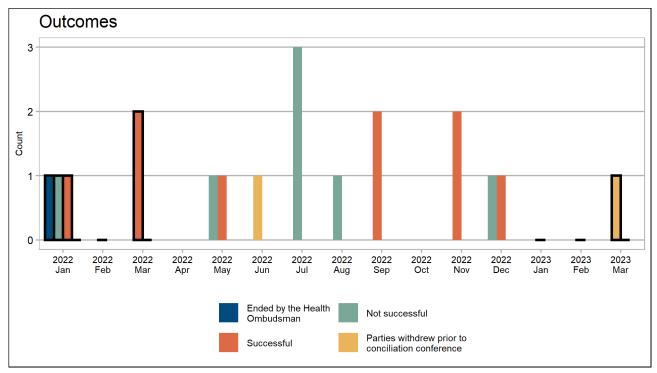
Completed conciliations

Timeframes



Conciliations Closed	January		Febr	uary	March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	0	0	0	0	1	33.3	1	20
3-6 months	1	100	1	100	0	0	2	40
6-9 months	0	0	0	0	0	0	0	0
9-12 months	0	0	0	0	0	0	0	0
More than 12 months	0	0	0	0	2	66.7	2	40
Total	1	100	1	100	3	100	5	100

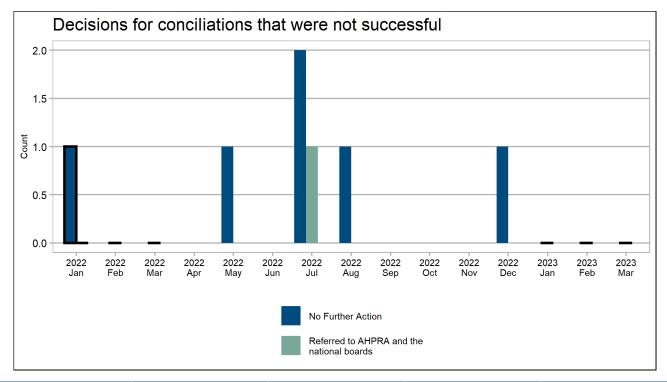
Outcomes



Conciliation outcomes	Jan	uary	Febr	uary	Ма	rch	Q3 t	otal
	Number	%	Number	%	Number	%	Number	%
Successful	0	0	0	0	0	0	0	0
Not successful	0	0	0	0	0	0	0	0
Ended by the Health Ombudsman	0	0	0	0	0	0	0	0
Parties withdrew prior to conciliation conference	0	0	0	0	1	100	1	100
Total	0	100	0	100	1	100	1	100

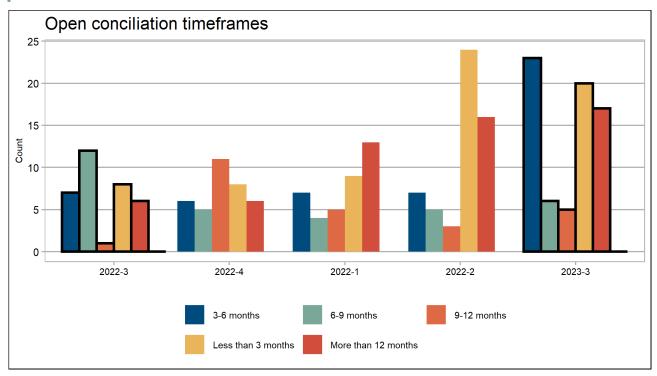
The data above relates to matters where parties initially agreed to participate in conciliation. After agreeing, the conciliation process was completed with the matter either being successful or not successful—or in some instances, the Health Ombudsman may end a conciliation or parties involved may withdraw 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	Jan	uary	Febr	uary	Ма	rch	Q3 t	otal
	Number	%	Number	%	Number	%	Number	%
Assessment	0	0	0	0	0	0	0	0
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	0	0	0	0
Total	0	100	0	100	0	100	0	100

Open conciliation timeframes

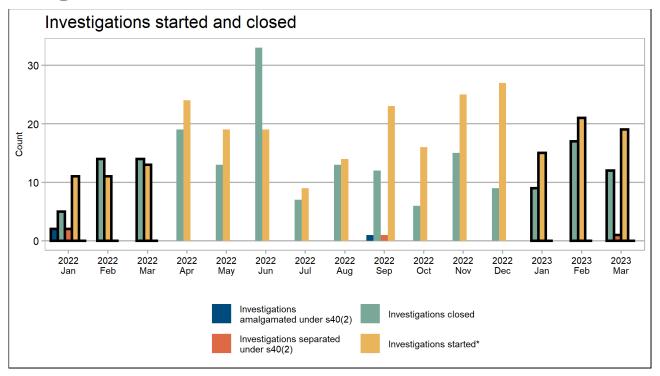


Conciliations open	Q3		
	Number	%	
Less than 3 months	20	28.2	
3–6 months	23	32.4	
6–9 months	6	8.5	
9–12 months	5	7	
More than 12 months	17	23.9	
Total	71	100	

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

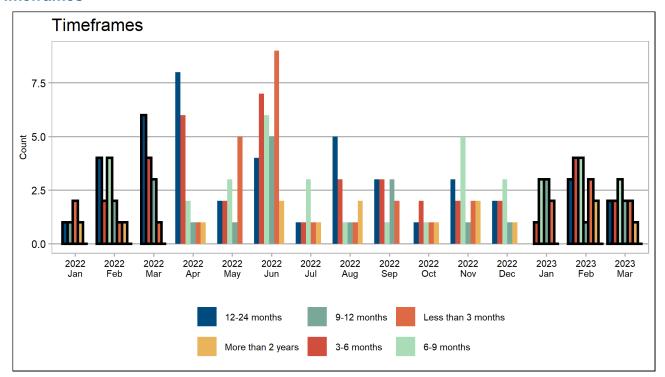


Investigations this quarter	January	February	March	Q3 total
Investigations started*	15	21	19	55
Investigations closed	9	17	12	38
Investigations amalgamated under s40(2)	0	0	0	0
Investigations separated under s40(2)	0	0	1	1

^{*}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.

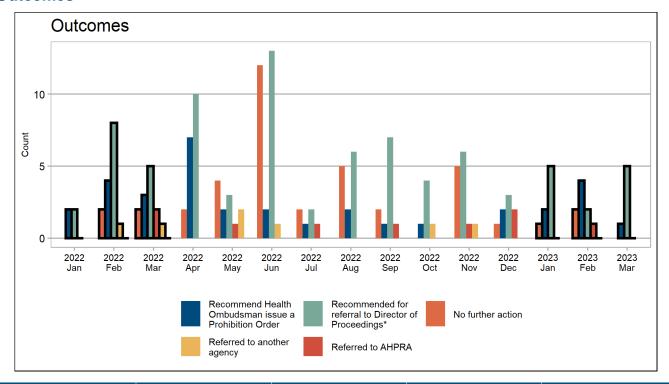
Closed investigations

Timeframes



Closed investigation timeframes	Janu	ıary	Febr	uary	Mar	ch	Q3 to	otal
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	2	22.2	3	17.6	2	16.7	7	18.4
3-6 months	1	11.1	4	23.5	2	16.7	7	18.4
6-9 months	3	33.3	4	23.5	3	25	10	26.3
9–12 months	3	33.3	1	5.9	2	16.7	6	15.8
12-24 months	0	0	3	17.6	2	16.7	5	13.2
More than 2 years	0	0	2	11.8	1	8.3	3	7.9
Total	9	100	17	100	12	100	38	100

Outcomes



Investigation outcomes	Janu	ary	Febru	uary	Mar	ch	Q3 to	otal
	Number	%	Number	%	Number	%	Number	%
Recommended for referral to Director of Proceedings*	5	62.5	2	22.2	5	83.3	12	52.2
Recommend Health Ombudsman issue a Prohibition Order	2	25	4	44.4	1	16.7	7	30.4
Referred to AHPRA	0	0	1	11.1	0	0	1	4.3
Referred to another agency	0	0	0	0	0	0	0	0
No further action	1	12.5	2	22.2	0	0	3	13
Referred for conciliation	0	0	0	0	0	0	0	0
Total	8	100	9	100	6	100	23	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	Q3		
	Number	%	
Less than 3 months	49	27.5	
3–6 months	58	32.6	
6–9 months	27	15.2	
9–12 months	17	9.6	
12–24 months [*]	24	13.5	
More than 24 months*	3	1.7	
Total	178	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	Q3		
	Number	%	
Less than 3 months	0	0	
3–6 months	1	2.5	
6–9 months	4	10	
9–12 months	4	10	
12–24 months	19	47.5	
More than 24 months	12	30	
Total	40	100	

Total open investigation timeframes (active & paused)

Total open investigation timeframes	Q3		
	Number	%	
Less than 3 months	49	22.5	
3–6 months	59	27	
6–9 months	31	14.2	
9–12 months	21	9.6	
12–24 months	43	19.7	
More than 24 months	15	6.9	
Total	218	100	

Open investigation categories

Type of investigation	C	Q3		
	Number	%		
Health service complaint	153	70.2		
Systemic issue*	4	1.8		
Ministerial directed investigation	0	0		
Another matter**	56	25.7		
Matters identified for further investigation***	5	2.3		
Uncategorised	0	0		
Total	218	100		

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

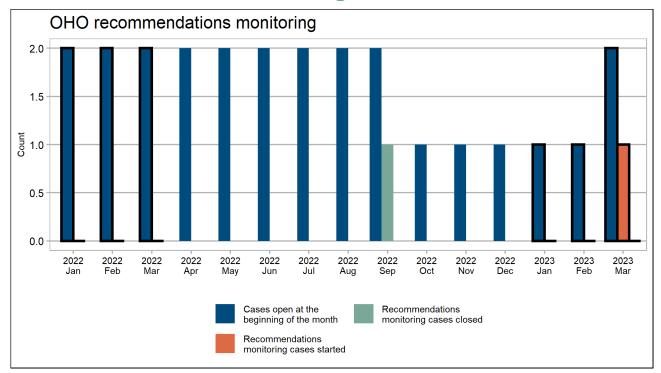
^{**}Matters brought to the Health Ombudsman's attention by means other than through a health service complaint or notification which warrant investigation. These are commonly referred to internally as 'own motion' investigations.

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

Monitoring investigation recommendations

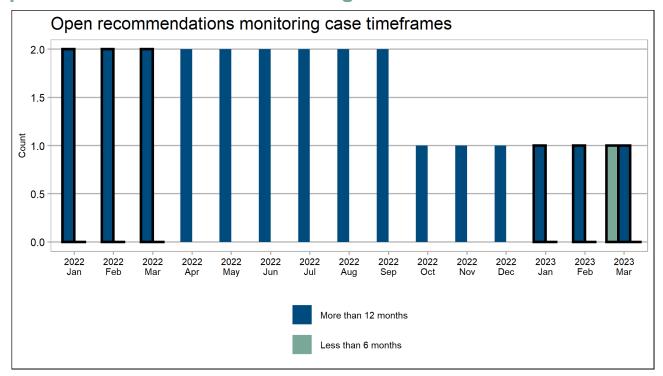
At the completion of certain investigations, the Health Ombudsman makes recommendations to health services for how they can improve service delivery and/or prevent the issues identified in the investigation from happening again. In these instances, the OHO puts in place a recommendation monitoring program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

OHO recommendations monitoring



OHO monitoring cases	January	February	March
Cases open at the beginning of the month	1	1	2
Recommendations monitoring cases started	0	0	1
Recommendations monitoring cases closed	0	0	0

Open recommendations monitoring case timeframes



Monitoring case timeframes	January		February		March	
	Number	%	Number	%	Number	%
Less than 6 months	0	0	0	0	1	50
6–12 months	0	0	0	0	0	0
More than 12 months	1	100	1	100	1	50
Total	1	100	1	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	Number	Percentage
Medical Practitioner	6	35.3
Osteopath	1	5.9
Pharmacist	3	17.6
Physiotherapist	1	5.9
Registered Nurse	6	35.3
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	2.6
Chiropractor	1	2.6
Medical Practitioner	17	44.7
Osteopath	1	2.6
Pharmacist	6	15.7
Physiotherapist	1	2.6
Psychologist	3	7.8
Registered Nurse	8	21.1
Total	38	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	9.1
Medical Practitioner	3	27.2
Pharmacist	1	9.1
Physiotherapist	1	9.1
Psychologist	2	18.2
Registered Nurse	3	27.2
Total Registered	11	100

Matters referred back to Health Ombudsman

Practitioner type	Number	Percentage
Medical Practitioner	2	50
Registered Nurse	2	50
Total	4	100

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
1 February 2023	Health Ombudsman v Chalmers	Professional Misconduct Reprimand Disqualified for 6 years
14 February 2023	Health Ombudsman v Boyle	Unprofessional Conduct Reprimand
28 February 2023	Health Ombudsman v Sharma	Professional Misconduct Registration suspended for 3 years IRA set aside
6 March 2023	Health Ombudsman v Kirkman	Professional Misconduct Reprimand Disqualified from applying for registration for 18 months
16 March 2023	Health Ombudsman v xxx	Unprofessional Conduct Caution
23 March 2023	Health Ombudsman v McGilvray	Professional Misconduct Reprimand Registration suspended for 12 months
29 March 2023	Health Ombudsman v Sahni	Professional Misconduct Reprimand Fined \$12,500

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.

Twenty (20) show cause notices were issued:

- One (1) occupational therapist relating to professional conduct.
- Three (3) psychologists' relating to professional conduct.
- Four (4) medical practitioners' relating to professional conduct.
- One (1) paramedic relating to professional conduct.
- Three (3) nurses relating to sexual misconduct.
- Eight (8) unregistered practitioners' relating to conduct.

Immediate registration actions

Practitioner type	Number	Month	Action taken	Reason/s for taking action	
				Public Interest	Serious Risk
Medical Practitioner	1	January	Suspension	✓	✓
Nurse	1	January	Suspension	✓	✓
Psychologist	1	February	Suspension	✓	
Nurse	1	February	Conditions		√
Nurse	1	February	Suspension		√
Medical Practitioner	2	February	Conditions	√	√
Nurse	1	March	Suspension	√	
Pharmacist	1	March	Suspension	√	
Psychologist	1	March	Conditions		√
Paramedic	1	March	Suspension		√
Enrolled Nurse	1	March	Conditions		✓
Nurse	1	March	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
Unregistered Practitioner	2	January	Prohibit		✓
Massage Therapist	1	January	Prohibit	✓	✓
Assistant in Nursing	1	January	Prohibit	✓	✓
Security Officer	1	February	Prohibit		✓
Disability Support Worker	1	February	Prohibit	✓	√
Alternative Health Practitioner	1	March	Prohibit		√
Non-clinical Support Worker	1	March	Prohibit		√
Psychotherapist	1	March	Restriction		√
Theatre Stores Coordinator	1	March	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
Medical Practitioner	1	March	Conditions	Suspension
Medical Practitioner	1	March	Conditions	Conditions

Interim prohibition order variations

Practitioner type	Number	Month	Previous Action taken	Current Action Taken
-	-	-	-	-

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.

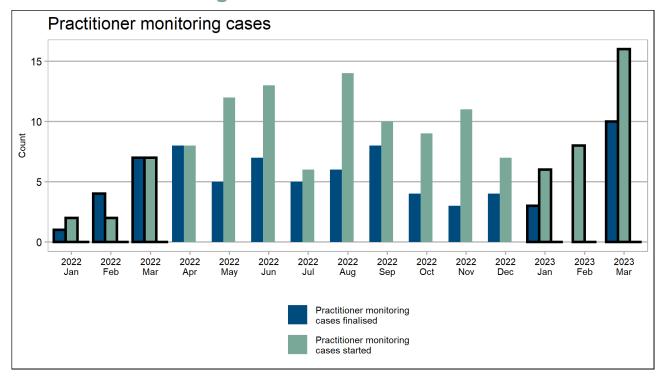
Monitoring practitioner compliance

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.

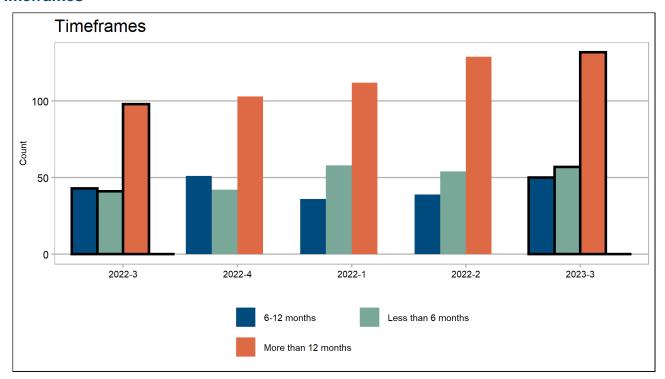
Practitioner monitoring cases



Cases this month	January	February	March
Practitioner monitoring cases started	6	8	16
Practitioner monitoring cases finalised	3	0	10

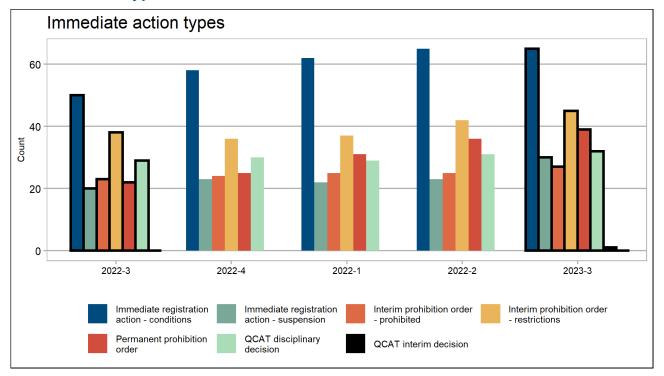
Open monitoring cases

Timeframes



Open case timeframes	Q3 total		
	Number	%	
Less than 6 months	57	23.8	
6–12 months	50	20.9	
More than 12 months	132	55.2	
Total	239	100	

Immediate action types



Open cases by immediate action type	Q3	total	
	Number	%	
Interim prohibition order - restrictions	45	18.8	
Interim prohibition order - prohibited	27	11.3	
Immediate registration action - conditions	65	27.2	
Immediate registration action - suspension	30	12.6	
QCAT disciplinary decision	32	13.4	
QCAT interim decision	1	0.4	
Permanent prohibition order	39	16.3	
Total	239	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	6.2
Chiropractor	1	0.8
Dental practitioner	1	0.8
Medical Practitioner	34	26.6
Medical Radiation Practitioner	1	0.8
Midwife	0	0
Registered Nurse	53	41.4
Occupational Therapist	0	0
Optometrist	0	0
Oral Health Therapist	0	0
Osteopath	1	0.8
Paramedic	3	2.3
Pharmacist	6	4.7
Physiotherapist	7	5.5
Podiatrist / Chiropodist	0	0
Psychologist	13	10.2
Total	128	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	0.9
Aged care health worker	7	6.3
Allied health practitioner	1	0.9
Alternative health provider	46	41.4
Ambulance Officers	3	2.7
Assistant in nursing	17	15.3
Body modification practitioner	0	0
Cosmetic Therapist	1	0.9
Counsellor	2	1.8
Disability support worker	5	4.5
First aid officer	0	0
Health Educator	1	0.9
Health support worker	10	9
Holding Out	5	4.5
Mental Health Worker	1	0.9
Non-clinical support worker	8	7.2
Optical mechanic/dispenser	0	0
Personal trainer	1	0.9
Pre/post-natal services provide	0	0
Psychotherapists	2	1.8
Reproductive/Sexual Health Practitioner	0	0
Sports therapist	0	0
Student Provider	0	0
Unknown	0	0
Total	111	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

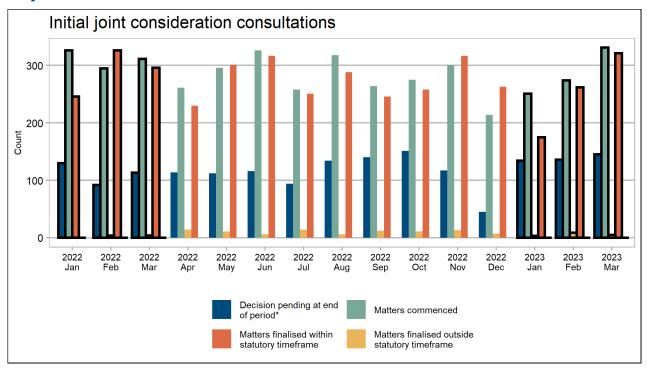
Joint consideration matters

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.)

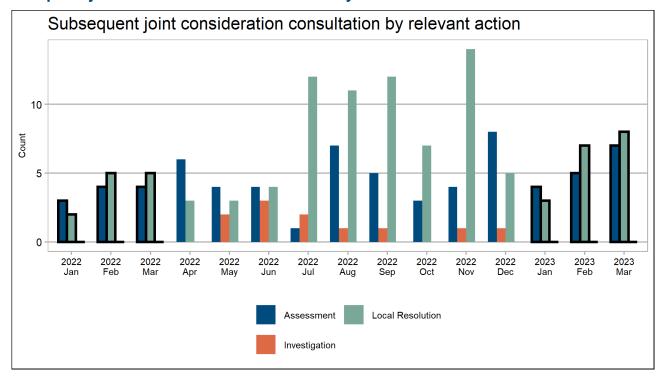
Initial joint consideration consultations



Consultation matters	January	February	March	Q3 total	
Matters commenced	251	274	331	856	
Matters finalised within statutory timeframe	175	262	321	758	
Matters finalised outside statutory timeframe	3	9	5	17	
Decision pending at end of period*	134	136	145	415	

^{*}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	January	February	March	Q3 total
Assessment	4	5	7	16
Local Resolution	3	7	8	18
Investigation	0	0	0	0
Total	7	12	15	34

Outcome of initial joint consideration consultations by practitioner type

Quarter 2

Para difference de la constanta de la constant	No Furth	er Action	HCE to	o retain	Refer t	o Ahpra	Total	
Practitioner type	No.	%	No.	%	No.	%	No.	%
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	4	1.4	-	-	-	-	4	0.5
Chiropractor	-	-	1	0.7	3	0.7	4	0.5
Dental practitioner	15	5.2	13	9.6	25	6.1	53	6.3
Medical Practitioner	203	69.8	71	52.6	239	58.4	513	61.4
Medical Radiation Practitioner	-	-	1	0.7	2	0.5	3	0.4
Midwife	2	0.7	1	0.7	5	1.2	8	1
Registered Nurse	31	10.7	26	19.3	71	17.4	128	15.3
Occupational Therapist	2	0.7	2	1.5	2	0.5	6	0.7
Optometrist	1	0.3	1	0.7	1	0.2	3	0.4
Oral Health Therapist	-	-	-	-	-	-	-	-
Osteopath	-	-	-	-	-	-	-	-
Paramedic	4	1.4	5	3.7	7	1.7	16	1.9
Pharmacist	8	2.7	5	3.7	15	3.7	28	3.4
Physiotherapist	-	-	1	0.7	6	1.5	7	0.8
Podiatrist / Chiropodist	1	0.3	1	0.7	2	0.5	4	0.5
Psychologist	19	6.5	7	5.2	31	7.6	57	6.8
Unknown practitioner	1	0.3	-	-	-	-	1	0.1
Total	291	100	135	100	409	100	835	100

Outcome of subsequent joint consideration consultations by practitioner type

Quarter 2

Paradition and tour	No Furth	ner Action	HCE t	o retain	Refer t	o Ahpra	Total		
Practitioner type	No.	%	No.	%	No.	%	No.	%	
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	-	-	-	-	-	
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	
Chiropractor	-	-	-	-	-	-	-	-	
Dental practitioner	2	6.2	1	100	3	9.1	2	6.2	
Medical Practitioner	23	71.9	-	-	23	69.7	23	71.9	
Medical Radiation Practitioner	2	6.2	-	-	2	6.1	2	6.2	
Midwife	-	-	-	-	-	-	-	-	
Registered Nurse	2	6.2	-	-	2	6.1	2	6.2	
Occupational Therapist	-	-	-	-	-	-	-	-	
Optometrist	-	-	-	-	-	-	-	-	
Oral Health Therapist	-	-	-	-	-	-	-	-	
Osteopath	-	-	-	-	-	-	-	-	
Paramedic	1	3.1	-	-	1	3	1	3.1	
Pharmacist	-	-	-	-	-	-	-	-	
Physiotherapist	-	-	-	-	-	-	-	-	
Podiatrist / Chiropodist	-	-	-	-	-	-	-	-	
Psychologist	2	6.2	-	-	2	6.1	2	6.2	
Jnknown practitioner	-	-	-	-	-	-	-	-	
otal	32	100	1	100	33	100	32	100	

Number of issues referred to AHPRA by practitioner type

Quarter 2

Practitioner type	Access		Communication and Information	Consent	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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	4
Chiropractor	-	-	-	-	-	-	-	-	-	-	-	-	3	-	2	-	-	5
Dental practitioner	-	-	6	2	-	1	2	-	-	-	-	-	4	-	53	1	-	69
Medical Practitioner	19	-	93	22	6	9	9	4	-	-	23	83	91	14	312	31	-	716
Medical Radiation Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	-	-	4
Midwife	-	-	2	-	-	-	-	-	-	-	-	1	-	1	5	-	-	9
Registered Nurse	-	-	4	-	1	-	-	2	-	-	4	10	86	28	37	1	-	173
Occupational Therapist	-	-	1	-	-	2	3	-	-	-	1	-	2	-	4	-	-	13
Optometrist	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	-	3
Oral Health Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paramedic	-	-	-	-	-	-	-	-	-	-	1	2	9	3	7	-	-	22
Pharmacist	-	-	2	1	-	1	-	-	-	-	-	19	11	2	-	-	-	36
Physiotherapist	1	-	1	-	-	-	-	-	-	-	1	-	6	1	5	-	-	15
Podiatrist / Chiropodist	-	-	2	-	-	1	-	-	-	-	1	-	1	1	-	-	-	6
Psychologist	-	-	3	4	-	-	1	-	-	-	1	-	50	7	13	6	-	85
Unknown practitioner	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2
Total	20	-	115	29	7	14	15	6	-	-	32	115	271	58	441	39	-	1162

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	January	February	March	Q3 total
Matters consulted on*	1	1	0	2
Matters referred	0	0	0	0
Matters retained by the office**	0	0	0	0
Decision pending	1	1	0	2

^{*}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	January		Feb	ruary	Ма	rch	Q3	Q3 total		
	Number	%	Number	%	Number	%	Number	%		
Intake and triage	0	0	0	0	0	0	0	0		
Assessment	0	0	0	0	0	0	0	0		
Investigation	1	100	1	100	0	0	2	100		
Local resolution	0	0	0	0	0	0	0	0		
Referrals	0	0	0	0	0	0	0	0		
Legal	0	0	0	0	0	0	0	0		
Total	1	100	1	100	0	100	2	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	0	0	0	0	0	
Assessment	0	0	0	0	0	
Referrals	0	0	0	0	0	
Local Resolution	0	0	0	0	0	
Investigations	0	0	0	0	2	
Legal	0	0	0	0	0	
Total	0	0	0	0	2	

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

Consultation duration

Consultation duration	January		Febr	February		ch	Q3 total		
	Number	%	Number	%	Number	%	Number	%	
0-3 days	0	0	0	0	0	0	0	0	
4–7 days	0	0	0	0	0	0	0	0	
8-11 days	0	0	0	0	0	0	0	0	
More than 12 days	1	100	1	100	0	0	2	100	
Total	1	100	1	100	0	0	2	100	

Number of practitioners referred to AHPRA by practitioner type

Practitioner type	January		February		March		Q3 total	
	Number	%	Number	%	Number	%	Number	%
Aboriginal and Torres Strait Islander health practitioner	0	0	0	0	0	0	0	0
Chinese medicine practitioner	0	0	0	0	0	0	0	0
Chiropractor	0	0	0	0	0	0	0	0
Dental practitioner	0	0	0	0	0	0	0	0
Medical practitioner	2	50	0	0	0	0	2	40
Medical radiation practitioner	0	0	0	0	0	0	0	0
Nursing and midwifery practitioner	2	50	0	0	1	100	3	60
Occupational therapist	0	0	0	0	0	0	0	0
Optometrist	0	0	0	0	0	0	0	0
Osteopath	0	0	0	0	0	0	0	0
Paramedic	0	0	0	0	0	0	0	0
Pharmacist	0	0	0	0	0	0	0	0
Physiotherapist	0	0	0	0	0	0	0	0
Podiatrist	0	0	0	0	0	0	0	0
Psychologist	0	0	0	0	0	0	0	0
Student practitioner	0	0	0	0	0	0	0	0
Unknown practitioner	0	0	0	0	0	0	0	0
Total	0	100	0	100	0	100	5	100

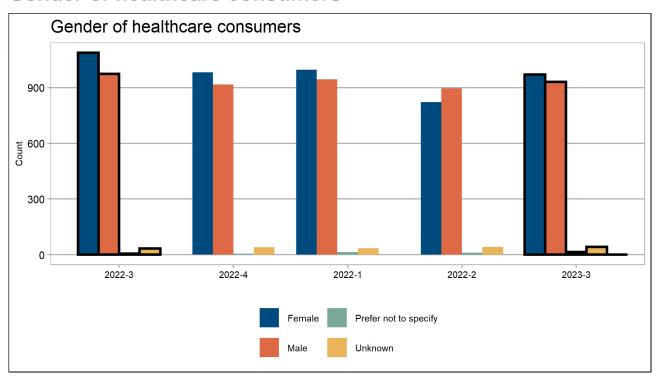
Number of issues referred to AHPRA by practitioner type

Registered practitioner type	Access	Communication and information		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	0	0	0	0	0	0	0	0	0	0	2	0	0
Nursing and midwifery practitioner	0	0	0	0	0	0	0	1	0	2	0	1	0	4
Student Practitioner	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	1	0	2	0	3	0	6

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	971	49.6
Male	931	47.6
Prefer not to specify	14	0.7
Unknown	41	2.1
Total	1957	100

Age of healthcare consumers

Age	Number	Percentage
Less than 18 years	98	5
18–24 years	67	3.4
25–34 years	317	16.2
35–44 years	393	20.1
45–54 years	336	17.2
55–64 years	224	11.4
65–74 years	169	8.6
More than 75 years	134	6.8
Unknown*	219	11.2
Total	1957	100

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

Location of healthcare consumers

Location of healthcare consumers	Number	Percentage
Brisbane	794	40.6
Central West	2	0.1
Darling Downs	44	2.2
Far North	73	3.7
Fitzroy	58	3
Gold Coast	183	9.4
Mackay	45	2.3
North West	6	0.3
Northern	77	3.9
Outside Queensland	0	0
South West	1	0.1
Sunshine Coast	95	4.9
West Moreton	40	2
Wide Bay-Burnett	94	4.8
Unknown	445	22.7
Total	1957	100

Location of health service providers

Location of health service providers	Number	Percentage
Brisbane	620	44.1
Central West	3	0.2
Darling Downs	49	3.5
Far North	77	5.5
Fitzroy	37	2.6
Gold Coast	215	15.3
Mackay	40	2.8
North West	6	0.4
Northern	53	3.8
Outside Queensland	0	0
South West	1	0.1
Sunshine Coast	96	6.8
West Moreton	8	0.6
Wide Bay-Burnett	64	4.5
Unknown	138	9.8
Total	1407	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.