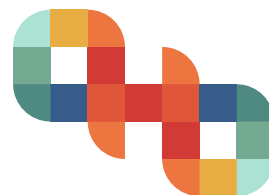


Quarter Four 2021-22
performance report
Office of the Health Ombudsman



OFFICE OF THE
HEALTH
OMBUDSMAN



Quarterly performance report—Quarter Four 2021-22

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Introduction

This document reports on the quarter four (Q4) performance of the Office of the Health Ombudsman (OHO) for the 2021–22 financial year.

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

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

Data in this report is correct as at 30 June 2022, though figures may differ from those published in previous reports due to subsequent adjustments which occurred after the publication of those reports.

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

Intake of complaints

Type of contacts

Type of contact	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Complaint	624	51.9	731	76.1	825	76.0	2180	67.1
Enquiry	154	12.8	180	18.8	206	19.0	540	16.6
Information	408	33.9	48	5.0	47	4.3	503	15.5
Yet to be classified	16	1.3	1	0.1	8	0.7	25	0.8
Total	1202	100.0	960	100.0	1086	100.0	3248	100.0

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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Health consumer complaint	554	88.8	643	88.0	707	85.7	1904	87.3
Mandatory notification*	15	2.4	28	3.8	19	2.3	62	2.8
Voluntary notification*	49	7.9	51	7.0	85	10.3	185	8.5
Self-notification*	1	0.2	1	0.1	4	0.5	6	0.3
Referral from another agency	5	0.8	8	1.1	10	1.2	23	1.1
Total	624	100.0	731	100.0	825	100.0	2180	100.0

*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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Yes	563	97.2	719	97.4	778	98.4	2060	97.7
No	16	2.8	19	2.6	13	1.6	48	2.3
Total	579	100.0	738	100.0	791	100.0	2108	100.0

Decisions made

Number of decisions made	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Accepted and further relevant action taken	289	49.9	432	58.5	460	58.2	1181	56.0
Accepted and no further action taken*	221	38.2	216	29.3	241	30.5	678	32.2
Not accepted under s35A**	69	11.9	90	12.2	90	11.4	249	11.8
Total	579	100.0	738	100.0	791	100.0	2108	100.0

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

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

An additional 39 matters were determined to fall outside the jurisdiction of the act.

Accepted decision outcomes

Type of relevant action	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	72	22.3	86	18.2	120	23.9	278	21.4
Local resolution	45	13.9	75	15.9	88	17.5	208	16.0
Conciliation	0	0.0	1	0.2	0	0.0	1	0.1
Investigation	2	0.6	4	0.9	0	0.0	6	0.5
Referred to AHPRA and the national boards	105	32.5	179	37.8	188	37.4	472	36.3
Referred to another entity	99	30.7	128	27.1	107	21.3	334	25.7
Total	323	100.0	473	100.0	503	100.0	1299	100.0

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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Access	98	10.3	130	10.2	134	9.8	362	10.0
Code of conduct for healthcare workers	11	1.2	13	1.0	23	1.7	47	1.3
Communication/information	106	11.2	142	11.1	140	10.2	388	10.8
Consent	23	2.4	38	3.0	33	2.4	94	2.6
Discharge/transfer arrangements	22	2.3	29	2.3	29	2.1	80	2.2
Environment/management of facilities	42	4.4	51	4.0	63	4.6	156	4.3
Fees/cost	19	2.0	64	5.0	70	5.1	153	4.2
Grievance processes	25	2.6	49	3.8	52	3.8	126	3.5
<i>Health Ombudsman Act 2013 offence</i>	0	0.0	0	0.0	0	0.0	0	0.0
Medical records	29	3.1	45	3.5	39	2.8	113	3.1
Medication	94	9.9	113	8.8	136	9.9	343	9.5
Professional conduct	105	11.1	130	10.2	165	12.0	400	11.1
Professional health	12	1.3	26	2.0	24	1.7	62	1.7
Professional performance	337	35.5	425	33.2	436	31.7	1198	33.3
Reports/certificates	26	2.7	25	2.0	24	1.7	75	2.1
Research/teaching/assessment	0	0.0	0	0.0	6	0.4	6	0.2
Total	949	100.0	1280	100.0	1374	100.0	3603	100.0

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

Subcategories of professional performance issues raised in complaints

Issue	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Competence	11	3.3	10	2.4	15	3.4	36	3.0
Coordination of treatment	32	9.5	33	7.8	26	6.0	91	7.6
Delay in treatment	12	3.6	26	6.1	27	6.2	65	5.4
Diagnosis	26	7.7	42	9.9	43	9.9	111	9.3
Inadequate care	38	11.3	58	13.6	42	9.6	138	11.5
Inadequate consultation	34	10.1	44	10.4	47	10.8	125	10.4
Inadequate prosthetic equipment	8	2.4	3	0.7	3	0.7	14	1.2
Inadequate treatment	83	24.6	97	22.8	106	24.3	286	23.9
Infection control	2	0.6	5	1.2	8	1.8	15	1.3
No or inappropriate referral	15	4.5	15	3.5	15	3.4	45	3.8
Rough and painful treatment	11	3.3	6	1.4	10	2.3	27	2.3
Teamwork and supervision	1	0.3	3	0.7	7	1.6	11	0.9
Unexpected treatment outcome or complications	48	14.2	67	15.8	67	15.4	182	15.2
Withdrawal of treatment	7	2.1	3	0.7	8	1.8	18	1.5
Wrong or inappropriate treatment	9	2.7	13	3.1	12	2.8	34	2.8
Total	337	100.0	425	100.0	436	100.0	1198	100.0

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

Profile of complaints about health practitioners

Practitioner type	Number of practitioners identified in complaints	Number and type of issues ^{**} identified in complaints about health practitioners ^{**}																Total
		Access	Code of conduct for healthcare workers	Communication and information	Consent	Discharge/transfer arrangements	Environment/management of facility	Fees and costs	Grievance process	Health Ombudsman Act 2013 Offence	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/certificates	Research/Teaching/Assessment	
Aboriginal and Torres Strait	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese medicine practitioner	2	-	-	-	-	-	1	-	-	-	-	1	3	-	1	-	-	6
Chiropractor	9	-	-	-	-	-	-	-	-	-	2	-	6	-	8	-	-	16
Dental practitioner	58	-	-	4	3	-	-	4	2	-	1	1	11	4	48	1	-	79
Medical practitioner	650	26	1	130	32	5	4	24	6	-	33	105	116	15	389	45	3	934
Medical Radiation Practitioner	5	-	-	-	-	-	-	-	-	-	-	-	3	1	1	-	-	5
Midwife	3	-	-	1	-	-	-	-	-	-	-	-	5	-	1	-	-	7
Nurse	136	-	1	13	5	2	-	-	-	-	5	15	86	27	54	1	-	209
Occupational therapist	5	-	-	-	-	-	-	-	-	-	1	-	2	1	4	1	-	9
Optometrist	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Osteopath	2	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	1	3
Paramedic	17	-	-	-	-	-	1	-	-	-	-	-	6	6	8	-	-	21
Pharmacist	34	-	-	9	1	-	-	-	-	-	2	23	9	4	4	-	-	52
Physiotherapist	22	-	-	-	-	-	1	-	1	-	-	-	13	1	11	-	-	27
Podiatrist	9	-	-	2	-	-	-	1	-	-	1	-	4	-	5	-	-	13
Psychologist	53	1	-	4	1	-	-	2	-	-	5	-	45	2	15	6	-	81
Student practitioner	3	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	3
Unknown practitioner	71	5	-	11	4	1	-	1	1	-	1	12	21	-	30	1	-	88
Unregistered practitioner	52	1	42	6	1	-	-	-	-	-	-	-	9	1	4	1	-	65
Total	1132	33	44	180	47	8	7	32	10	0	51	157	343	62	585	56	4	1619

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

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

Profile of complaints about health service organisations

Organisation type	Number of facilities identified in complaints	Number and type of issues ¹ identified in complaints about health service organisations																Total
		Access	Code of conduct for healthcare workers	Communication and information	Consent	Discharge/transfer arrangements	Environment/management of facility	Fees and costs	Grievance processes	Health Ombudsman Act 2013 Offence	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/certificates	Research/Teaching/Assessment	
Administrative service	6	-	-	1	-	-	3	1	-	-	-	-	1	-	1	-	-	7
Aged care facility	15	2	-	3	-	-	4	-	-	-	-	-	-	-	12	-	-	21
Allied health service	10	-	-	-	1	-	3	3	2	-	1	-	-	-	2	-	-	12
Ambulance service	17	4	-	2	3	1	1	-	-	-	-	2	2	-	5	-	-	20
Community health service	27	9	-	2	2	-	4	1	-	-	2	2	2	-	7	1	-	32
Correctional facility	318	147	-	12	1	-	4	-	-	-	1	104	-	-	75	1	-	345
Dental service	43	10	-	3	2	-	6	9	3	-	2	-	1	-	18	-	-	54
Health Education Service	2	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	2
Hospital and Health Service	38	12	-	7	1	3	2	2	6	-	3	-	2	-	19	-	-	57
Laboratory service	31	1	-	3	-	-	1	26	2	-	1	-	-	-	1	-	-	35
Licensed day hospital	2	1	-	2	-	-	1	-	-	-	-	-	-	-	1	-	-	5
Licensed private hospital	62	9	-	9	-	8	5	10	9	-	3	2	1	-	30	3	-	89
Medical centre	193	54	-	36	1	1	43	32	19	-	27	11	8	-	23	1	-	256
Mental health service	73	2	-	16	15	6	8	-	3	-	-	8	4	-	40	1	-	103
Nursing Service	2	1	-	-	-	-	1	-	1	-	-	-	-	-	1	-	-	4
Optical store	2	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	2
Other government department	18	3	-	-	-	-	9	1	1	-	-	-	2	-	1	1	1	19
Other support service	17	1	1	3	-	-	3	1	1	-	1	1	3	-	6	-	-	21
Pharmaceutical service	50	2	-	8	1	-	8	8	7	-	4	29	2	-	1	-	-	70
Private organisation	30	1	1	4	1	-	-	13	4	-	1	1	1	-	11	1	-	39
Public health service	25	8	-	3	-	1	3	-	-	-	-	3	2	-	18	-	-	38
Public hospital	446	60	-	89	18	52	38	8	51	-	13	21	24	-	329	8	1	712
Residential Care Service	5	-	-	2	-	-	-	-	-	-	2	-	-	-	2	-	-	6
Specialised health service	25	2	1	3	1	-	2	3	6	-	1	2	2	-	10	2	-	35
Total	1457	329	3	208	47	72	149	121	116	0	62	186	57	0	613	19	2	1984



* 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	April	May	June	Q4 total
Assessments started	71	97	123	291
Assessments completed	80	85	118	283

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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Completed within 22 days	24	30.0	20	23.5	37	31.4	81	28.6
Completed within 30 days	0	0.0	0	0.0	0	0.0	0	0.0
Completed within 44 days*	48	60.0	55	64.7	70	59.3	173	61.1
Completed within 60 days*	0	0.0	0	0.0	0	0.0	0	0.0
Completed in more than 44 days	4	5.0	9	10.6	11	9.3	24	8.5
Completed in more than 60 days	4	5.0	1	1.2	0	0.0	5	1.8
Total	80	100.0	85	100.0	118	100.0	283	100.0

*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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.0	0	0.0	0	0.0	0	0.0
Conciliation	1	1.2	3	3.4	3	2.4	7	2.3
Investigation	17	20.7	12	13.5	13	10.2	42	14.1
Referred to AHPRA and the national boards	7	8.5	7	7.9	14	11.0	28	9.4
Referred to another entity	6	7.3	6	6.7	16	12.6	28	9.4
Director of Proceedings	0	0.0	0	0.0	0	0.0	0	0.0
No further action	51	62.2	61	68.5	81	63.8	193	64.8
Total	82	100.0	89	100.0	127	100.0	298	100.0

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	April	May	June	Q4 total
Local resolutions started	47	72	89	208
Local resolutions completed	45	55	72	172

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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Completed within 22 days	31	68.9	46	83.6	52	72.2	129	75.0
Completed within 30 days	0	0.0	0	0.0	0	0.0	0	0.0
Completed within 44 days*	13	28.9	9	16.4	18	25.0	40	23.3
Completed within 60 days*	1	2.2	0	0.0	0	0.0	1	0.5
Completed in more than 44 days	0	0.0	0	0.0	2	2.8	2	1.2
Completed in more than 60 days	0	0.0	0	0.0	0	0.0	0	0.0
Total	45	100.0	55	100.0	72	100.0	172	100.0

*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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Resolved	28	62.2	25	45.5	43	59.7	96	55.8
Not resolved	17	37.8	21	38.2	23	31.9	61	35.5
Complaint withdrawn*	0	0.0	9	16.4	6	8.3	15	8.7
LR did not commence**	0	0.0	0	0.0	0	0.0	0	0.0
Total	45	100.0	55	100.0	72	100.0	172	100.0

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

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

Decisions for matters that were not resolved

Type of relevant action	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Assessment	0	0.0	0	0.0	0	0.0	0	0.0
Conciliation	0	0.0	0	0.0	0	0.0	0	0.0
Investigation	0	0.0	0	0.0	0	0.0	0	0.0
Referred to AHPRA and the national boards	0	0.0	0	0.0	0	0.0	0	0.0
Referral to another entity	0	0.0	0	0.0	0	0.0	0	0.0
No further action	17	100.0	21	100.0	23	100.0	61	100.0
Total	17	100.0	21	100.0	23	100.0	61	100.0

Conciliation

Conciliations started and closed

Conciliations this quarter	April	May	June	Q4 total
Conciliations started	1	4	3	8
Conciliations closed	0	4	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	April	May	June	Q4 total
Parties agreed to participate	3	3	1	7
Party/ies did not agree to participate	0	2	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 completed	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	0	0.0	0	0.0	0	0.0	0	0.0
3–6 months	0	0.0	1	50.0	1	100.0	2	66.7
6–9 months	0	0.0	1	50.0	0	0.0	1	33.3
9–12 months	0	0.0	0	0.0	0	0.0	0	0.0
More than 12 months	0	0.0	0	0.0	0	0.0	0	0.0
Total	0	0.0	2	100.0	1	100.0	3	100.0

Outcomes

Conciliation outcomes	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Successful	0	0.0	1	50.0	0	0.0	1	33.3
Not successful	0	0.0	1	50.0	0	0.0	1	33.3
Ended by the Health Ombudsman	0	0.0	0	0.0	0	0.0	0	0.0
Parties withdrew prior to conciliation conference	0	0.0	0	0.0	1	100.0	1	33.3
Total	0	0.0	2	100.0	1	100.0	3	100.0

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

Decisions for conciliations that were not successful

Type of relevant action	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Local resolution	0	0.0	0	0.0	0	0.0	0	0.0
Investigation	0	0.0	0	0.0	0	0.0	0	0.0
Referred to AHPRA and the national boards	0	0.0	0	0.0	0	0.0	0	0.0
Referred to another entity	0	0.0	0	0.0	0	0.0	0	0.0
No further action	0	0.0	1	100.0	0	0.0	1	100.0
Total	0	0.0	1	100.0	0	0.0	1	100.0

Open conciliation timeframes

Conciliations open	Q4	
	Number	%
Less than 3 months	7	19.4
3–6 months	6	16.7
6–9 months	5	13.9
9–12 months	12	33.3
More than 12 months	6	16.7
Total	36	100.0

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	April	May	June	Q4 total
Investigations started*	27	21	20	68
Investigations closed	19	13	33	65
Investigations amalgamated under s40(2)	4	1	1	6
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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Less than 3 months	1	5.3	5	38.5	11	33.3	17	26.2
3–6 months	7	36.8	3	23.1	5	15.2	15	23.1
6–9 months	1	5.3	2	15.4	6	18.2	9	13.9
9–12 months	2	10.5	1	7.7	5	15.2	8	12.3
12–24 months	7	36.8	2	15.4	4	12.1	13	20.0
More than 2 years	1	5.3	0	0.0	2	6.1	3	4.6
Total	19	100.0	13	100.0	33	100.0	65	100.0

Outcomes

Investigation outcomes	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Recommended for referral to Director of Proceedings*	10	52.6	3	25.0	13	46.4	26	44.1
Recommend Health Ombudsman issue a Prohibition Order	7	36.8	2	16.7	2	7.1	11	18.6
Referred to AHPRA	0	0.0	1	8.3	0	0.0	1	1.7
Referred to another agency	0	0.0	2	16.7	1	3.6	3	5.1
No further action	2	10.5	4	33.3	12	42.9	18	30.5
Referred for conciliation	0	0.0	0	0.0	0	0.0	0	0.0
Total	19	100.0	12	100.0	28	100.0	59	100.0

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	Q4	
	Number	%
Less than 3 months	48	48.0
3–6 months	20	20.0
6–9 months	15	15.0
9–12 months	5	5.0
12–24 months*	11	11.0
More than 24 months*	1	1.0
Total	100	100.0

*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	Q4	
	Number	%
Less than 3 months	1	1.9
3–6 months	2	3.8
6–9 months	9	17.0
9–12 months	13	24.5
12–24 months	19	35.9
More than 24 months	9	17.0
Total	53	100.0

Total open investigation timeframes (active & paused)

Total open investigation timeframes	Q4	
	Number	%
Less than 3 months	49	32.0
3–6 months	22	14.4
6–9 months	24	15.7
9–12 months	18	11.8
12–24 months	30	19.6
More than 24 months	10	6.5
Total	153	100.0

Open investigation categories

Type of investigation	Q4	
	Number	%
Health service complaint	96	62.8
Systemic issue*	3	2.0
Ministerial directed investigation	0	0.0
Another matter**	47	30.7
Matters identified for further investigation***	5	3.3
Uncategorised	2	1.3
Total	153	100.0

*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	April	May	June
Cases open at the beginning of the month	2	2	2
Recommendations monitoring cases started	0	0	0
Recommendations monitoring cases closed	0	0	0

Open recommendations monitoring case timeframes

Monitoring case timeframes*	April		May		June	
	Number	%	Number	%	Number	%
Less than 6 months	0	0.0	0	0.0	0	0.0
6–12 months	0	0.0	0	0.0	0	0.0
More than 12 months	2	100.0	2	100.0	2	100.0
Total	2	100.0	2	100.0	2	100.0

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	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Chiropractor	1	12.5	0	0.0	1	7.7	2	8.7
Medical practitioner	4	50.0	1	33.3	4	30.8	9	39.1
Physiotherapist	1	12.5	0	0.0	2	15.4	3	13.1
Psychologist	0	0.0	0	0.0	1	7.7	1	4.3
Registered nurse	2	25.0	2	66.7	5	38.4	8	34.8
Total	8	100.0	3	100.0	13	100.0	23	100.0

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

Matters currently with the Director of Proceedings by practitioner type

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

Practitioner type	Number	Percentage
Chiropractor	2	7.1
Dentist	0	0.0
Medical Practitioner	13	46.4
Paramedic	0	0.0
Physiotherapist	3	10.7
Psychologist	2	7.1
Registered Nurse	8	28.6
Total	28	100.0

Outcomes of matters reviewed by the Director of Proceedings

Matters filed in the Queensland Civil and Administrative Tribunal

Practitioner type	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Dentist	0	0.0	1	25.0	0	0.0	1	5.9
Medical practitioner	2	66.7	2	50.0	0	0.0	4	23.5
Medical practitioner and Dentist	0	0.0	0	0.0	1	10.0	1	5.9
Paramedic	0	0.0	0	0.0	2	20.0	2	11.8
Pharmacist	0	0.0	0	0.0	2	20.0	2	11.8
Psychologist	0	0.0	1	25.0	1	10.0	2	11.8
Registered nurse	1	33.3	0	0.0	4	40.0	5	29.4
Total	3	100.0	4	100.0	10	100.0	17	100.0

Matters referred back to Health Ombudsman

Practitioner type	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Medical practitioner	1	50.0	1	50.0	6	66.7	8	61.5
Paramedic	0	0.0	1	50.0	0	0.0	1	7.7
Registered Nurse	1	50.0	0	0.0	3	33.3	4	30.8
Total	2	100.0	2	100.0	9	0.00	13	100.0

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

Decisions on matters referred to the Queensland Civil and Administrative Tribunal

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

Date of Decision	Matter	Details of QCAT decision
1 April 2022	<i>Health Ombudsman v FYJ</i>	Professional Misconduct Reprimand Non-publication order No order as to costs
1 April 2022	<i>Health Ombudsman v Stibbard</i>	Professional Misconduct Reprimand Registration suspended for 4 months Imposed conditions Review period of 16 months Respondent to pay Applicant costs of application
7 April 2022	<i>Health Ombudsman v Haseldine</i>	Professional Misconduct Reprimand Each party bear their own costs
7 April 2022	<i>Health Ombudsman v ASK</i>	Professional Misconduct Reprimand Respondent to complete specified education within 6 months IRA set aside No order as to costs
11 April 2022	<i>Health Ombudsman v Galloway</i>	Professional Misconduct Reprimand Registration cancelled Disqualified for 2 years Each party bear their own costs
20 April 2022	<i>Health Ombudsman v Kumar</i>	Professional Misconduct Reprimand IRA set aside No order as to costs
20 April 2022	<i>Health Ombudsman v Ndlovu</i>	Professional Misconduct Reprimand Registration cancelled

Date of Decision	Matter	Details of QCAT decision
		Prohibited from providing any health service until registered No order as to costs
20 April 2022	<i>Health Ombudsman v Warren</i>	Professional Misconduct Unprofessional conduct Reprimand Disqualified from applying for registration for a period of 3 years Respondent is prohibited from providing a health service to patients under the age of 18 years until such time as she obtains registration as a health practitioner IPO made by the HO on 23 May 2016 is set aside Each party bear their own costs
20 April 2022	<i>Health Ombudsman v Powell</i>	Professional Misconduct Reprimand Registration cancelled Disqualified from applying for registration until 13 December 2027 Each party bear their own costs Application for non-publication order is refused save insofar as it involves the names of the deceased and female foster child
21 April 2022	<i>Health Ombudsman v Gupta</i>	Professional Misconduct Reprimand \$20,000 fine To pay OHO Costs of \$20,000 as agreed within 3 months
26 April 2022	<i>Health Ombudsman v Manwaring</i>	Professional Misconduct Reprimand Non-publication order in respect of Respondent No order as to costs
10 May 2022	<i>Health Ombudsman v Atkinson</i>	Professional Misconduct Reprimand No order as to costs
11 May 2022	<i>Health Ombudsman v Elliot</i>	Unprofessional Conduct Reprimand No order as to costs
12 May 2022	<i>Health Ombudsman v Vincent</i>	Professional Misconduct Reprimand

Date of Decision	Matter	Details of QCAT decision
		Suspended for 9 months IRA set aside Each party bear their own costs
16 May 2022	<i>Health Ombudsman v Mberi</i>	Professional Misconduct Reprimand Subject to conditions No order as to costs
17 May 2022	<i>Health Ombudsman v Bobbermien</i>	Unprofessional Conduct Professional Misconduct Reprimand Imposed conditions Each party bear their own costs
24 May 2022	<i>Health Ombudsman v Cheong</i>	Professional Misconduct Reprimand Subject to conditions IRA set aside Costs reserved
7 June 2022	<i>Health Ombudsman v Mastrodomenico</i>	Professional Misconduct Reprimand Suspended for 6 months commencing 1 month after date of order
8 June 2022	<i>Health Ombudsman v Choi</i>	Professional Misconduct Reprimand Each party bear their own costs
14 June 2022	<i>Health Ombudsman v Hutchinson</i>	Professional Misconduct Reprimand Disqualified from applying for registration for 3 months Each party bear their own costs
21 June 2022	<i>Health Ombudsman v Grigg</i>	Professional Misconduct Reprimand Conditions as per schedule Suspended for 9 months Each party bear their own costs

Date of Decision	Matter	Details of QCAT decision
21 June 2022	<i>Health Ombudsman v Widdowson</i>	Professional Misconduct Reprimand Fined \$25,000 to be paid within 6 months Each party bear their own costs

Decisions on immediate action reviews

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

Immediate action

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

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

Show cause notices

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

The Health Ombudsman issued nineteen (19) show cause notices in the quarter

- Three (3) unregistered health practitioner relating to Professional Conduct.
- Three (3) Medical Practitioners, two relating to Professional Conduct and one relating to performance
- One (1) Pharmacist relation to Professional Conduct
- Five (5) Registered Nurses relating to Professional Conduct
- Two (2) Enrolled Nurses relating to Professional Conduct
- Two (2) Physiotherapists relating to Professional Conduct
- One (1) Cosmetic Therapist relating to Professional Conduct

Immediate registration actions

Practitioner type	Number	Action taken	Reason/s for taking action	
			Public Interest	Serious Risk
Medical Practitioner	3	Suspension	✓	✓
Medical Practitioner	2	Conditions	✓	✓
Medical Practitioner	3	Conditions		✓
Medical Practitioner	1	Conditions	✓	
Psychologist	1	Suspension	✓	✓
Psychologist	2	Conditions		✓
Registered Nurse	1	Suspension	✓	✓
Registered Nurse	1	Suspension	✓	
Registered Nurse	2	Conditions	✓	✓
Registered Nurse	1	Conditions		✓
Pharmacist	1	Suspension	✓	✓
Pharmacist	1	Conditions	✓	
Physiotherapist	1	Conditions		✓
Physiotherapist	1	Conditions	✓	✓

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

Interim prohibition orders

Practitioner type	Number	Action taken	Reason/s for taking action*	
			Public Interest	Serious Risk
Unregistered counsellor	1	Prohibit	✓	✓
QAS cadet	1	Prohibit	✓	✓
Assistant in Nursing	1	Prohibit	✓	✓
Health support worker	1	Prohibit	✓	✓
Counsellor	1	Restrictions		✓
Massage Therapist -	1	Prohibit	✓	✓
Unregistered Health Provider	1	Restrictions		✓

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

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

Monitoring practitioner compliance

When the Health Ombudsman takes immediate action against a health practitioner, we monitor the practitioner's compliance with the 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	April	May	June
Practitioner monitoring cases started	7	12	10
Practitioner monitoring cases closed	6	6	5

Open monitoring cases

Timeframes

Open case timeframes	Q4	
	Number	%
Less than 6 months	42	21.0
6–12 months	51	25.5
More than 12 months	107	53.5
Total	200	100.0

Immediate action types

Open cases by immediate action type	Q4	
	Number	%
Interim prohibition order – restrictions	23	11.5
Interim prohibition order – prohibited	37	18.5
Immediate registration action – conditions	58	29.0
Immediate registration action – suspension	23	11.5
QCAT disciplinary decision	35	17.5
QCAT interim decision	0	0.0
Permanent prohibition order	24	12.0
Total	200	100.00

Registered practitioners under monitoring by practitioner type

Open cases by practitioner type	Number	Percentage
Aboriginal and Torres Strait Islander health worker	0	0.0
Chinese medicine practitioner	9	9.4
Chiropractor	1	1.0
Dental practitioner	2	2.1
Medical practitioner	34	35.4
Medical radiation practitioner	0	0.0
Nursing and midwifery practitioner	27	28.1
Occupational therapist	0	0.0
Optometrist	0	0.0
Osteopath	1	1.0
Paramedic	2	2.1
Pharmacist	5	5.2
Physiotherapist	6	6.3
Podiatrist	0	0.0
Psychologist	9	9.4
Total	96	100.0

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

Unregistered practitioners under monitoring by type

Open cases by practitioner type	Number	Percentage
Aboriginal and Torres strait islander health worker	1	1.0
Aged care health worker	8	7.7
Ambulance officer	1	1.0
Assistant in nursing	13	12.5
Ayurvedic medicine practitioner	1	1.0
Cosmetic therapist	1	1.0
Counsellor	2	1.9
Disability support worker	3	2.9
Former registered health practitioner	16	15.4
Health educator	0	0.0
Health support worker	0	0.0
Holding out*	3	2.9
Kinesiologist	2	1.9
Massage therapist	32	30.8
Medical assistant	3	2.9
Natural therapist	0	0.0
Naturopath	1	1.0
Other health educator	1	1.0
Other health support worker	3	2.9
Other natural or alternative health care provider	2	1.9
Other non-clinical support worker	3	2.9
Personal carer	3	2.9
Psychotherapist	1	1.0
Social worker	1	1.0
Unregistered paramedic	2	1.9
Wardsperson	1	1.0
Total	104	100.00

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

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

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

Australian Health Practitioner Regulation Agency

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

The Health Transparency Bill 2019 (Assent: 05 December 2021), has changed the way the Health Ombudsman consults with Ahpra. From 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.)

For the joint consideration process to commence, significant system changes were required which also included an upgrade on the existing case management system. Due to unexpected impacts on the OHO's reporting system, the joint consideration matters which commenced from 6 December 2021 were not able to be reliably reported in the Quarter 2 or 3 reports. These reporting issues have since been rectified and the joint consideration matters from the commencement in December 2021 are reported below.

Joint consideration matters

Initial joint consideration consultations

Consultation matters	December	Q2	January	February	March	Q3	April	May	June	Q4
Matters commenced	263	263	351	319	350	1020	280	315	260	855
Matters finalised within statutory timeframe	212	212	261	360	335	956	243	319	338	900
Matters finalised outside statutory timeframe	0	0	0	4	4	8	15	12	7	34
Decision pending at end of period	-	-	-	-	-	-	-	-	-	28

Subsequent joint consideration consultation by relevant action

Relevant Action	December	Q2	January	February	March	Q3	April	May	June	Q4
Assessment	1	1	3	4	4	11	6	4	4	14
Local Resolution	-	-	2	5	5	12	3	3	4	10
Investigation	-	-	-	-	-	-	-	2	3	5
Total	1	1	5	9	9	23	9	9	11	29

Outcome of initial joint consideration consultations by practitioner type

Quarter 2

Practitioner type	No Further Action		HCE to retain		Refer to Ahpra		Total	
	No.	%	No.	%	No.	%	No.	%
Chiropractor	1	0.5	1	0.5	4	1.9	6	2.8
Dental Prosthetist	-	0.0	1	0.5	-	0.0	1	0.5
Dentist	4	1.9	4	1.9	7	3.3	15	7.1
Medical Practitioner	57	26.9	19	9.0	63	29.7	139	65.6
Medical Radiation Practitioner	-	0.0	-	0.0	1	0.5	1	0.5
Nurse	3	1.4	5	2.4	15	7.1	23	10.8
Occupational Therapist	-	0.0	-	0.0	2	0.9	2	0.9
Optometrist	1	0.5	-	0.0	-	0.0	1	0.5
Paramedic	-	0.0	-	0.0	5	2.4	5	2.4
Pharmacist	2	0.9	-	0.0	3	1.4	5	2.4
Physiotherapist	1	0.5	-	0.0	3	1.4	4	1.9
Psychologist	3	1.4	2	0.9	5	2.4	10	4.7
Total	72	34.0	32	15.1	108	50.9	212	100.0

Quarter 3

Practitioner type	No Further Action		HCE to retain		Refer to Ahpra		Total	
	No.	%	No.	%	No.	%	No.	%
Chinese Medicine Practitioner	2	0.2	-	0.0	2	0.2	4	0.4
Chiropractor	1	0.1	2	0.2	11	1.1	14	1.4
Dental Prosthetist	1	0.1	-	0.0	-	0.0	1	0.1
Dentist	15	1.5	7	0.7	28	2.9	50	5.2
Medical Practitioner	208	21.5	63	6.5	329	34.0	600	61.9
Midwife	-	0.0	-	0.0	6	0.6	6	0.6
Nurse	35	3.6	18	1.9	85	8.8	138	14.2
Occupational Therapist	2	0.2	1	0.1	-	0.0	3	0.3
Optometrist	2	0.2	-	0.0	1	0.1	3	0.3
Osteopath	3	0.3	1	0.1	-	0.0	4	0.4
Paramedic	3	0.3	1	0.1	12	1.2	16	1.7
Pharmacist	14	1.4	11	1.1	12	1.2	37	3.8
Physiotherapist	3	0.3	4	0.4	5	0.5	12	1.2
Podiatrist / Chiropodist	-	0.0	2	0.2	1	0.1	3	0.3
Psychologist	22	2.3	8	0.8	42	4.3	72	7.4
Student Practitioner	2	0.2	2	0.2	2	0.2	6	0.6
Total	313	32.3	120	12.4	536	55.3	969	100.0

Quarter 4

Practitioner type	No Further Action		HCE to retain		Refer to Ahpra		Total	
	No.	%	No.	%	No.	%	No.	%
Chinese Medicine Practitioner	-	0.0	-	0.0	2	0.2	2	0.2
Chiropractor	-	0.0	-	0.0	9	1.0	9	1.0
Dental Prosthetist	-	0.0	2	0.2	4	0.4	6	0.6
Dental Therapist	1	0.1	-	0.0	1	0.1	2	0.2
Dentist	19	2.0	10	1.1	27	2.9	56	6.0
Medical Practitioner	252	27.0	57	6.1	281	30.2	590	63.3
Medical Radiation Practitioner	-	0.0	-	0.0	4	0.4	4	0.4
Midwife	-	0.0	1	0.1	2	0.2	3	0.3
Nurse	16	1.7	37	4.0	70	7.5	123	13.2
Occupational Therapist	3	0.3	-	0.0	3	0.3	6	0.6
Optometrist	1	0.1	-	0.0	1	0.1	2	0.2
Oral Health Therapist	1	0.1	-	0.0	1	0.1	2	0.2
Osteopath	-	0.0	-	0.0	3	0.3	3	0.3
Paramedic	-	0.0	5	0.5	6	0.6	11	1.2
Pharmacist	6	0.6	5	0.5	20	2.1	31	3.3
Physiotherapist	10	1.1	3	0.3	8	0.9	21	2.3
Podiatrist / Chiropodist	3	0.3	3	0.3	4	0.4	10	1.1
Psychologist	18	1.9	7	0.8	25	2.7	50	5.4
Student Practitioner	-	0.0	-	0.0	1	0.1	1	0.1
Total	330	35.4	130	13.9	472	50.6	932	100.0

Outcome of subsequent joint consideration consultations by practitioner type

Quarter 2

Practitioner type	No Further Action		No SJC response given		Refer to Ahpra		Total	
	No.	%	No.	%	No.	%	No.	%
Medical Practitioner	1	100.0	-	0.0	-	0.0	1	100.0
Total	1	100.0	0	0.0	0	0.0	1	100.0

Quarter 3

Practitioner type	No Further Action		No SJC response given		Refer to Ahpra		Total	
	No.	%	No.	%	No.	%	No.	%
Medical Practitioner	19	82.6	-	0.0	-	0.0	19	82.6
Chiropractor	1	4.4	-	0.0	-	0.0	1	4.4
Nurse	2	8.7	-	0.0	-	0.0	2	8.7
Dentist	1	4.3	-	0.0	-	0.0	1	4.3
Total	23	100.0	0	0.0	0	0.0	23	100.0

Quarter 4

Practitioner type	No Further Action		No SJC response given		Refer to Ahpra		Total	
	No.	%	No.	%	No.	%	No.	%
Medical Practitioner	19	65.5	1	3.5	-	0.0	20	69.0
Chiropractor	-	0.0	-	0.0	-	0.0	0	0.0
Nurse	-	0.0	-	0.0	-	0.0	0	0.0
Pharmacist	2	6.9	-	0.0	-	0.0	2	6.9
Dentist	1	3.5	-	0.0	-	0.0	1	3.5
Paramedic	1	3.5	-	0.0	-	0.0	1	3.5
Psychologist	3	10.3	-	0.0	-	0.0	3	10.3
Student Practitioner	2	6.9	-	0.0	-	0.0	2	6.9
Total	28	96.5	1	3.5	0	0.0	29	100.0

Number of issues referred to AHPRA by practitioner type

Quarter 2

Registered practitioner type	Access	Code of conduct for HCW	Communication and information	Consent	Discharge/transfer arrangements	Environment / management of facility	Fees and costs	Grievance processes	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/certificates	Research /teaching	Total
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Chiropractor	-	-	1	-	-	-	-	-	-	-	5	1	-	-	-	7
Dental Hygienist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Dental Prosthetist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Dental Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Dentist	-	-	1	1	-	-	-	-	1	-	1	1	10	-	-	15
Medical Practitioner	2	-	8	9	-	-	-	-	1	10	15	8	39	3	-	95
Medical Radiation Practitioner	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2
Midwife	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11
Nurse	-	-	-	-	-	-	-	-	-	-	18	7	3	-	-	28
Occupational Therapist	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2
Optometrist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Paramedic	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2
Pharmacist	-	-	1	-	-	-	-	1	-	2	-	-	1	-	-	5
Physiotherapist	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	3
Podiatrist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Psychologist	-	-	1	-	-	-	-	-	-	-	3	1	2	5	-	7
Total	2	0	12	10	0	0	0	1	2	12	49	20	55	8	0	177

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Quarter 3

Registered practitioner type	Access	Code of conduct for HCW	Communication and information	Consent	Discharge/transfer arrangements	Environment / management of facility	Fees and costs	Grievance processes	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/certificates	Research /teaching	Total
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2
Chiropractor	-	-	1	-	-	1	1	2	-	-	7	-	5	-	-	17
Dental Hygienist	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Dental Prosthetist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Dental Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Dentist	1	-	3	2	-	-	-	-	-	2	1	2	23	-	-	35
Medical Practitioner	6	-	41	5	2	-	7	5	10	118	63	26	191	14	-	488
Medical Radiation Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Midwife	-	-	1	-	-	-	-	-	-	1	4	2	4	-	-	11
Nurse	-	-	2	-	-	-	-	1	4	17	78	19	14	-	-	135
Occupational Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Optometrist	-	-	1	-	-	-	-	-	-	-	-	-	1	1	-	3
Oral Health Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Paramedic	-	-	-	-	-	-	-	-	-	2	5	4	3	-	-	14
Pharmacist	-	-	-	-	-	-	-	-	-	3	3	1	-	1	-	8
Physiotherapist	-	-	1	-	-	-	-	-	-	-	3	-	3	-	-	7
Podiatrist	-	-	-	-	-	-	-	-	-	-	2	-	3	-	-	5
Psychologist	2	-	4	2	-	-	-	-	8	-	21	13	13	5	-	68
Student Practitioner	-	-	-	-	-	-	-	-	-	-	1	4	-	-	-	5
Total	9	0	54	9	2	1	8	8	22	143	192	71	260	21	0	800

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.

Quarter 4

Registered practitioner type	Access	Code of conduct for HCW	Communication and information	Consent	Discharge/transfer arrangements	Environment / management of facility	Fees and costs	Grievance processes	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/certificates	Research /teaching	Total
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	0
Chinese Medicine Practitioner	-	-	-	-	-	1	-	-	-	1	3	-	1	-	-	6
Chiropractor	-	-	-	-	-	-	-	-	2	-	7	-	5	-	-	14
Dental Hygienist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Dental Prosthetist	-	-	-	-	-	-	-	-	-	-	6	-	2	-	-	8
Dental Therapist	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Dentist	-	-	1	1	-	-	1	1	1	-	9	3	24	-	-	41
Medical Practitioner	8	1	40	19	4	3	7	4	14	53	72	16	237	12	-	490
Medical Radiation Practitioner	-	-	-	1	-	-	-	-	-	-	5	1	-	-	-	7
Midwife	-	-	1	-	-	-	-	-	-	-	4	-	1	-	-	6
Nurse	-	1	5	2	-	-	-	-	4	11	91	30	30	-	-	174
Occupational Therapist	-	-	-	-	-	-	-	-	1	-	2	1	2	-	-	6
Optometrist	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Oral Health Therapist	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Osteopath	-	-	-	-	-	-	-	-	-	-	2	-	1	-	1	4
Paramedic	-	-	-	-	-	-	-	-	1	-	7	5	11	-	-	24
Pharmacist	-	-	7	1	-	-	-	-	1	16	11	2	1	-	-	39
Physiotherapist	-	-	-	-	-	-	-	-	-	-	4	-	5	-	-	9
Podiatrist	-	-	-	-	-	-	1	-	-	-	2	-	2	-	-	5
Psychologist	-	-	3	1	-	-	-	-	-	-	26	4	7	1	-	42
Student Practitioner	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2
Total	8	2	57	25	4	4	9	5	24	81	254	63	330	13	1	880

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	April	May	June	Q4 total
Matters consulted on*	6	5	5	16
Matters referred	6	2	4	12
Matters retained by the office**	0	0	2	2
Decision pending	0	0	0	0

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

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

Relevant action proposing referral

Relevant action	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Intake and triage	0	0.0	0	0.0	0	0.0	0	0.0
Assessment	4	66.7	0	0.0	0	0.0	4	25.0
Investigation	0	0.0	2	40.0	3	60.0	5	31.2
Local resolution	0	0.0	0	0.0	1	20.0	1	6.3
Referrals	2	33.3	3	60.0	0	0.0	5	31.2
Legal	0	0.0	0	0.0	1	20.0	1	6.3
Total	6	100.0	5	100.0	5	100.0	16	100.0

Age of matters on commencement of consultation

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

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

Relevant action	0–7 days	8–14 days	15–30 days	30–60 days	More than 60 days
Assessment	-	-	-	-	4
Referrals	1	-	-	-	4
Local Resolution	-	-	-	-	1
Investigations	1	-	-	-	4
Legal	-	-	-	-	1
Total	2	0	0	0	14

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

Consultation duration

Consultation duration	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
0–3 days	1	16.7	1	20.0	3	60.0	5	31.3
4–7 days	1	16.7	1	20.0	1	20.0	3	18.8
8–11 days	4	66.7	1	20.0	1	20.0	6	37.5
More than 12 days	0	0.0	2	40.0	0	0.0	2	12.5
Total	6	100.0	5	100.0	5	100.0	16	100.0

Number of practitioners referred to AHPRA by practitioner type

Practitioner type	April		May		June		Q4 total	
	Number	%	Number	%	Number	%	Number	%
Aboriginal and Torres Strait Islander health practitioner	0	0.0	0	0.0	0	0.0	0	0.0
Chinese medicine practitioner	0	0.0	0	0.0	0	0.0	0	0.0
Chiropractor	0	0.0	0	0.0	0	0.0	0	0.0
Dental practitioner	1	16.7	0	0.0	0	0.0	1	8.3
Medical practitioner	5	83.3	1	50.0	1	25.0	7	58.3
Medical radiation practitioner	0	0.0	0	0.0	0	0.0	0	0.0
Nursing and midwifery practitioner	0	0.0	1	50.0	2	50.0	3	25.0
Occupational therapist	0	0.0	0	0.0	0	0.0	0	0.0
Optometrist	0	0.0	0	0.0	0	0.0	0	0.0
Osteopath	0	0.0	0	0.0	0	0.0	0	0.0
Paramedic	0	0.0	0	0.0	1	25.0	1	8.3
Pharmacist	0	0.0	0	0.0	0	0.0	0	0.0
Physiotherapist	0	0.0	0	0.0	0	0.0	0	0.0
Podiatrist	0	0.0	0	0.0	0	0.0	0	0.0
Psychologist	0	0.0	0	0.0	0	0.0	0	0.0
Student practitioner	0	0.0	0	0.0	0	0.0	0	0.0
Unknown practitioner	0	0.0	0	0.0	0	0.0	0	0.0
Total	6	100.0	2	100.0	4	100.0	12	100.0

Number of issues referred to AHPRA by practitioner type

Registered practitioner type	Access	Communication and information	Consent	Discharge/transfer arrangements	Environment/management of facility	Fees and costs	Grievance processes	Medical records	Medication	Professional conduct	Professional health	Professional performance	Reports/certificates	Total
Dental practitioner	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Medical practitioner	-	-	1	-	-	-	-	1	2	-	-	5	-	9
Nursing and midwifery practitioner	-	-	-	-	-	-	-	-	-	3	-	-	-	3
Paramedic	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Total	0	0	1	0	0	0	0	1	2	4	0	6	0	15

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	1049	49.1
Male	1020	47.8
Prefer not to specify	33	1.5
Unknown	34	1.6
Total	2136	100.0

Age of healthcare consumers

Age	Number	Percentage
Less than 18 years	103	4.8
18–24 years	101	4.7
25–34 years	391	18.3
35–44 years	450	21.1
45–54 years	351	16.4
55–64 years	253	11.8
65–74 years	170	8.0
More than 75 years	138	6.5
Unknown*	179	8.4
Total	2136	100.0

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

Location of healthcare consumers

Location of healthcare consumers	Number	Percentage
Brisbane	926	43.4
Central West	3	0.1
Darling Downs	64	3.0
Far North	79	3.7
Fitzroy	99	4.6
Gold Coast	235	11.0
Mackay	51	2.4
North West	10	0.5
Northern	113	5.3
South West	2	0.1
Sunshine Coast	110	5.2
West Moreton	48	2.3
Wide Bay-Burnett	129	6.0
Outside Queensland	81	3.8
Unknown	186	8.7
Total	2136	100.0

Location of health service providers

Location of health service providers	Number	Percentage
Brisbane	1164	47.1
Central West	4	0.2
Darling Downs	74	3.0
Far North	87	3.5
Fitzroy	112	4.5
Gold Coast	279	11.3
Mackay	59	2.4
North West	9	0.4
Northern	128	5.2
South West	2	0.1
Sunshine Coast	147	5.9
West Moreton	42	1.7
Wide Bay-Burnett	134	5.4
Outside Queensland*	40	1.6
Unknown	192	7.8
Total	2473	100.0

*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.