Quarter 1 2026-27 performance report

Office of the Health Ombudsman

OFFICE OF THE HEALTH OMBUDSMAN

Quarterly performance report— Quarter One 2026-27

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Contents

Introduction 4

Intake of complaints 5

- Type of contacts 5
- Type of complaints 6
- Complaint decisions 7

Health service complaints profile 10

- Main issue categories raised in complaints 10
- Subcategories of Professional Performance issues raised in complaints 11
- Subcategories of Professional Conduct issues raised in complaints 12
- Subcategories of Professional Health issues raised in complaints 13
- Profile of complaints about health practitioners 14
- Profile of complaints about health service organisations 15

Assessment 16

- Assessments started and completed 16
- Assessments started by prioritisation 17
- Completed Assessment 18
- Assessment Outcomes 19

Local Resolution 20

- Local Resolutions started and completed 20
- Completed Local Resolutions 21
- Local Resolution outcomes 22

Conciliation 23

- Conciliations started and completed 23
- Completed Conciliations 24
- Open Conciliations 25

Complaint management (Referrals) 26

- Referrals Opened and Closed 26
- Referrals categories 27
- Referrals Closed 28
- Referrals Open 29

Investigations 30

- Investigations started, closed and amalgamated 30
- Closed Investigations 31
- Open Investigations 33
- Investigations open at month end 34
- Paused Investigations 35
- Active and paused (All) Investigations 36
- Open Investigation Categories 37

Monitoring Investigation recommendations 38

- OHO Recommendations Monitoring 38
- Open Recommendations Monitoring Case 39

Director of Proceedings 40

- Matters referred to the Director of Proceedings by practitioner type 40
- Matters with the Director of Proceedings by practitioner type 40
- Outcomes of matters reviewed by the Director of Proceedings 41

Queensland Civil and Administrative Tribunal disciplinary matters 42
Decisions on matters referred to the Queensland Civil and Administrative Tribunal 43
Decisions on immediate action reviews 44
Immediate Action 45
Immediate registration actions 45
Interim Prohibition Orders 46
Prohibition orders 47
Monitoring practitioner compliance 48
Practitioner Monitoring cases started and finalised 48
Open Monitoring cases 49
Australian Health Practitioner Regulation Agency 52
Joint consideration matters 52
Demographics of complainants, healthcare consumers and providers 58
Complainants 58
Healthcare consumers 60
Health service providers 62
Aggregated data descriptions 63

Introduction

This document reports on the Quarter One (Q1) performance of the Office of the Health Ombudsman (OHO) for the 2026–27 financial year.

The OHO is a primary entry point for health service complaints in Queensland and operates in a co-regulatory model with the Australian Health Practitioner Regulation Agency (Ahpra) when dealing with notifications and complaints about registered health practitioners. The OHO also deals with complaints about non-registered[1] 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 enquiries, complaints and notifications about health services and health service providers, including registered and non-registered health practitioners and take relevant action
- take relevant action in relation to those complaints including immediate action where necessary to protect the health and safety of the public or where it is in the public interest
- investigate and report on systemic issues and identify and recommend opportunities for improvement
- monitor the functions of Ahpra and the National Boards as they relate to registered practitioners in Queensland
- provide information about minimising and resolving health service complaints
- report publicly on the performance of the OHO's functions.

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

Data in this report was extracted on 8 October 2026. Figures may differ from those published in previous and future reports due to adjustments and updates that occur in OHO's underlying case management system.

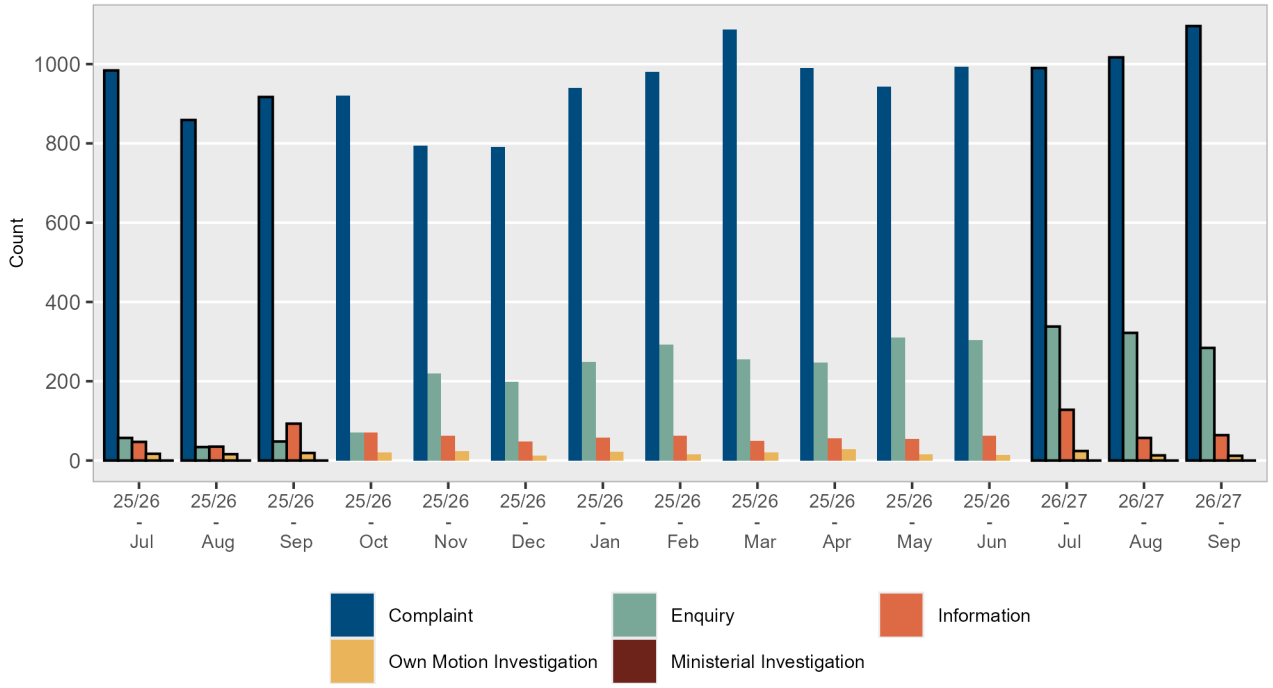
The OHO works closely with Ahpra within Queensland's co-regulatory framework. All registered health practitioner complaints are jointly considered by OHO and Ahpra from 6 December 2021.

[1] The term 'non-registered practitioner' is now being used instead of 'unregistered practitioner'. It better reflects that some health practitioners are not part of the national registration scheme, rather than implying they should be registered but are not. This change requires coding amendments in the office's case management system software.

Intake of complaints

The number of complaints* received by OHO remained largely stable across each month of the quarter, however total complaints increased by 12.5% compared with Quarter 1 2025-26. Complaints comprised 71.4% of contacts recorded in Resolve (OHO's case management system).

Type of contacts



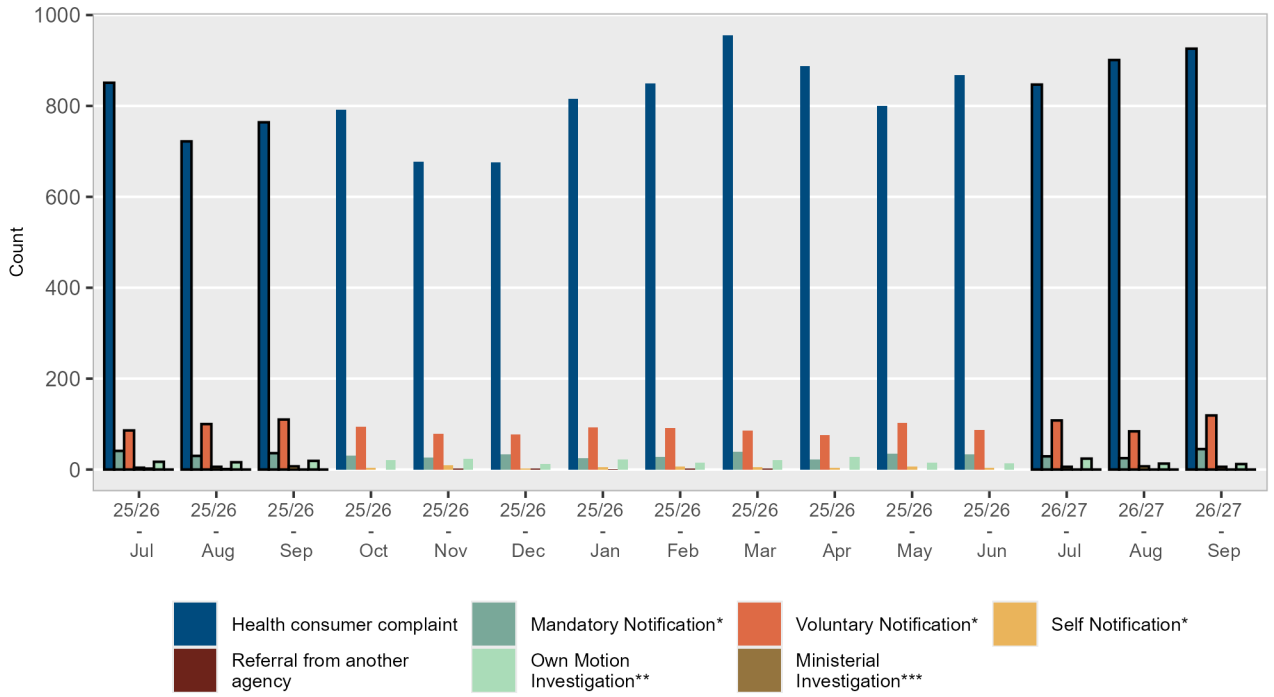
Type of contact	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Complaint	990	66.9	1017	72.2	1096	75.3	**3103**	**71.4**
Enquiry	338	22.8	322	22.9	284	19.5	**944**	**21.7**
Information	128	8.6	57	4	64	4.4	**249**	**5.7**
Own motion investigation	24	1.6	13	0.9	12	0.8	**49**	**1.1**
Ministerial investigation	0	0	0	0	0	0	**0**	**0**
Total	**1480**	**100**	**1409**	**100**	**1456**	**100**	**4345**	**100**

In addition to the above, 11 further contacts are yet to be classified.

* A complaint formally commences in OHO when information about it is first recorded in the OHO case management system (Resolve). Data included in this section refers to entries into Resolve unless otherwise specified.

Type of complaints

Just under 85% of complaints received during the quarter were from health consumers. This proportion is consistent with previous quarters.



Type of complaints	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Health consumer complaint	847	83.5	901	87.5	926	83.6	**2674**	**84.8**
Voluntary Notification*	108	10.7	84	8.2	119	10.7	**311**	**9.9**
Mandatory Notification*	29	2.9	25	2.4	45	4.1	**99**	**3.1**
Own Motion Investigation**	24	2.4	13	1.3	12	1.1	**49**	**1.6**
Self Notification*	6	0.6	7	0.7	6	0.5	**19**	**0.6**
Referral from another agency	0	0	0	0	0	0	**0**	**0**
Ministerial Investigation***	0	0	0	0	0	0	**0**	**0**
Total	**1014**	**100**	**1030**	**100**	**1108**	**100**	**3152**	**100**

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

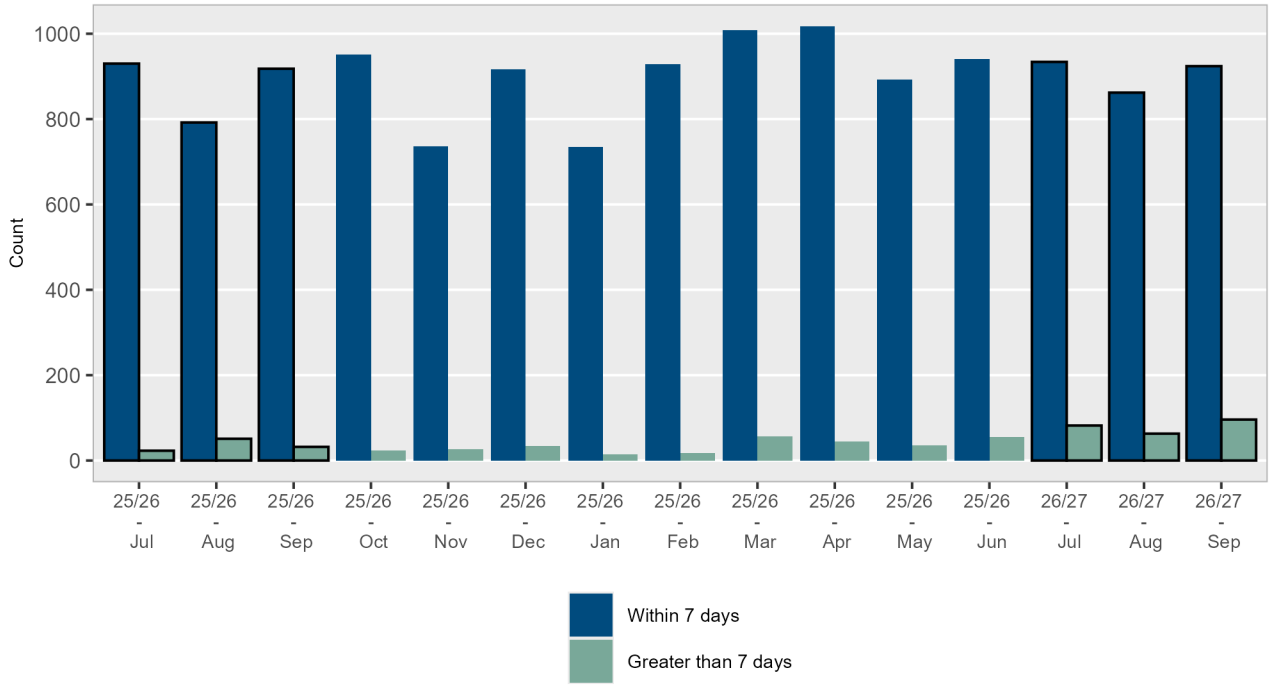
** Own motion investigations refer to matters initiated by the Health Ombudsman, primarily following the receipt of information from the Queensland Police Service.

*** Ministerial investigations refer to matters initiated under section 81 of the *Health Ombudsman Act 2013.*

Complaint decisions

The percentage of complaints received where a decision has been made within 7 business days of receipt - 91.9% - remains above the Service Delivery Statement target of 90%. The reduction in this percentage compared with the last quarter (down from 95.5%) is linked to the larger number of complaints being received which is increasing staff workloads.

Decision Timeframe—within seven days[2]

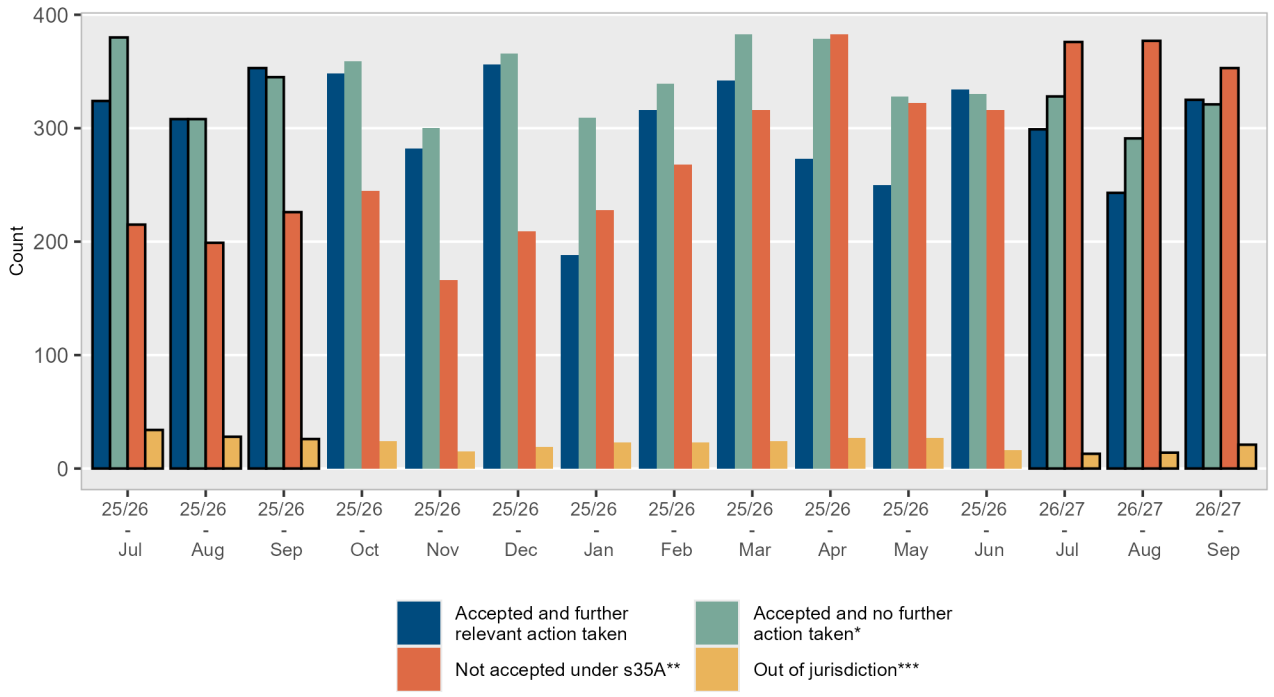


Decision timeframe	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Within 7 days	934	91.9	862	93.2	924	90.6	**2720**	**91.9**
Greater than 7 days	82	8.1	63	6.8	96	9.4	**241**	**8.1**
Total	**1016**	**100**	**925**	**100**	**1020**	**100**	**2961**	**100**

[2] Section 35(1) (a) of the *Health Ombudsman Act 2013* requires that within seven (7) business days after receiving a complaint, the Health Ombudsman must decide whether to (i) accept the complaint for further action, or (ii) accept the complaint and take no further action, or (iii) not accept the complaint.

Decisions made

For each incoming complaint, there are three possible decisions that can be made for managing it. Generally speaking, complaints are split relatively evenly among these three decision categories. In this quarter, the split was: Accepted for relevant action (29.3%); Accepted for no further action (31.7%) and Not accepted (37.4%). Typically, a small number of complaints are rejected as out of jurisdiction (1.6% this quarter).



Number of Decisions Made	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Accepted and further relevant action taken	299	29.4	243	26.3	325	31.9	**867**	**29.3**
Accepted and no further action taken*	328	32.3	291	31.5	321	31.5	**940**	**31.7**
Not accepted under s35A**	376	37	377	40.8	353	34.6	**1106**	**37.4**
Out of jurisdiction***	13	1.3	14	1.5	21	2.1	**48**	**1.6**
Total	**1016**	**100**	**925**	**100**	**1020**	**100**	**2961**	**100**

* Grounds for taking no further action are outlined in section 44 of the Act. The OHO's process for reaching a decision to take no further action can itself deliver positive outcomes for complainants (e.g. useful information or advice to assist them in addressing their concern).

** Matters may not be accepted under section 35A 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.

*** Matters classified as out of jurisdiction refer to complaints registered with the OHO but that cannot be dealt with under the Act.

Accepted decision outcomes

When OHO accepts a complaint for relevant action, the decision taken most often is to **refer the matter to Ahpra and the national boards** (37.1% of decisions this quarter).

Ahpra is the national regulatory body for registered health practitioners. The most common reasons for OHO referring a complaint about a registered practitioner to Ahpra are a concern about a potential health impairment and/or where the performance or conduct issues raised in the complaint are not considered to indicate either a serious matter (within the meaning of the Act) or a matter that involves a significant issue for the health and safety of the public.

The second most common decision made on acceptance of a complaint for relevant action is to undertake a formal **assessment** of the concerns raised (23.9% of decisions this quarter). The purpose of assessment is to obtain and analyse information relevant to the complaint to decide the most appropriate way to further deal with it. This typically involves seeking and assessing further information from relevant parties (e.g. the complainant, practitioner/s, health services) and possibly also obtaining an expert opinion. The Act requires this assessment process to be completed within 44 business days for complex issues.

Type of relevant action	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Referred to Ahpra and the national boards	116	34.4	117	42.2	126	35.7	**359**	**37.1**
Assessment	87	25.8	64	23.1	80	22.7	**231**	**23.9**
Local resolution	68	20.2	48	17.3	68	19.3	**184**	**19**
Referred to another entity	33	9.8	26	9.4	50	14.2	**109**	**11.3**
No Further Action	27	8	19	6.9	22	6.2	**68**	**7**
Investigation	6	1.8	3	1.1	6	1.7	**15**	**1.6**
Conciliation	0	0	0	0	1	0.3	**1**	**0.1**
Total	**337**	**100**	**277**	**100**	**353**	**100**	**967**	**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 issues/practitioners requiring action that were identified in complaints accepted for further relevant action (noted in category ‘Accepted and further relevant action taken’ in the previous ‘Decisions made’ table). The ‘No Further Action’ outcomes refer to complaints accepted by the OHO, not to total contacts received or other matters.

Health service complaints profile

Nearly 70% of all health service complaints received this quarter fell into one of four major issue categories: professional performance (35.5%), professional conduct (12.4%), communication and information (10.9%), or access (10.3%). This profile is relatively consistent across successive quarters.

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.

It is noted that a single complaint can contain multiple issues.

Main issue categories raised in complaints

Issue	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Professional Performance	441	32	583	37.8	638	36	**1662**	**35.5**
Professional Conduct	181	13.2	178	11.5	221	12.5	**580**	**12.4**
Communication and Information	138	10	146	9.5	225	12.7	**509**	**10.9**
Access	167	12.1	148	9.6	167	9.4	**482**	**10.3**
Medication	98	7.1	102	6.6	99	5.6	**299**	**6.4**
Grievance Processes	53	3.9	69	4.5	94	5.3	**216**	**4.6**
Fees and Costs	75	5.5	73	4.7	61	3.4	**209**	**4.5**
Medical Records	46	3.3	54	3.5	55	3.1	**155**	**3.3**
Environment/Management of Facility	38	2.8	44	2.9	67	3.8	**149**	**3.2**
Consent	43	3.1	40	2.6	43	2.4	**126**	**2.7**
Reports/Certificates	29	2.1	30	1.9	31	1.8	**90**	**1.9**
Discharge and Transfer Arrangements	25	1.8	30	1.9	33	1.9	**88**	**1.9**
Code of conduct for health care worker	22	1.6	28	1.8	18	1	**68**	**1.5**
Professional Health	16	1.2	15	1	18	1	**49**	**1**
HO Act Offence	2	0.1	1	0.1	0	0	**3**	**0.1**
Research/teaching/assessment	2	0.1	1	0.1	0	0	**3**	**0.1**
Total	**1376**	**100**	**1542**	**100**	**1770**	**100**	4688	100

Subcategories of Professional Performance issues raised in complaints

As indicated in the table on page 10, professional performance is the issue category arising most frequently in complaints about practitioners (35.5% of issues this quarter).

The table below sets out the main areas of concern that are grouped under this heading. Nearly 30% of complaints about professional performance raised issues relating to inadequate treatment.

Subcategories	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Inadequate treatment	125	28.3	173	29.7	193	30.3	**491**	**29.5**
Inadequate care	45	10.2	74	12.7	79	12.4	**198**	**11.9**
Unexpected treatment outcome/complications	56	12.7	66	11.3	71	11.1	**193**	**11.6**
Coordination of treatment	41	9.3	58	9.9	59	9.2	**158**	**9.5**
Inadequate consultation	33	7.5	35	6	51	8	**119**	**7.2**
Diagnosis	34	7.7	37	6.3	40	6.3	**111**	**6.7**
Delay in treatment	18	4.1	33	5.7	43	6.7	**94**	**5.7**
Wrong/inappropriate treatment	21	4.8	34	5.8	19	3	**74**	**4.5**
Competence	17	3.9	22	3.8	14	2.2	**53**	**3.2**
Withdrawal of treatment	14	3.2	18	3.1	18	2.8	**50**	**3**
No/inappropriate referral	14	3.2	11	1.9	22	3.4	**47**	**2.8**
Rough and painful treatment	11	2.5	11	1.9	12	1.9	**34**	**2**
Infection control	2	0.5	3	0.5	11	1.7	**16**	**1**
Teamwork/supervision	5	1.1	6	1	2	0.3	**13**	**0.8**
Inadequate prosthetic equipment	5	1.1	2	0.3	4	0.6	**11**	**0.7**
Public/private election	0	0	0	0	0	0	**0**	**0**
Total	**441**	**100**	**583**	**100**	**638**	**100**	**1662**	**100**

Subcategories of Professional Conduct issues raised in complaints

As indicated in the table on page 10, professional conduct is the second most prevalent issues category (12.4%) identified in complaints received about health practitioners.

The table below sets out the main areas of concern that are grouped under this heading. Issues relating to illegal practice (21%) or inappropriate behaviour (also 21%) are the two most prominent subcategories of professional conduct matters raised in complaints this quarter. The next most prevalent subcategory is inappropriate collection, use or disclosure of information (14.8%). This profile is relatively consistent across quarters.

Subcategories	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Illegal practice	44	24.3	32	18	46	20.8	**122**	**21**
Inappropriate behaviour	36	19.9	31	17.4	55	24.9	**122**	**21**
Inappropriate collection, use or disclosure of information	19	10.5	35	19.7	32	14.5	**86**	**14.8**
Sexual misconduct	10	5.5	11	6.2	23	10.4	**44**	**7.6**
National Law breach	11	6.1	8	4.5	7	3.2	**26**	**4.5**
False/misleading statements and/or information	11	6.1	6	3.4	8	3.6	**25**	**4.3**
Conflict of interest	7	3.9	7	3.9	7	3.2	**21**	**3.6**
Discriminatory conduct	6	3.3	11	6.2	4	1.8	**21**	**3.6**
National Law offence	7	3.9	8	4.5	6	2.7	**21**	**3.6**
Assault	11	6.1	2	1.1	7	3.2	**20**	**3.4**
Boundary violation	3	1.7	8	4.5	8	3.6	**19**	**3.3**
Financial fraud	2	1.1	5	2.8	5	2.3	**12**	**2.1**
Breach of condition	4	2.2	4	2.2	2	0.9	**10**	**1.7**
Medico-legal conduct	2	1.1	5	2.8	1	0.5	**8**	**1.4**
Misrepresentation of qualifications	5	2.8	1	0.6	0	0	**6**	**1**
Emergency treatment not provided	1	0.6	1	0.6	3	1.4	**5**	**0.9**
Response to adverse event	0	0	1	0.6	3	1.4	**4**	**0.7**
Excessive treatment	0	0	1	0.6	2	0.9	**3**	**0.5**
Experimental treatment	1	0.6	0	0	1	0.5	**2**	**0.3**
Offence by student	1	0.6	1	0.6	0	0	**2**	**0.3**
Annual declaration not completed or completed incorrectly	0	0	0	0	1	0.5	**1**	**0.2**
Attendance	0	0	0	0	0	0	**0**	**0**
Total	**181**	**100**	**178**	**100**	**221**	**100**	**580**	**100**

Subcategories of Professional Health issues raised in complaints

As indicated in the table on page 10, concerns about professional health are rarely raised in complaints about practitioners (1% of issues this quarter). Just over half (53.1%) of this small subset of complaints related to concerns about substance misuse, abuse or addiction.

Subcategories	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Mental impairment - substance misuse, abuse or addiction	10	62.5	7	46.7	9	50	**26**	**53.1**
Mental impairment – mental illness	4	25	4	26.7	5	27.8	**13**	**26.5**
Mental impairment – other	2	12.5	0	0	3	16.7	**5**	**10.2**
Mental impairment – cognitive impairment	0	0	2	13.3	1	5.6	**3**	**6.1**
Physical impairment	0	0	2	13.3	0	0	**2**	**4.1**
Total	**16**	**100**	**15**	**100**	**18**	**100**	**49**	**100**

As indicated in the table over the page (on page 14), registered practitioners were the subject of 91.8% of complaints received about health practitioners. The majority of registered practitioner complaints related to medical practitioners (61.2%), with the second largest category being nurses (14.3%).

Non-registered practitioners were the subject of 149 complaints (8.2% of all health practitioner complaints).

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 Health Care Workers	Communication & Info.	Consent	Discharge & Transfer Arrange-ments	Environment /Management of Facility	Fees and Costs	Grievance Processes	Health Ombudsman Act 2013 Offence	Medical Records	Medication	Prof. Conduct	Prof. Health	Prof. Performance	Reports/ Certificates	Research/ teaching/ assessment	
Medical Practitioner	**632**	23	1	147	29	6	3	27	21	1	33	85	169	13	415	46	1	**1020**
Nurse	**180**	-	-	12	4	-	1	-	-	-	6	16	140	22	36	2	-	**239**
Dentist	**88**	-	-	9	13	1	1	13	7	-	2	1	24	2	80	-	-	**153**
Non-registered practitioner	**85**	-	50	12	1	-	3	1	4	-	4	1	50	2	21	-	-	**149**
Psychologist	**76**	1	1	9	2	-	-	1	1	-	6	-	44	4	26	9	-	**104**
Pharmacist	**31**	-	-	2	-	-	-	2	-	-	-	15	12	3	2	-	-	**36**
Paramedic	**18**	-	-	1	-	-	-	-	-	-	-	-	18	2	2	-	1	**24**
Physiotherapist	**18**	-	-	3	-	-	1	1	1	-	-	-	4	-	10	2	1	**23**
Midwife	**11**	-	-	-	-	1	-	1	-	-	-	-	4	-	12	-	-	**18**
Occupational Therapist	**11**	-	-	-	-	-	-	-	-	-	1	-	7	1	1	7	-	**17**
Chiropractor	**6**	-	-	-	1	-	-	-	-	1	-	-	2	-	4	-	-	**8**
Medical Radiation Practitioner	**5**	-	-	-	-	-	-	-	-	-	1	-	6	-	-	1	-	**8**
Optometrist	**5**	-	-	-	-	-	-	1	-	-	-	-	2	-	5	-	-	**8**
Podiatrist / Chiropodist	**5**	-	-	-	-	-	-	1	-	-	1	-	-	-	4	-	-	**6**
Osteopath	**1**	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	**2**
Aboriginal and Torres Strait Islander Health Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oral Health Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Student practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unknown practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	**1172**	**24**	**52**	**195**	**50**	**8**	**9**	**48**	**34**	**2**	**54**	**118**	**482**	**49**	**620**	**67**	**3**	**1815**

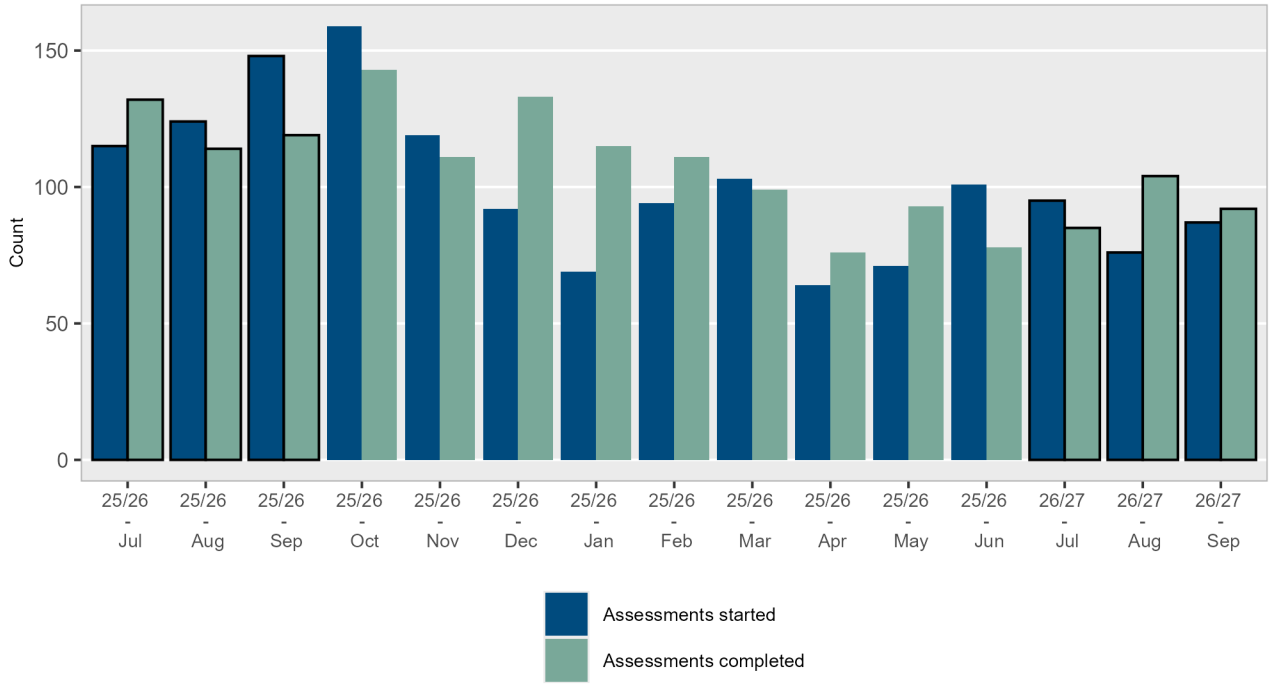
Profile of complaints about health service organisations

Organisation Type	Number of organisations identified in complaints	Number and type of issues identified in complaints about health service organisations																Total
		Access	Code of conduct for Health Care Workers	Communication & Info.	Consent	Discharge & Transfer Arrange-ments	Environment/Management of Facility	Fees and Costs	Grievance Processes	Health Ombudsman Act 2013 Offence	Medical Records	Medication	Prof. Conduct	Prof. Health	Prof. Performance	Reports/ Certificates	Research/ teaching/ assessment	
Public Hospital	**63**	28	3	35	16	28	20	11	26	1	17	14	22	-	54	4	-	**279**
Medical Centre	**185**	29	-	38	6	3	14	29	26	-	34	12	12	-	66	5	-	**274**
Mental Health Service	**58**	3	1	15	18	7	10	7	6	-	7	6	11	-	33	1	-	**125**
Private Organisation	**56**	2	4	9	3	1	14	8	5	-	6	3	5	-	19	1	-	**80**
Specialised Health Service	**48**	4	-	11	4	2	3	10	9	-	3	5	5	-	20	-	-	**76**
Dental Service	**50**	9	-	9	4	1	4	10	6	-	2	-	1	-	28	-	-	**74**
Pharmaceutical Service	**58**	3	-	15	-	2	3	6	6	-	-	29	-	-	6	1	-	**71**
Licensed Private Hospital	**38**	4	-	10	3	3	5	9	4	-	5	4	2	-	19	-	-	**68**
Correctional Facility	**17**	14	1	5	1	-	5	1	4	-	2	12	1	-	16	1	-	**63**
Allied Health Service	**41**	3	2	6	-	-	4	7	4	-	2	-	2	-	13	4	-	**47**
Laboratory Service	**26**	-	-	4	-	-	4	17	6	-	2	-	2	-	3	3	-	**41**
Other Support Service	**27**	1	1	11	1	-	3	5	3	-	1	2	2	-	11	-	-	**41**
Hospital & Health Service	**16**	7	-	5	2	1	2	1	7	-	-	1	2	-	8	-	-	**36**
Community Health Service	**24**	5	-	5	2	1	1	2	3	-	3	2	2	-	9	-	-	**35**
Public Health Service	**17**	3	-	3	-	3	4	1	3	-	-	-	3	-	5	-	-	**25**
Aged Care Facility	**15**	1	-	5	-	-	4	1	-	-	-	1	1	-	10	-	-	**23**
Administrative Service	**7**	1	-	-	-	-	2	5	3	-	1	1	1	-	-	-	-	**14**
Ambulance Service	**9**	2	-	2	1	1	1	-	-	-	-	-	1	-	5	-	-	**13**
Other Government Department	**8**	2	-	3	-	-	4	1	-	-	-	-	-	-	1	-	-	**11**
Residential Care Service	**3**	-	-	-	-	-	1	-	2	-	-	-	1	-	2	-	-	**6**
Welfare Service	**3**	-	-	-	1	-	1	1	1	-	-	-	1	-	-	-	-	**5**
Health Education Service	**1**	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	**2**
Social Work Service	**1**	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	**2**
Licensed Day Hospital	**1**	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	**1**
Optical Store	**1**	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	**1**
Paramedical Service	**1**	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**1**
Area Health Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Environmental Health Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Information Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Promotion Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Health Service District	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nursing Service	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Parent Organisation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Registration Board	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Unknown Organisation Type	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	774	**122**	**12**	**191**	**62**	**53**	**111**	**132**	**124**	**1**	**85**	**93**	**78**	**-**	**330**	**20**	**-**	**1414**

Assessment

As indicated on page 9, almost one-quarter (23.9%) of the complaints accepted for relevant action in the quarter were subject to formal assessment. The purpose of assessment is to obtain and analyse information relevant to the complaint to decide the most appropriate way to further deal with it. The Act requires this assessment process to be completed within 44 business days for complex issues.

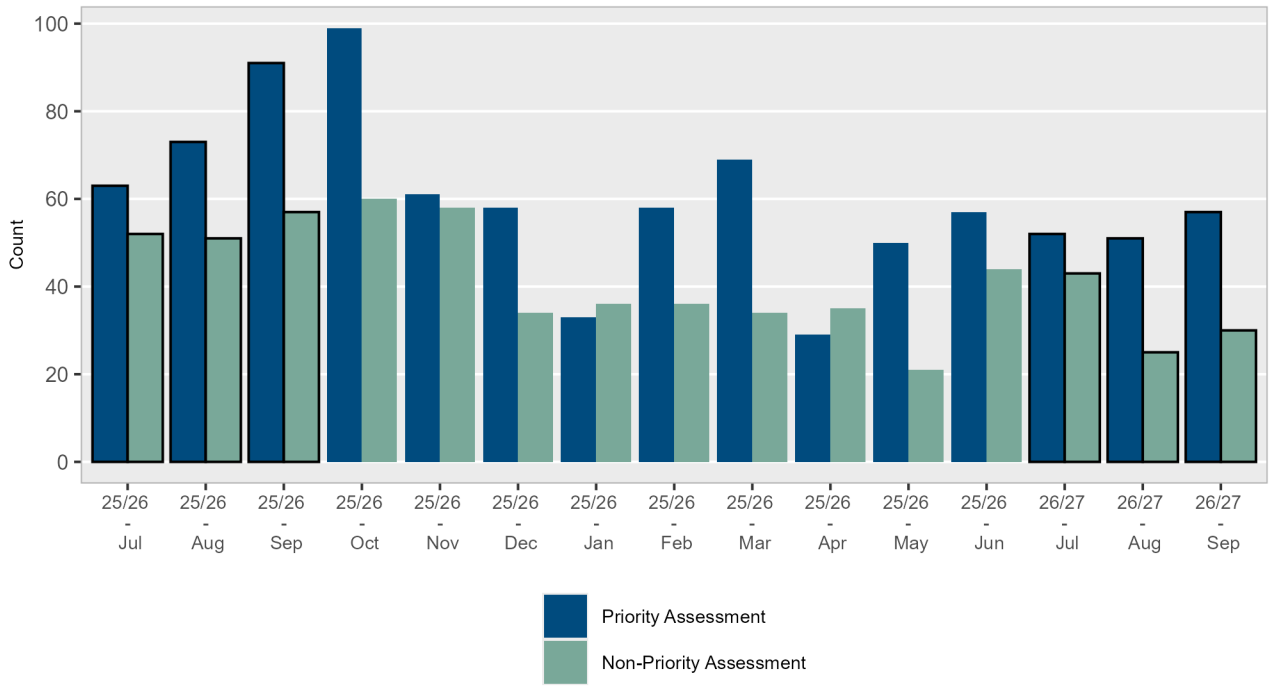
Assessments started and completed



Assessments Started and Completed	Jul	Aug	Sep	Q1 total
Assessments started	95	76	87	**258**
Assessments completed	85	104	92	**281**

Assessments started by prioritisation

Complaints that undergo assessment are prioritised according to risk. A priority matter is the term used for the management of serious and high-risk complaints which can include significant conduct / performance concerns, serious clinical outcomes, and systemic issues that may pose ongoing risks to patient safety. Particular complainant vulnerabilities and cultural sensitivities are also factors in determining a priority matter.



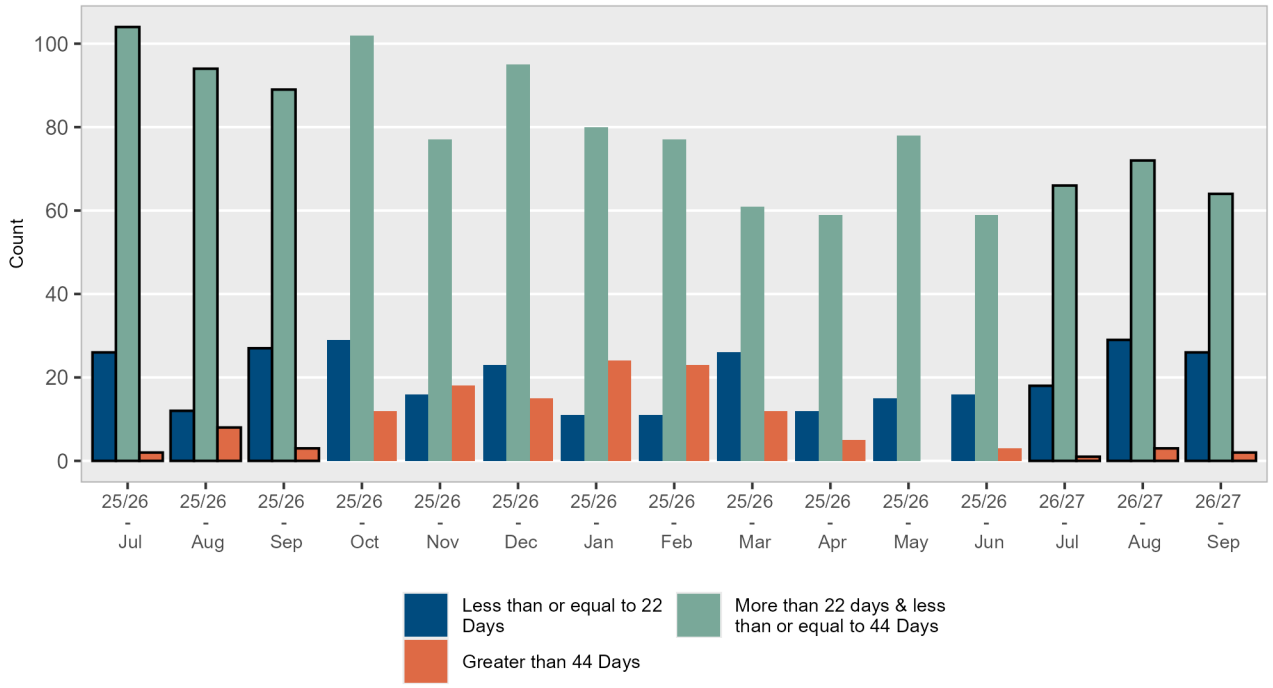
Priority Assessment	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Priority Assessment	52	54.7	51	67.1	57	65.5	**160**	**62**
Non-Priority Assessment	43	45.3	25	32.9	30	34.5	**98**	**38**
Total	**95**	**100**	**76**	**100**	**87**	**100**	**258**	**100**

Completed Assessment

OHO is required to complete assessments within 22 business days after deciding to carry out the assessment.[3] This can be extended by up to 22 days where further time is required because of the size or complexity of the complaint, or while awaiting requested submissions. Approximately 72% of all completed assessments were finalised within this longer timeframe.

Over the last two quarters, OHO has implemented process improvements aimed at streamlining assessments to deliver timely results.

Timeframes



Assessment timeframes	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Less than or equal to 22 Days	18	21.2	29	27.9	26	28.3	**73**	**26**
More than 22 days & less than or equal to 44 Days	66	77.6	72	69.2	64	69.6	**202**	**71.9**
Greater than 44 Days	1	1.2	3	2.9	2	2.2	**6**	**2.1**
Total	**85**	**100**	**104**	**100**	**92**	**100**	**281**	**100**

[3] Section 49 of the *Health Ombudsman Act 2013*.

Assessment Outcomes

Possible outcomes from the formal assessment of a complaint are listed in the table below.

For the quarter, 21.8% of completed assessments led to commencement of an investigation. Similar but slightly smaller proportions of assessments resulted in referral of the complaint to Ahpra and the national boards (18.8%) or another entity (most often a Hospital and Health Service) (16.9%).

Approximately one-quarter (26.7%) of assessments completed in the quarter were finalised with a decision to take no further action.

Assessment Outcomes*	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
No Further Action	23	25	23	25.6	25	29.8	**71**	**26.7**
Investigation	20	21.7	21	23.3	17	20.2	**58**	**21.8**
Referred to Ahpra and the national boards	15	16.3	14	15.6	21	25	**50**	**18.8**
Referred to another entity	17	18.5	17	18.9	11	13.1	**45**	**16.9**
Conciliation	12	13	12	13.3	7	8.3	**31**	**11.7**
Referred to AHPRA AND another entity	5	5.4	3	3.3	2	2.4	**10**	**3.8**
Local resolution	0	0	0	0	1	1.2	**1**	**0.4**
Director of Proceedings	0	0	0	0	0	0	**0**	**0**
Referral Entity Undetermined at time of Reporting	0	0	0	0	0	0	**0**	**0**
Total	**92**	**100**	**90**	**100**	**84**	**100**	**266**	**100**

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

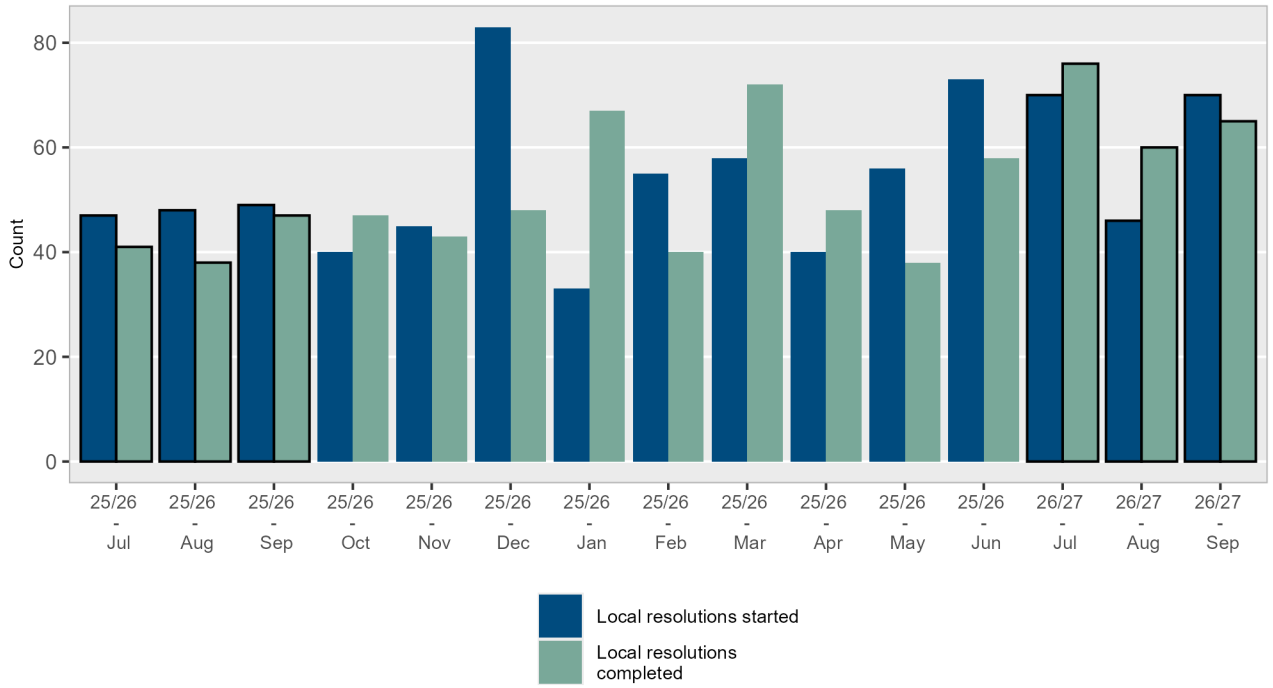
** For assessments finished near the date of data capture, an outcome of Referral may have been recorded with no specific referral entity listed.

Local Resolution

Local resolution as outlined in the Act[4] describes action by OHO to facilitate resolution of a complaint between the complainant and relevant health service provider as quickly as possible and with minimal intervention by OHO.

Actions taken by OHO to progress a local resolution may include analysis of information and submissions, facilitating meetings and other communications between the complainant and relevant health service provider, and facilitating agreement between the parties on a course of action.

Local Resolutions started and completed



Local resolutions started and completed*	Jul	Aug	Sep	Q1 total
Local resolutions started	70	46	70	**186**
Local resolutions completed	76	60	65	**201**

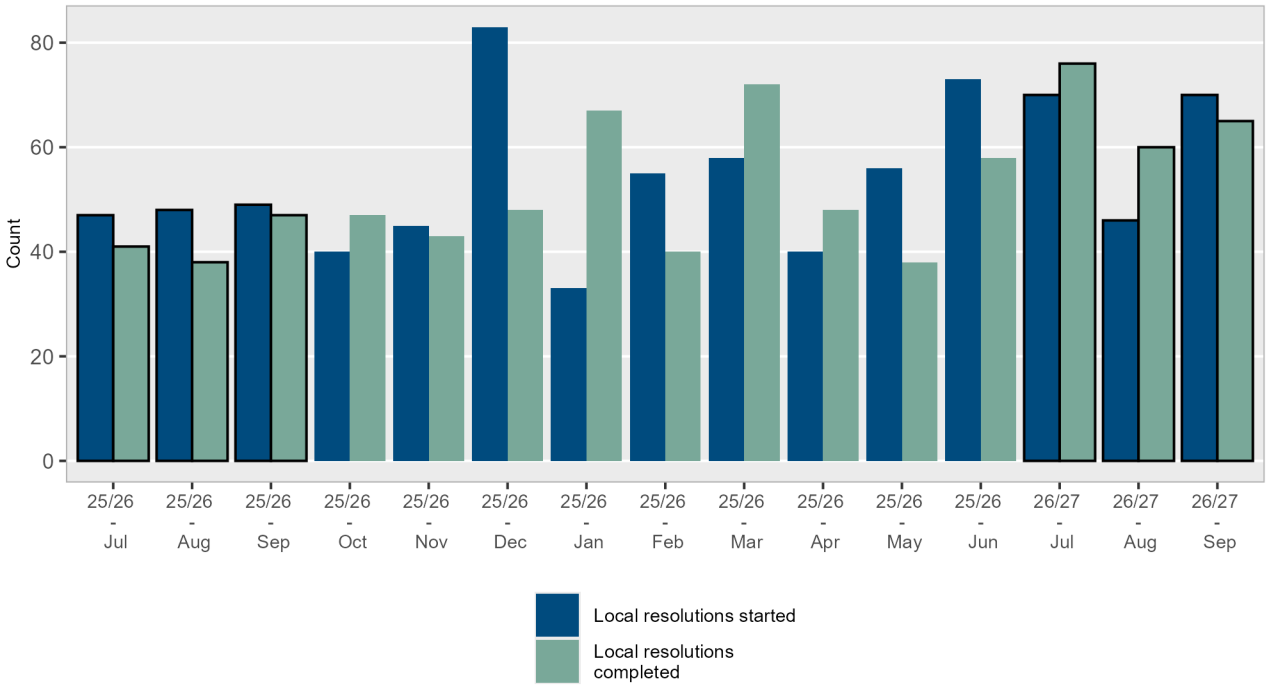
* The number of local resolutions started in the quarter may not directly match the number of assessment decisions to undertake local resolution, due to the time between a decision being made and an action taken crossing over different reporting periods.

[4] Part 6 (sections 51-56) of the *Health Ombudsman Act 2013*

Completed Local Resolutions

In this quarter, all local resolutions were completed within the statutory timeframe (up to 44 business days).

Timeframes[5]



Local Resolution Timeframes	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Less than or equal to 22 Days	53	69.7	39	65	53	81.5	**145**	**72.1**
More than 22 days & less than or equal to 44 Days	23	30.3	21	35	12	18.5	**56**	**27.9**
Greater than 44 Days	0	0	0	0	0	0	**0**	**0**
Total	**76**	**100**	**60**	**100**	**65**	**100**	**201**	**100**

[5] Section 55 of the *Health Ombudsman Act 2013* stipulates the period for attempting resolution is 22 business days after deciding to try local resolution. In certain circumstances this period can be extended for a further 22 days. These circumstances include where further time is required to obtain submissions.

Local Resolution outcomes

In this quarter, 89.6% of matters were successfully resolved.

Complainants can choose to withdraw their complaint at any stage during local resolution, and this happened on 4 occasions.

One local resolution was recorded as not commencing, which happens when the complaint is resolved directly with the health care provider prior to the commencement of the process.

Local resolution outcomes	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Resolved	69	90.8	57	95	54	83.1	**180**	**89.6**
Not resolved	4	5.3	1	1.7	9	13.8	**14**	**7**
Complaint withdrawn	2	2.6	1	1.7	1	1.5	**4**	**2**
Early closure	1	1.3	0	0	1	1.5	**2**	**1**
LR did not commence	0	0	1	1.7	0	0	**1**	**0.5**
Partially resolved	0	0	0	0	0	0	**0**	**0**
Total	**76**	**100**	**60**	**100**	**65**	**100**	**201**	**100**

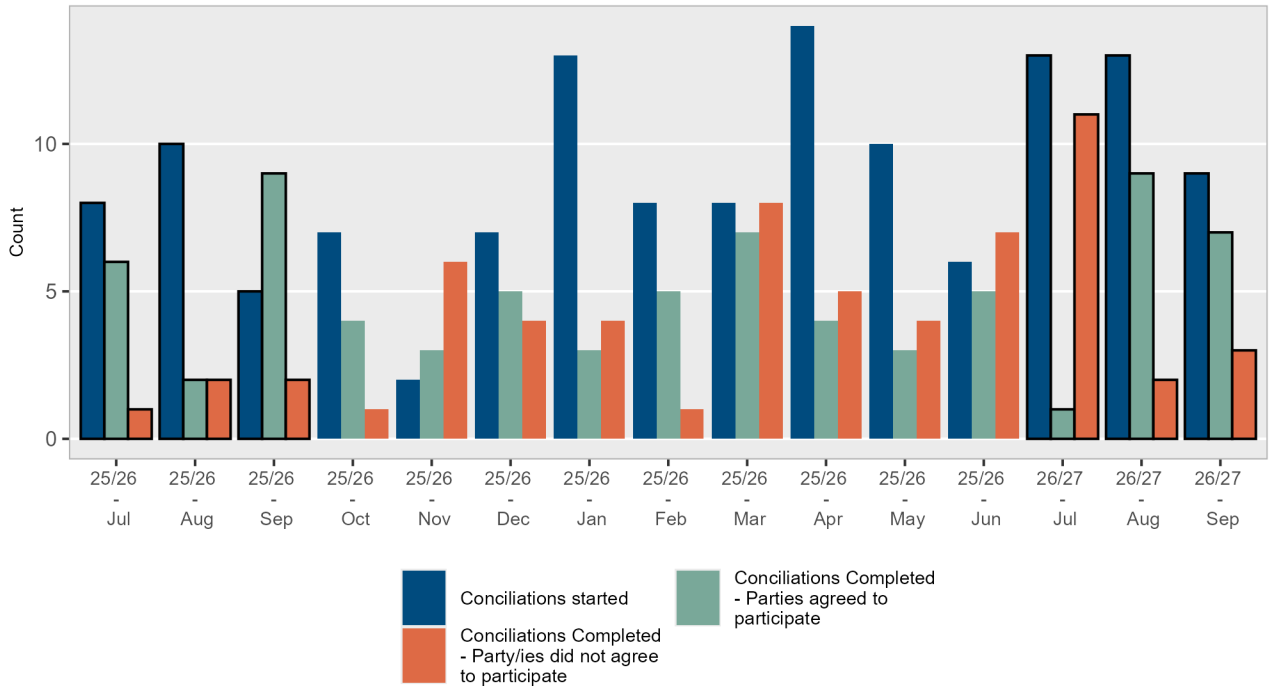
Conciliation

The purpose of conciliating a health service complaint is to facilitate the parties to settle the complaint in a reasonable way, and if appropriate, enter into a contract to give effect to the terms of the settlement.[6]

The function of the OHO's conciliator is to encourage settlement of the complaint by arranging and assisting in the conduct of negotiations between the complainant and relevant health service provider, and helping them to reach agreement.

The parties are required to negotiate in good faith, and conciliation of a complaint in general cannot start or continue until other relevant actions by OHO (e.g. immediate action, investigation, Director of Proceedings consideration, QCAT proceedings) have been concluded.

Conciliations started and completed



Conciliations this quarter	Jul	Aug	Sep	Q1 total
Conciliations started*	13	13	9	**35**
Conciliations Completed – Parties agreed to participate	1	9	7	**17**
Conciliations Completed – Party/ies did not agree to participate	11	2	3	**16**

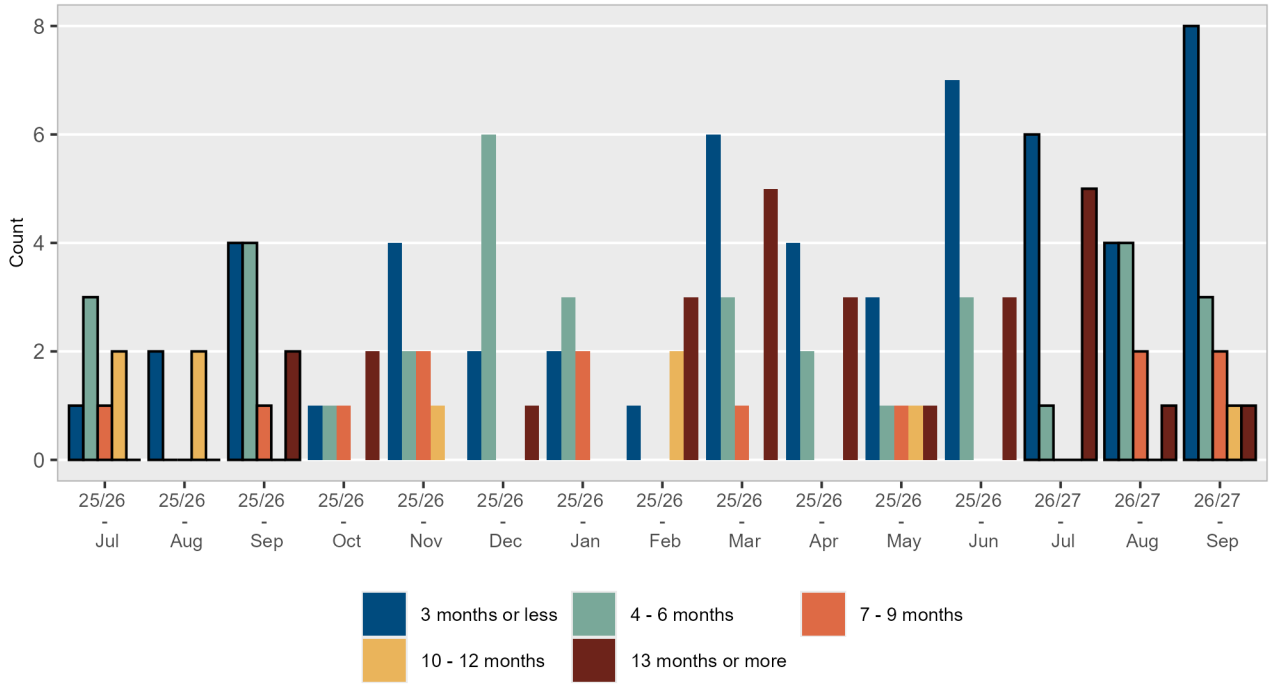
* 'Conciliations started' includes all matters that entered the conciliation workflow during the reporting period. This includes matters where agreement to participate has or has not been reached or the decision is pending. Similarly, 'Conciliations completed' are all matters that were closed during the reporting period, whether due to parties not agreeing to participate or the matter being closed after completing the conciliation process.

[6] Part 11 (sections 134-150) of the *Health Ombudsman Act 2013*

Completed Conciliations

Nearly half (47.4%) of conciliations completed in the quarter were finalised within 3 months, and 68.5% were finalised within 6 months. The proportion of successful conciliations per month fluctuates significantly because of the relatively small total numbers involved.

Timeframes



Conciliations Completed	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
3 months or less	6	50	4	36.4	8	53.3	**18**	**47.4**
4 - 6 months	1	8.3	4	36.4	3	20	**8**	**21.1**
7 - 9 months	0	0	2	18.2	2	13.3	**4**	**10.5**
10 - 12 months	0	0	0	0	1	6.7	**1**	**2.6**
13 months or more	5	41.7	1	9.1	1	6.7	**7**	**18.4**
Total	**12**	**100**	**11**	**100.1**	**15**	**100**	**38**	**100**

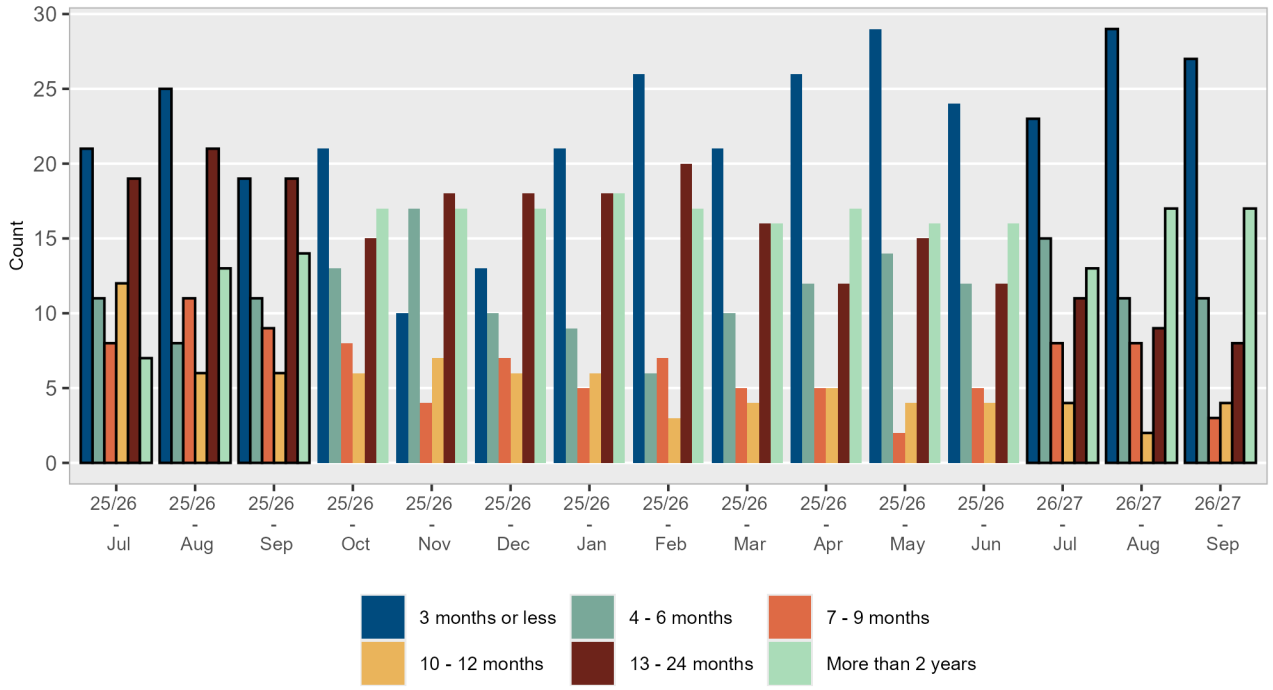
During the quarter, five (5) conciliations were withdrawn by the Health Ombudsman prior to conciliation (s148 of the Act).

Outcomes

Conciliation Outcomes	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Not successful	12	92.3	4	28.6	3	25	**19**	**48.7**
Successful	1	7.7	10	71.4	3	25	**14**	**35.9**
Ended by the Health Ombudsman	0	0	0	0	6	50	**6**	**15.4**
Parties withdrew prior to conciliation conference	0	0	0	0	0	0	**0**	**0**
Total	**13**	**100**	**14**	**100**	**12**	**100**	**39**	**100**

Open Conciliations

Timeframes



Open at month's end timeframes	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
3 months or less	23	31.1	29	38.2	27	38.6
4 - 6 months	15	20.3	11	14.5	11	15.7
7 - 9 months	8	10.8	8	10.5	3	4.3
10 - 12 months	4	5.4	2	2.6	4	5.7
13 - 24 months	11	14.9	9	11.8	8	11.4
More than 2 years	13	17.6	17	22.4	17	24.3
Total	**74**	**100.1**	**76**	**100**	**70**	**100**

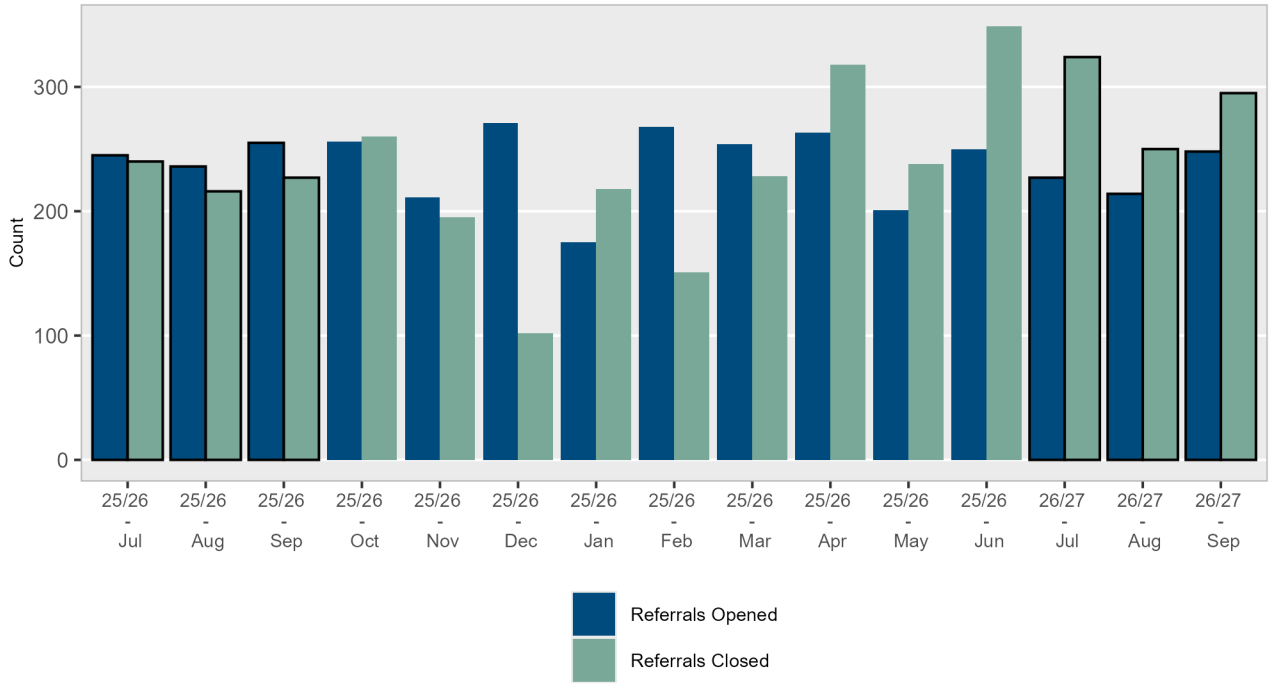
To allow for continued transparency in the timeliness of conciliation processes, open conciliation timeframes include the time in which a matter was on hold whilst another process was finalised.

Complaint management (Referrals)

As OHO is a key entry point for health service complaints in Queensland, effective referral coordination and monitoring is critical. Under the Act, matters are referred to Ahpra either following initial joint consideration or at other stages throughout the complaints management process. We also make referrals to other entities (State and Commonwealth).

Action on open referred matters is monitored by OHO, including via reports requested by or offered to OHO from the receiving entities.[7]

Referrals Opened and Closed



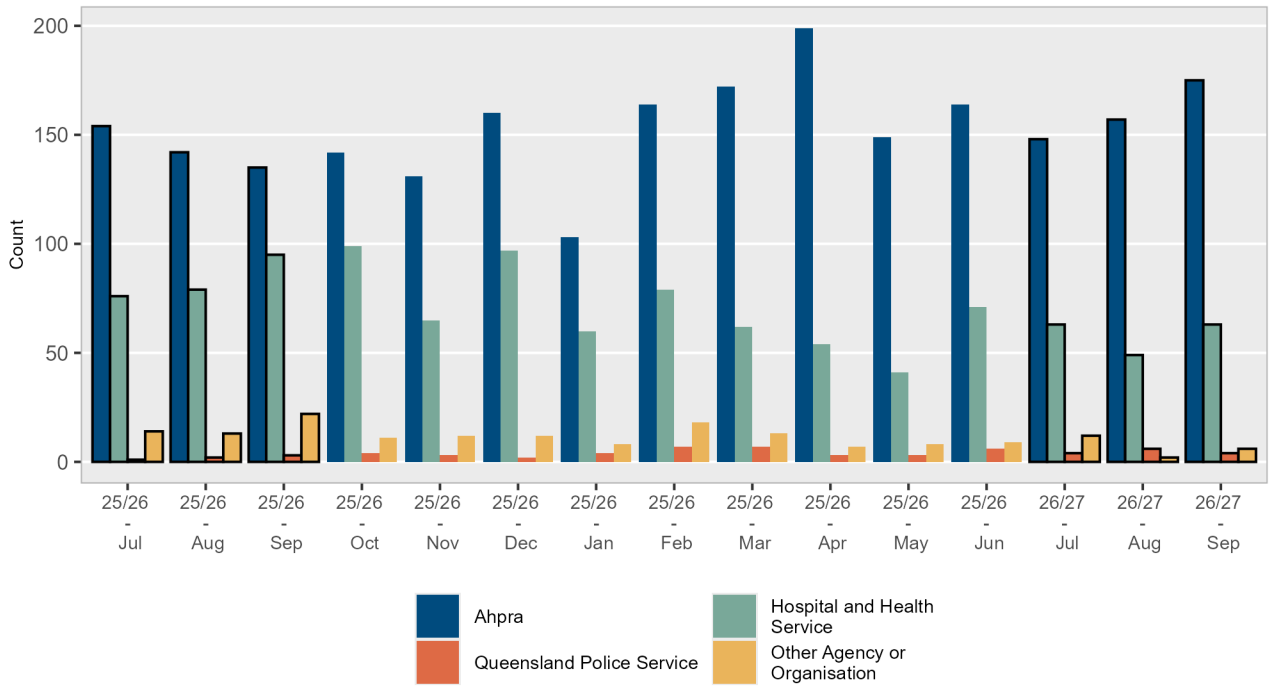
Referrals	Jul	Aug	Sep	Q1 total
Referrals Opened	227	214	248	**689**
Referrals Closed	324	250	295	**869**

During quarter 1, the OHO implemented measures to improve the efficient management of referrals. The quarter 2 report will include analysis of the impact.

[7] Division 2 (sections 92-93) of the *Health Ombudsman Act 2013*

Referrals categories

The majority of referrals this quarter (69.7%) were to Ahpra, and around one quarter (25.4%) were to Hospital and Health Services. This is a very consistent pattern over time.

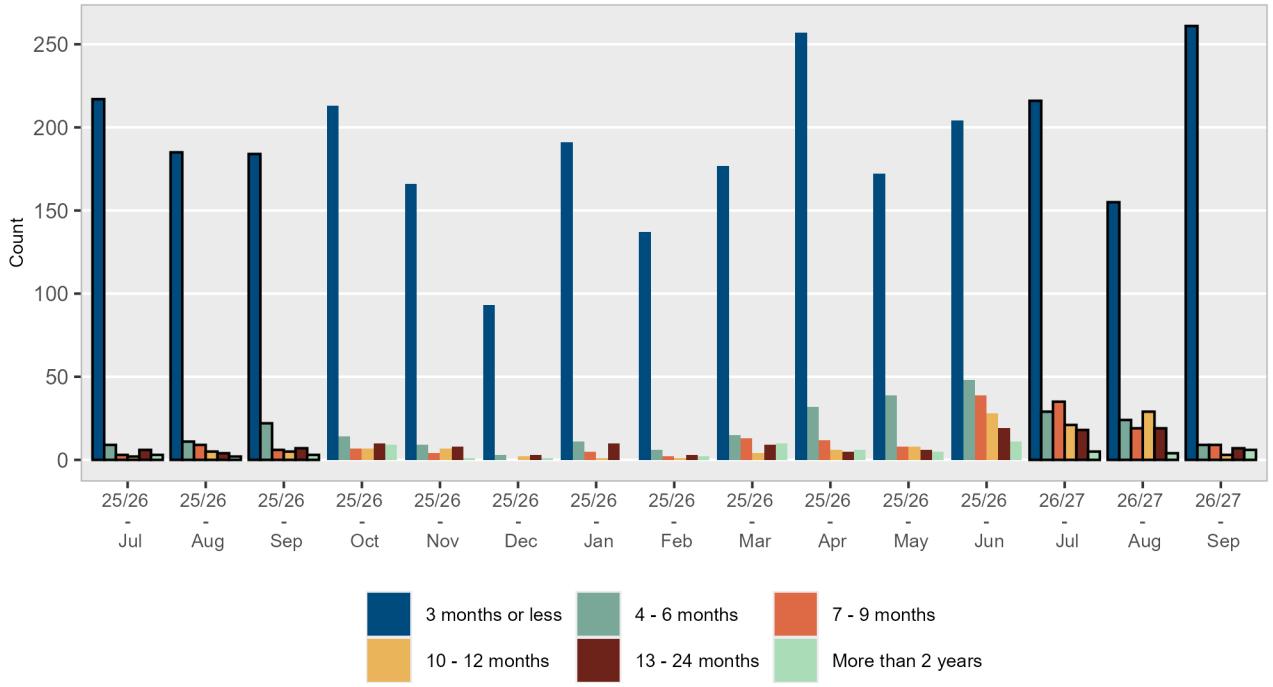


Referrals categories	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
Ahpra	148	65.2	157	73.4	175	70.6	**480**	**69.7**
Hospital and Health Service	63	27.8	49	22.9	63	25.4	**175**	**25.4**
Queensland Police Service	4	1.8	6	2.8	4	1.6	**14**	**2**
Other Agency or Organisation	12	5.3	2	0.9	6	2.4	**20**	**2.9**
Total	**227**	**100**	**214**	**100**	**248**	**100**	**689**	**100**

Referrals Closed

During the quarter, a new option was introduced for managing some referrals and this has complicated interpretation of data on this and the following page. The Quarter 2 Performance Report will include analysis of the updated charts.

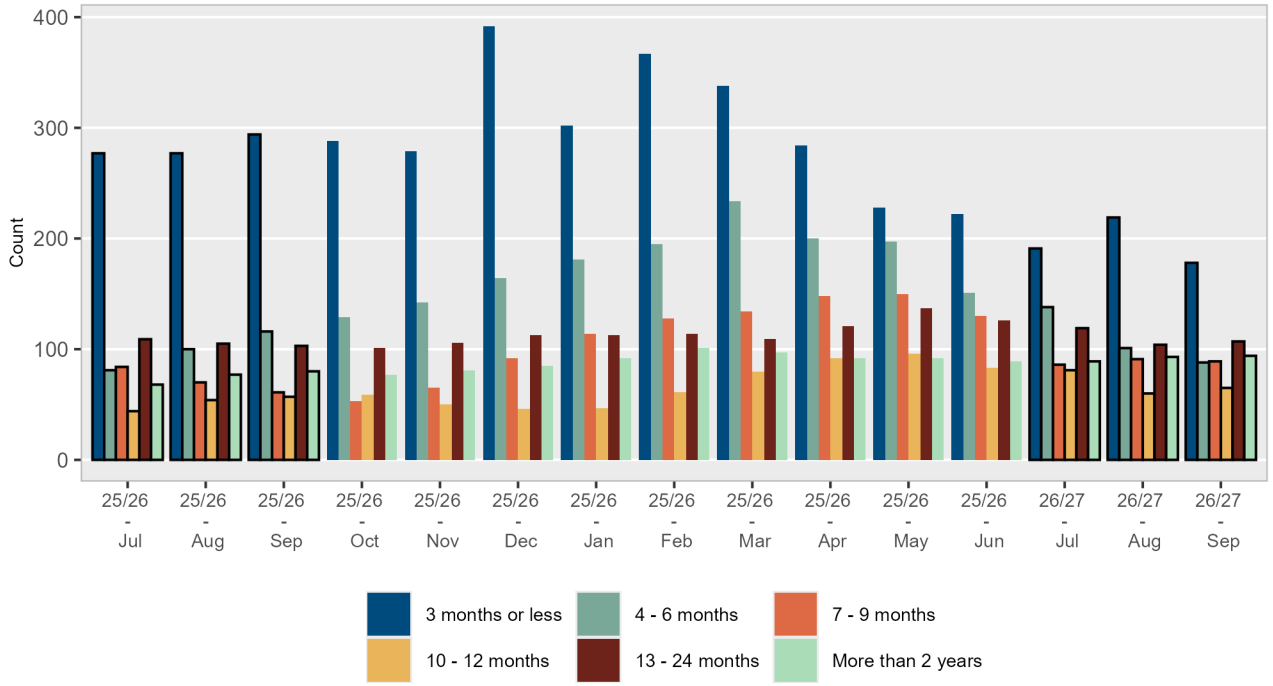
Timeframes



Referrals Closed timeframes	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	**Number**	**%**
3 months or less	216	66.7	155	62	261	88.5	**632**	**72.7**
4 - 6 months	29	9	24	9.6	9	3.1	**62**	**7.1**
7 - 9 months	35	10.8	19	7.6	9	3.1	**63**	**7.2**
10 - 12 months	21	6.5	29	11.6	3	1	**53**	**6.1**
13 - 24 months	18	5.6	19	7.6	7	2.4	**44**	**5.1**
More than 2 years	5	1.5	4	1.6	6	2	**15**	**1.7**
Total	**324**	**100**	**250**	**100**	**295**	**100**	**869**	**100**

Referrals Open

Timeframes



Open at month's end timeframes	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
3 months or less	191	27.1	219	32.8	178	28.7
4 - 6 months	138	19.6	101	15.1	88	14.2
7 - 9 months	86	12.2	91	13.6	89	14.3
10 - 12 months	81	11.5	60	9	65	10.5
13 - 24 months	119	16.9	104	15.6	107	17.2
More than 2 years	89	12.6	93	13.9	94	15.1
Total	**704**	**100**	**668**	**100**	**621**	**100**

Investigations

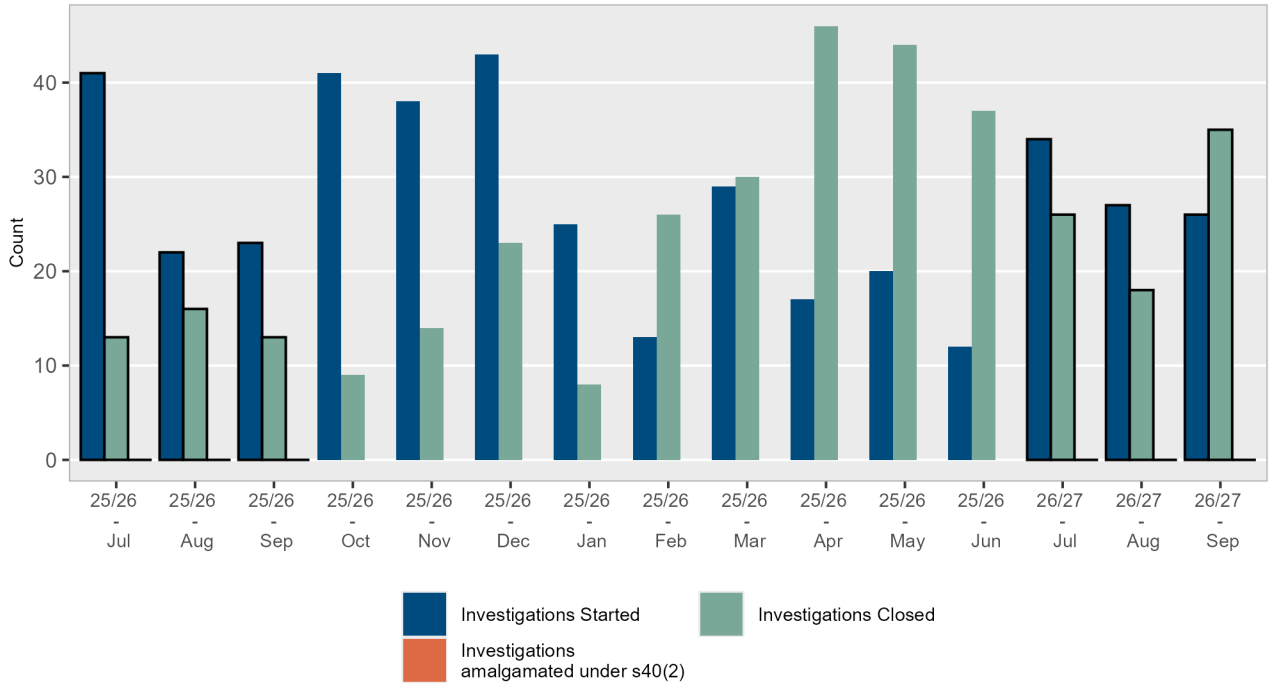
The OHO can carry out an investigation of a registered or non-registered practitioner, or a health service organisation. Investigations of **registered practitioners** explore whether the practitioner's conduct or performance may constitute professional misconduct, or if another ground exists to cancel or suspend their registration. The OHO may also investigate impairment matters involving a registered practitioner who is a student.

Investigations of **non-registered practitioners** consider whether the practitioner poses a serious risk to persons due to their health, conduct and/or performance. This includes assessing their health, conduct and/or performance against the *National Code of Conduct for Health Care Workers*.

With respect to health service organisations: **systemic investigations** determine whether issues relating to the operation of a system, process or practice may impact the provision or quality of health services, and; **health service investigations** examine concerns about health facilities or services not relating to individual practitioners.

In quarter 1, a total of 87 investigations were commenced and 79 were closed.

Investigations started, closed and amalgamated



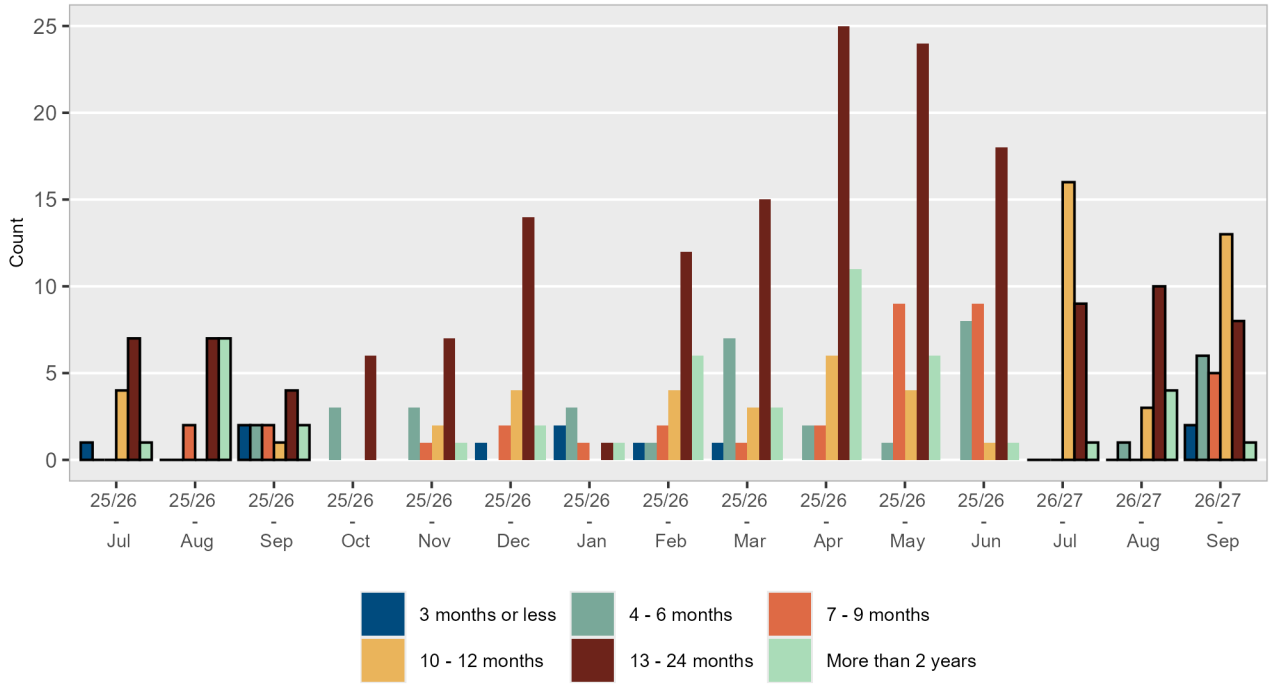
Investigations this quarter	Jul	Aug	Sep	Q1 total
Investigations started*	34	27	26	**87**
Investigations closed	26	18	35	**79**
Investigations amalgamated under s40(2)	0	0	0	**0**

* The number of investigations started in the quarter may be 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

Of all closed investigations, the majority (58.2%) were finalised within 12 months. A range of efficiency improvement initiatives are being implemented with the aim of increasing this percentage towards the Service Delivery Statement target of 75%.

Timeframes



Closed Investigation timeframes	Jul		Aug		Sep		Q1 total	
	Number	%	Number	%	Number	%	Number	%
3 months or less	0	0	0	0	2	5.7	**2**	**2.5**
4 - 6 months	0	0	1	5.6	6	17.1	**7**	**8.9**
7 - 9 months	0	0	0	0	5	14.3	**5**	**6.3**
10 - 12 months	16	61.5	3	16.7	13	37.1	**32**	**40.5**
13 - 24 months	9	34.6	10	55.6	8	22.9	**27**	**34.2**
More than 2 years	1	3.8	4	22.2	1	2.9	**6**	**7.6**
Total	**26**	**100**	**18**	**100**	**35**	**100**	**79**	**100**

As indicated on page 32, 40 of the 57 investigations completed for complaints about registered practitioners recommended referral of the matter to the Director of Proceedings for consideration of filing with QCAT.

Six of the 18 investigations completed regarding non-registered practitioners recommended imposing a Prohibition Order.

Outcomes

Outcomes – All Investigation Types

Outcomes*	Jul		Aug		Sep		Q1 total	
Outcomes – Registered practitioner investigations								
	Number	%	Number	%	Number	%	**Number**	**%**
Recommended for referral to Director of Proceedings**	15	65.2	13	81.2	12	66.7	**40**	**70.2**
Recommend Health Ombudsman issue a Prohibition Order***	0	0	0	0	0	0	**0**	**0**
Referred to Ahpra	1	4.3	0	0	4	22.2	**5**	**8.8**
Referred to another agency	0	0	0	0	0	0	**0**	**0**
Completed with no further action	7	30.4	3	18.8	2	11.1	**12**	**21.1**
Total	**23**	**100**	**16**	**100**	**18**	**100**	**57**	**100**
Outcomes – Non-registered practitioner investigations								
Recommend Health Ombudsman issue a Prohibition Order	0	0	0	0	6	42.9	**6**	**33.3**
Referred to another agency	0	0	0	0	0	0	**0**	**0**
Completed with no further action	3	100	1	100	8	57.1	**12**	**66.7**
Total	**3**	**100**	**1**	**100**	**14**	**100**	**18**	**100**
Outcomes – Systemic investigations								
Completed with recommendation monitoring	0	0	0	0	0	0	**0**	**0**
Completed with recommendation monitoring and Referred for conciliation	0	0	0	0	0	0	**0**	**0**
Referred for conciliation	0	0	0	0	0	0	**0**	**0**
Referred to another agency	0	0	0	0	0	0	**0**	**0**
Completed with no further action	1	100	1	100	3	100	**5**	**100**
Total	**1**	**100**	**1**	**100**	**3**	**100**	**5**	**100**
Other Investigation Outcomes Recorded								
In addition to the above investigation outcomes, a complex practitioner investigation was finalised in July in the context of an owner operated health service organisation. The outcome of this investigation was to Refer the matter to the Director of Proceedings							**1**	**100**
Grand Total	**28**	**100**	**18**	**100**	**35**	**100**	**81**	**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 on previous pages.

** Matters determined suitable for referral to the Director of Proceedings at the conclusion of an investigation are sent to the Health Ombudsman for decision.

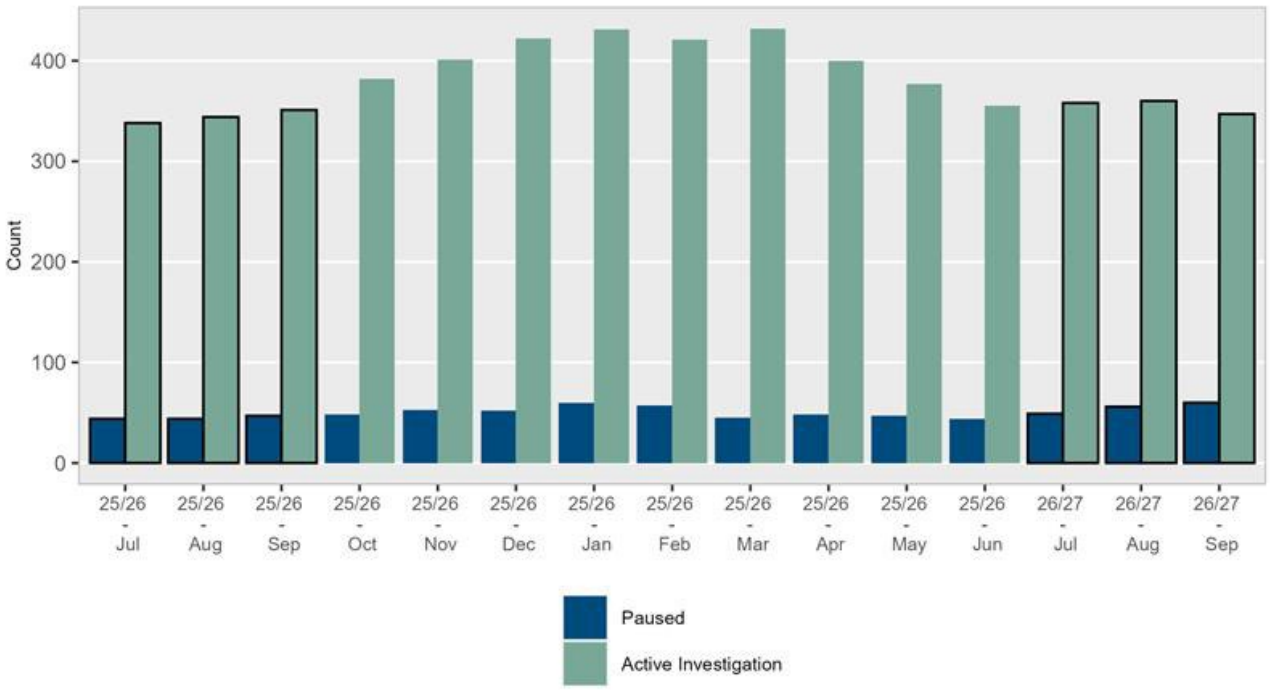
*** A registered practitioner may also be subjected to a Prohibition Order to prohibit or restrict their provision of 'health services' to persons outside of their registered field of practice (e.g. a registered practitioner (such as a physiotherapist) charged with assault who also provides separate non-registered health services (such as massage therapy) could be subject to a Prohibition Order restricting or prohibiting provision of health services in an non-registered capacity).

Open Investigations

Open investigations include both active and paused investigations.

Active investigations are currently being progressed, while paused investigations are not able to be progressed until such time as another agency—such as the Queensland Police Service or the Coroner's Court of Queensland—concludes their own processes. Paused investigations typically comprise between 10-15% of total open investigations.

Active and paused Investigations

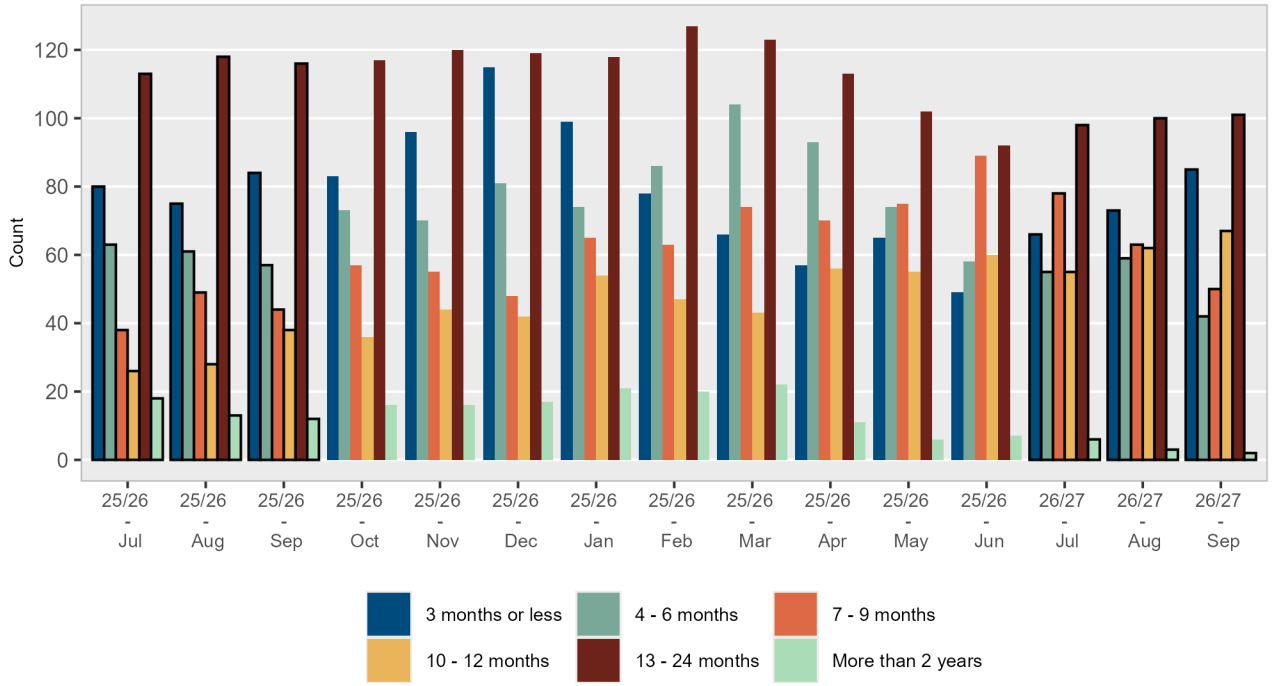


Open Investigations - Paused vs active	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Paused	49	12	56	13.5	60	14.7
Active Investigation	358	88	360	86.5	347	85.3
Total	**407**	**100**	**416**	**100**	**407**	**100**

Investigations open at month end

No distinction is made between active and paused investigations in the Act with respect to statutory timeframes for completion. At the end of September 2026, 63.4% of paused investigations had been open for more than 12 months, compared with only 29.7% of active investigations (refer this page and page 35).

Timeframes (active only)

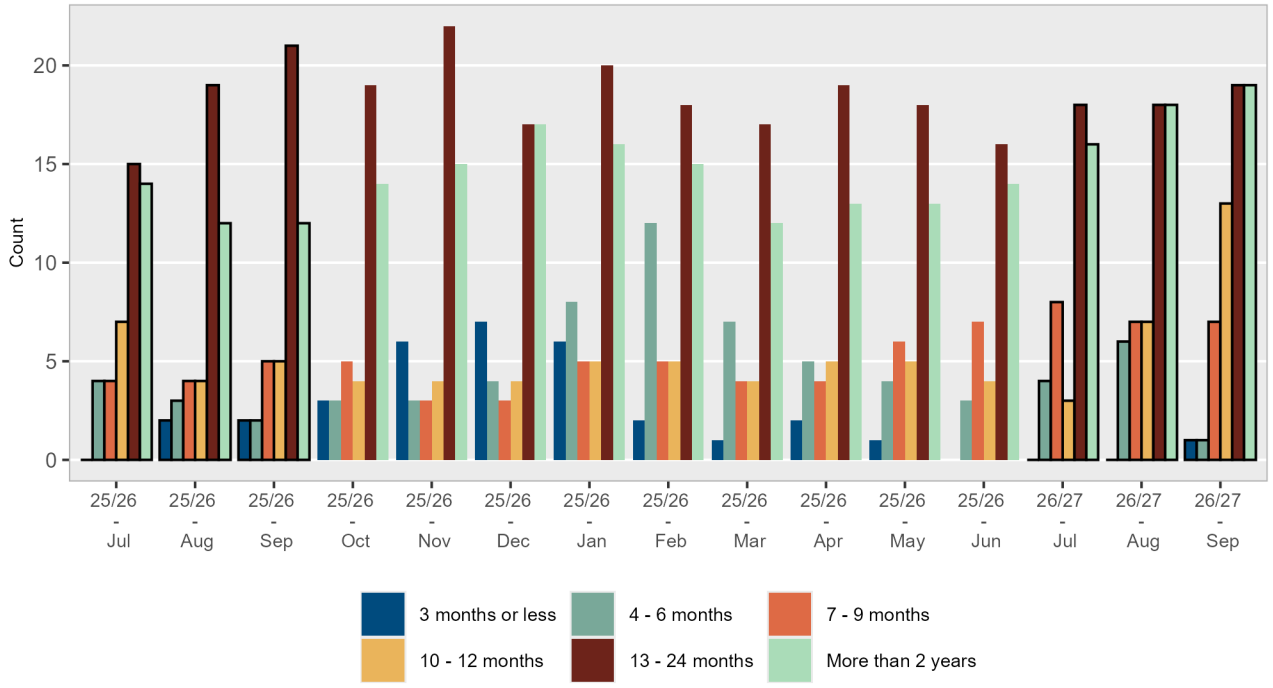


Open (Active) Investigations - Timeframes	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
3 months or less	66	18.4	73	20.3	85	24.5
4 - 6 months	55	15.4	59	16.4	42	12.1
7 - 9 months	78	21.8	63	17.5	50	14.4
10 - 12 months	55	15.4	62	17.2	67	19.3
13 - 24 months	98	27.4	100	27.8	101	29.1
More than 2 years	6	1.7	3	0.8	2	0.6
Total	**358**	**100**	**360**	**100**	**347**	**100**

All investigations that have been open for 12 months or more are published on our investigations register, available on our website (www.oho.qld.gov.au/investigations/investigations-register).

Paused Investigations

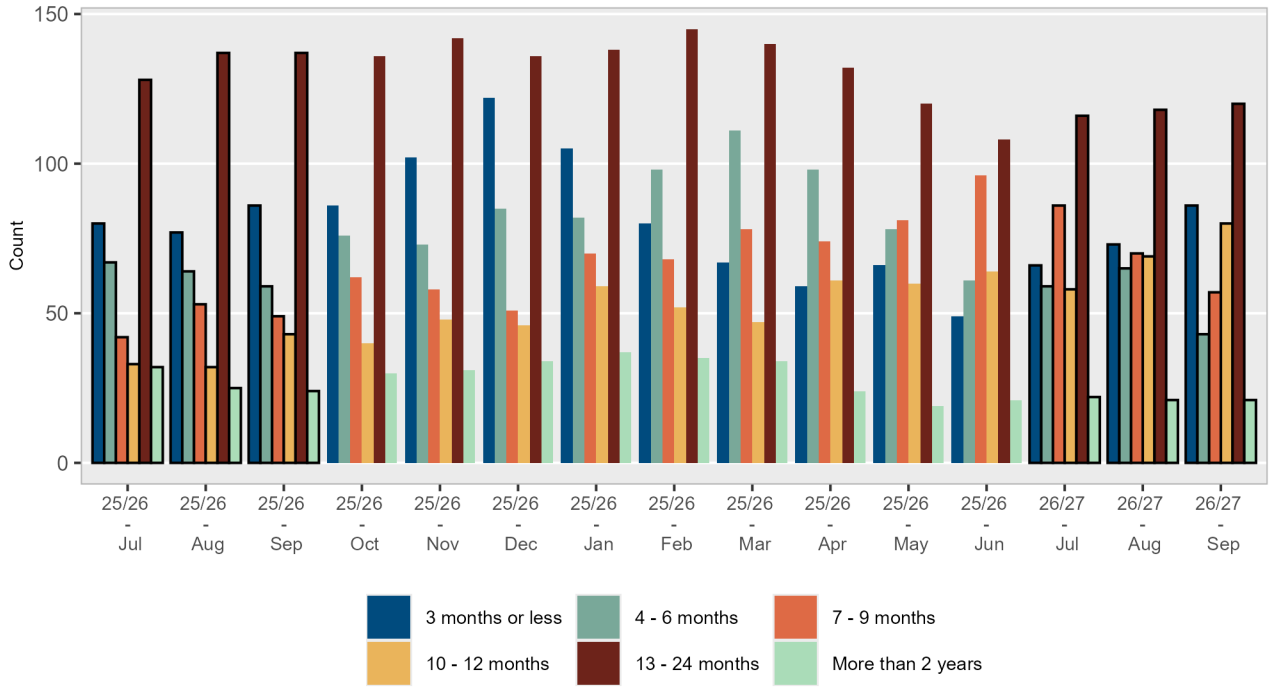
Timeframes (paused only)



Open (Paused) Investigations - Timeframes	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
3 months or less	0	0	0	0	1	1.7
4 - 6 months	4	8.2	6	10.7	1	1.7
7 - 9 months	8	16.3	7	12.5	7	11.7
10 - 12 months	3	6.1	7	12.5	13	21.7
13 - 24 months	18	36.7	18	32.1	19	31.7
More than 2 years	16	32.7	18	32.1	19	31.7
Total	**49**	**100**	**56**	**100**	**60**	**100**

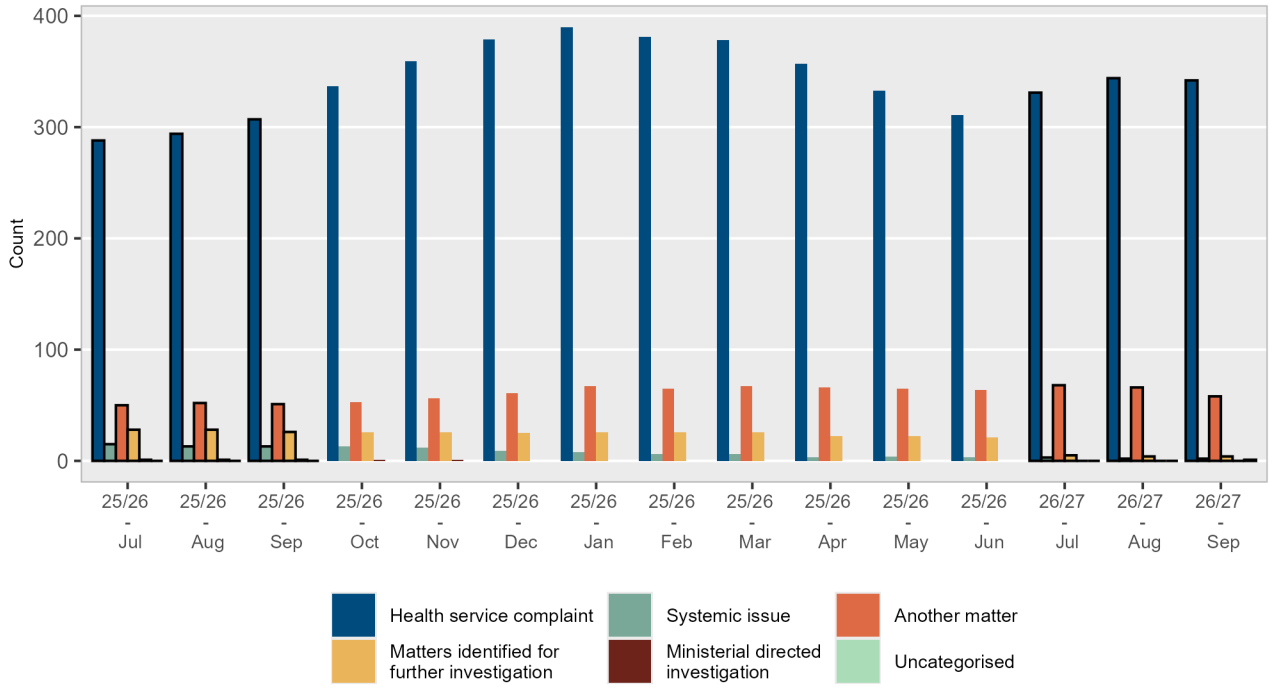
Active and paused (All) Investigations

Timeframes



Open (Active and Paused) Investigations - Timeframes	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
3 months or less	66	16.2	73	17.5	86	21.1
4 - 6 months	59	14.5	65	15.6	43	10.6
7 - 9 months	86	21.1	70	16.8	57	14
10 - 12 months	58	14.3	69	16.6	80	19.7
13 - 24 months	116	28.5	118	28.4	120	29.5
More than 2 years	22	5.4	21	5	21	5.2
Total	**407**	**100**	**416**	**100**	**407**	**100**

Open Investigation Categories



Open Investigations - Categories	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Health service complaint	331	81.3	344	82.7	342	84
Systemic issue*	3	0.7	2	0.5	2	0.5
Another matter**	68	16.7	66	15.9	58	14.3
Matters identified for further investigation***	5	1.2	4	1	4	1
Ministerial directed investigation	0	0	0	0	0	0
Uncategorised	0	0	0	0	1	0.2
Total	**407**	**100**	**416**	**100**	**407**	**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.

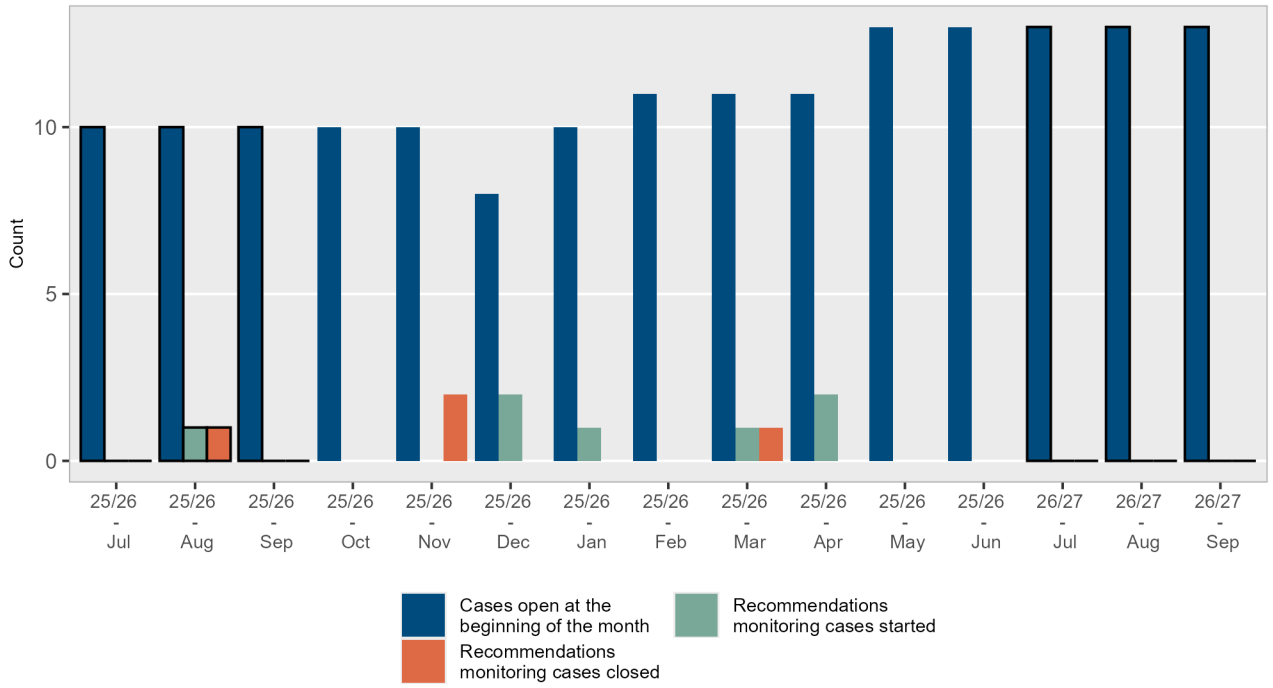
*** Matters referred for further investigation by the Health Ombudsman under section 105 of the Act following referral to the Director of Proceedings.

Monitoring Investigation recommendations

At the completion of systemic investigations, the OHO can make 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 monitoring program to track implementation of the recommendations.

There are currently 13 sets of recommendations that are being monitored. No new monitoring programs were commenced in quarter 1.

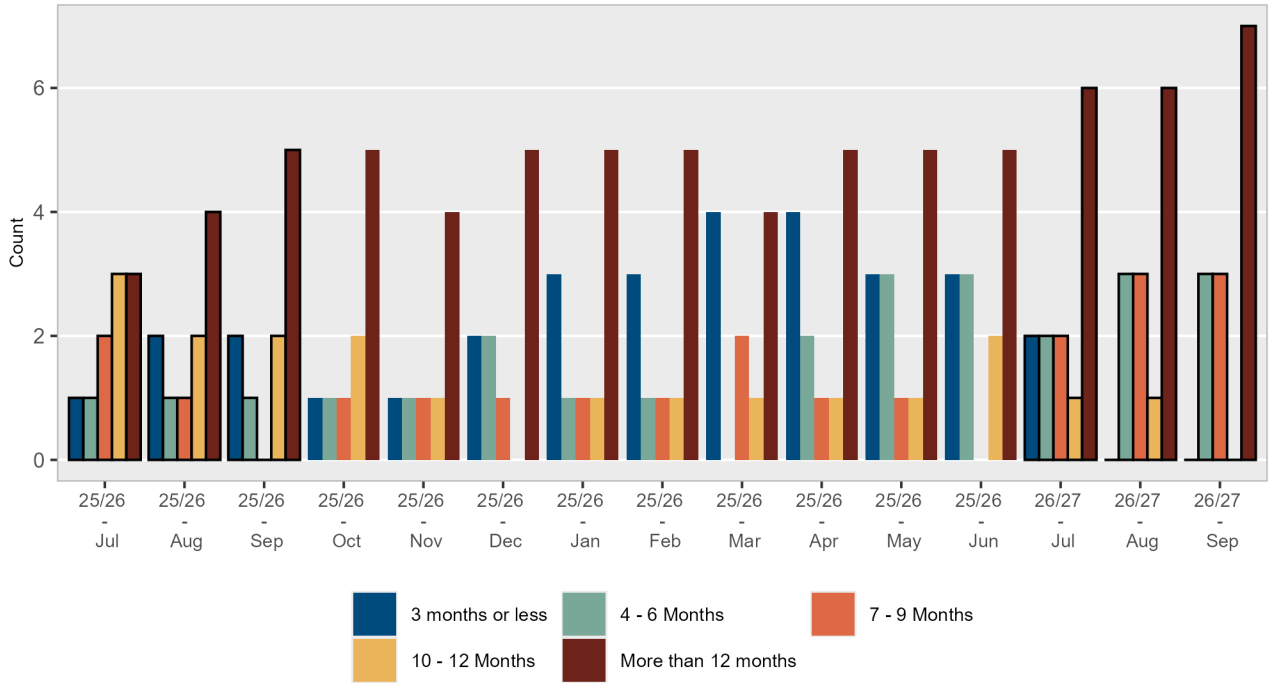
OHO Recommendations Monitoring



OHO Monitoring Cases	Jul	Aug	Sep
Cases open at the beginning of the month	13	13	13
Recommendations monitoring cases started	0	0	0
Recommendations monitoring cases closed	0	0	0

Open Recommendations Monitoring Case

Timeframes



Monitoring Case Timeframes	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
3 months or less	2	15.4	0	0	0	0
4 - 6 Months	2	15.4	3	23.1	3	23.1
7 - 9 Months	2	15.4	3	23.1	3	23.1
10 - 12 Months	1	7.7	1	7.7	0	0
More than 12 months	6	46.2	6	46.2	7	53.8
Total	**13**	**100**	**13**	**100**	**13**	**100**

Director of Proceedings

The Director of Proceedings provides an independent assessment of the merits of an investigation to determine whether matters relating to registered practitioners are suitable to be referred to the Queensland Civil and Administrative Tribunal (QCAT) for a determination in relation to professional disciplinary action.

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 by lawyers and filed with QCAT.

Matters referred to the Director of Proceedings by practitioner type

Practitioner type	Number	%
Medical Practitioner	22[8]	51.2
Registered Nurse[9]	12	27.9
Registered Nurse & Midwife	3[10]	6.9
Psychologist	2	4.7
Dentist	1	2.4
Paramedic	1	2.4
Pharmacist	1	2.4
Physiotherapist	1	2.4
Total	**43**	**100**

The figures in the above table differ from the Investigation Outcomes table (page 32) because at the conclusion of an investigation, the Health Ombudsman considers the matters and determines whether referral to the Director of Proceedings is appropriate.

Matters with the Director of Proceedings by practitioner type

Matters on hand with the Director of Proceedings include matters being progressed for filing with QCAT, or awaiting decision either to be progressed to QCAT or to be referred back to the Health Ombudsman.

Practitioner type	Number	%
Medical Practitioner[11]	59	51.8
Registered Nurse[12]	38	33.3
Midwife	4	3.5
Psychologist	4	3.5
Paramedic	3	2.7
Pharmacist	3	2.7
Physiotherapist	1	0.9
Chinese Medical Practitioner	1	0.9
Optometrist	1	0.9
Total	**114**	**100**

[8] Nine (9) of these matters relate to the same practitioner; one (1) matter was referred back to the DoP after further investigation.
[9] Includes Registered Nurse and Enrolled Nurse registrations.
[10] These three (3) matters relate to the same practitioner.
[11] Includes all medical practitioners including those with specialist registrations.
[12] Includes Registered Nurse and Enrolled Nurse registrations.

Outcomes of matters reviewed by the Director of Proceedings

This quarter, the Director of Proceedings filed 13 matters with QCAT and referred 13 matters (relating to 11 practitioners) back to the Health Ombudsman

Matters filed in the Queensland Civil and Administrative Tribunal

Practitioner type	Number	%
Registered Nurse	7	43.8
Medical Practitioner	3	18.8
Psychologist	2	1.5
Medical Radiation Practitioner	1	6.3
Optometrist	1	6.3
Paramedic	1	6.3
Registered Nurse & Midwife [13]	1	6.3
Total Registered	**13**	**100**

Matters referred back to the Health Ombudsman

Practitioner type	Number	%
Medical Practitioner	5 [14]	38.5
Registered Nurse	4	30.8
Midwife	2 [15]	15.4
Paramedic	2	15.4
Total	**13**	**100**

[13] This figure includes a referral where the Director of Proceedings decided to refer three matters regarding the same Practitioner to QCAT and filed all three matters as one referral.
[14] Two (2) of these matters relate to the same Practitioner
[15] These matters relate to the same Practitioner

Queensland Civil and Administrative Tribunal disciplinary matters

At the end of this quarter, there were 94 matters with QCAT referred by the Director of Proceedings that were awaiting hearing and/or decision. QCAT finalised 11 matters in the quarter.

Matters open in the Queensland Civil and Administrative Tribunal

Practitioner type	Number	%
Registered Nurse	36	38.3
Medical Practitioner	30	31.9
Psychologist	7	7.4
Paramedic	5	5.3
Pharmacist	4	4.3
Chinese Medical Practitioner	3	3.2
Chiropractor	3	3.2
Midwife	2	2.1
Optometrist	1	1.1
Physiotherapist	1	1.1
Podiatrist	1	1.1
Total	**94**	**100**

Outcomes of Queensland Civil and Administrative Tribunal disciplinary matters

Queensland Civil and Administrative Tribunal decisions

Practitioner type	Number
Registered Nurse	6
Medical Practitioner	2
Paramedic	1
Pharmacist	1
Psychologist	1
Total QCAT Decisions	**11**

Matters withdrawn

There were no matters withdrawn.

Decisions on matters referred to the Queensland Civil and Administrative Tribunal

There have been 12 decisions made on matters referred to QCAT during Q1.

Date of Decision	Matter	Practitioner Type	Details of QCAT Decision
07-Jul-26	OCR103-25	Paramedic	AMENDED DECISION 1. Professional Conduct (Allegation 1) 2. Unprofessional Conduct (Allegation 2) 3. Reprimand 4. Registration cancelled 5. Restricted from applying to the Tribunal for a reinstatement order for a period of 18 months 6. No order as to costs
22-Jul-26	OCR153-24	Psychologist	1. Professional Misconduct 2. Reprimand 3. Disqualified from applying for registration for a period of 10 years 4. Prohibited from providing any health service to females until such time as he obtains registration as a health practitioner, or until further order of the Tribunal 5. Each party bear their own costs NON-PUBLICATION ORDER
05-Aug-26	OCR140-25	Registered Nurse	1. Professional Misconduct 2. Reprimand 3. IRA set aside 4. Registration cancelled 5. Restricted from applying to QCAT for a reinstatement order for 12 months from date of order 6. Prohibited from being a NDIS provider or providing NDIS services to any member of the public for 12 months from date of order 7. Prohibited from providing any health service until she obtains registration as a registered health practitioner 8. Each party bear their own costs
25-Aug-26	OCR137-25	Enrolled Nurse	1. Professional Misconduct (Allegation 1) 2. Unprofessional Conduct (Allegation 2) 3. Reprimand 4. Registration cancelled 5. Restricted from applying for reinstatement order for a period of 12 months 6. Prohibited from providing any health service until such time as she obtains registration 7. IRA set aside 8. No order as to costs
28-Aug-26	OCR235-25	Medical Practitioner - Obstetrician & Gynaecologist	1. Professional Misconduct 2. Reprimand 3. No order as to costs
04-Sep-26	OCR268-25	Registered Nurse	1. Professional Misconduct 2. Reprimand 3. Conditions imposed 4. Part 7, Division 11, Subdivision 2 of the Health Practitioner Regulation National Law (Queensland)

Date of Decision	Matter	Practitioner Type	Details of QCAT Decision
			applied to the conditions 5. The review period is 4 months 6. No order as to costs
08-Sep-26	OCR279-25	Pharmacist	1. Professional Misconduct 2. Reprimand 3. Fined $5,000 payable to the Health Ombudsman 4. Each party bear their own costs
10-Sep-26	OCR142-25	Registered Nurse	1. Professional Misconduct 2. Reprimand 3. Registration suspended for 6 months 4. IRA imposed by the HO is removed 5. No order as to costs
10-Sep-26	OCR226-25	Registered Nurse	1. Professional Misconduct 2. Reprimand 3. IRA taken on 20/12/24 is set aside 4. No order as to costs
11-Sep-26	OCR117-23	Medical Practitioner	1. Professional misconduct 2. Reprimand 3. Registration suspended for 12 months from date of order 4. Conditions imposed with effect from the cessation of the suspension 5. National Law Part 7, Division 11, Subdivision 2 applies 6. Review period for conditions is 12 months 7. No order as to costs
16-Sep-26	OCR165-25	Enrolled Nurse	1. Professional Misconduct 2. Reprimand 3. IRA suspension expires upon date of order 4. IPO / IRA dated 1 May 2024 is set aside 5. No order as to costs

Decisions on immediate action reviews

There were no decisions made by QCAT on immediate action reviews in quarter 1 and no matters withdrawn by the practitioner.

Immediate Action

The Health Ombudsman may take immediate action against a registered or non-registered 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, and/or
- that action is in the public interest.[16]

Immediate registration actions

The Health Ombudsman may issue an immediate registration action to a registered health practitioner imposing a suspension, conditions, or accepting an undertaking from that registered health practitioner. The Health Ombudsman took initial immediate registration action in relation to seven (7) registered health practitioners in quarter 1.

Practitioner type	Number	Month	Action taken	Reason/s for taking action	
				Public Interest	Serious Risk
Medical Practitioner	2	Jul	Conditions	✓	
Medical Practitioner	1	Sep	Undertakings		✓
Nurse	2	Sep	Suspension	✓	✓
Nurse	1	Sep	Conditions	✓	✓
Medical Practitioner	1	Sep	Suspension	✓	✓

Immediate registration actions – Variation, Revocation

A health practitioner may apply to the Health Ombudsman to vary an immediate action, or the Health Ombudsman may initiate a variation if there is a material change in relation to the matter giving rise to the immediate action. There were no variations progressed in quarter 1.

The Health Ombudsman must revoke an immediate action if satisfied the practitioner's health, conduct or performance no longer poses a serious risk to persons or public interest. The Health Ombudsman revoked immediate registration action against five (5) registered health practitioners in quarter 1.

Practitioner type	Number	Month	Action taken	Reason/s for taking action	
				Public Interest	Serious Risk
Nurse	2	Jul	Conditions	✓	✓
Nurse	2	Jul	Conditions		✓
Pharmacist	1	Jul	Suspension	✓	

[16] Prior to taking immediate action or varying an immediate action, the Health Ombudsman must first issue a show cause notice. The Health Ombudsman may take an initial immediate action without first issuing a show cause notice in cases where they believe it is necessary to ensure the health and safety of an individual or the public. The Health Ombudsman does not report publicly on show cause notices.

Interim Prohibition Orders

The Health Ombudsman may issue an interim prohibition order to a non-registered practitioner or registered practitioners practising outside their field of registration to prohibit or restrict the practitioner from providing any health service, or a specific health service. The Health Ombudsman issued five (5) interim prohibition orders in quarter 1.

Practitioner type	Number	Month	Action taken	Reason/s for taking action*	
				Public Interest	Serious Risk
Alternative health provider	1	Jul	Prohibition	✓	✓
Psychologist*	1	Jul	Prohibition		✓
Nurse	1	Sep	Prohibition	✓	✓
Alternative health provider	1	Aug	Prohibition	✓	✓
Nurse*	1	Sep	Prohibition	✓	✓

*Refers to a practitioner operating in a non-registered context

Interim Prohibition Order – Variation, Revocation

A health practitioner may apply to the Health Ombudsman to vary an interim prohibition order, or the Health Ombudsman may initiate a variation if there is a material change in relation to the matter giving rise to the order. There were no variations progressed in quarter 1.

The Health Ombudsman must revoke an interim prohibition order if satisfied the practitioner's health, conduct or performance no longer poses a serious risk to persons or public interest. The Health Ombudsman revoked five (5) interim prohibition orders in quarter 1.

Practitioner type	Number	Month	Action taken	Reason/s for taking action*	
				Public Interest	Serious Risk
Psychologist	1	Jul	Prohibition		✓
Alternative health provider	1	Jul	Prohibition	✓	✓
Alternative health provider	1	Aug	Prohibition	✓	✓
Nurse	2	Sep	Prohibition	✓	✓

Prohibition orders

The Health Ombudsman may issue a prohibition order – permanently or for a stated period – once they have finished investigating a non-registered health practitioner and are satisfied that the practitioner's health, conduct or performance poses a serious risk to the health and safety of the public.[17] The Health Ombudsman issued five (5) prohibition orders against non-registered health practitioners in quarter 1.

Practitioner type	Number	Month	Action taken
Health support worker	1	Jul	Prohibition
Health support worker	1	Aug	Prohibition
Assistant in nursing	1	Aug	Prohibition
Wardsperson	1	Sep	Prohibition
Assistant in nursing	1	Sep	Prohibition

Prohibition order – Variation, Review, Revocation

A health practitioner may apply to the Health Ombudsman to vary a prohibition order, or the Health Ombudsman may initiate a variation if there is a material change in relation to the matter giving rise to the order. There were no variations progressed in quarter 1.

A health practitioner may apply to QCAT to review the Health Ombudsman's decision to issue a Prohibition Order. No reviews were filed in QCAT in quarter 1.

If at any time the Health Ombudsman is satisfied that the prohibition order is no longer necessary on the grounds that the non-registered health practitioner's health, conduct or performance poses a serious risk to persons, the Health Ombudsman must revoke the prohibition order.

There were no variations, reviews filed or revocations to prohibition orders in quarter 1.

The details for all actions and orders can be found on the action/orders register on the OHO website (https://www.oho.qld.gov.au/public/protective-orders).

[17] Prior to issuing a prohibition order or varying a prohibition order to a non-registered practitioner, the Health Ombudsman must first provide an opportunity for the practitioner to respond to a 'show cause' notice. The Health Ombudsman does not report publicly on show cause notices.

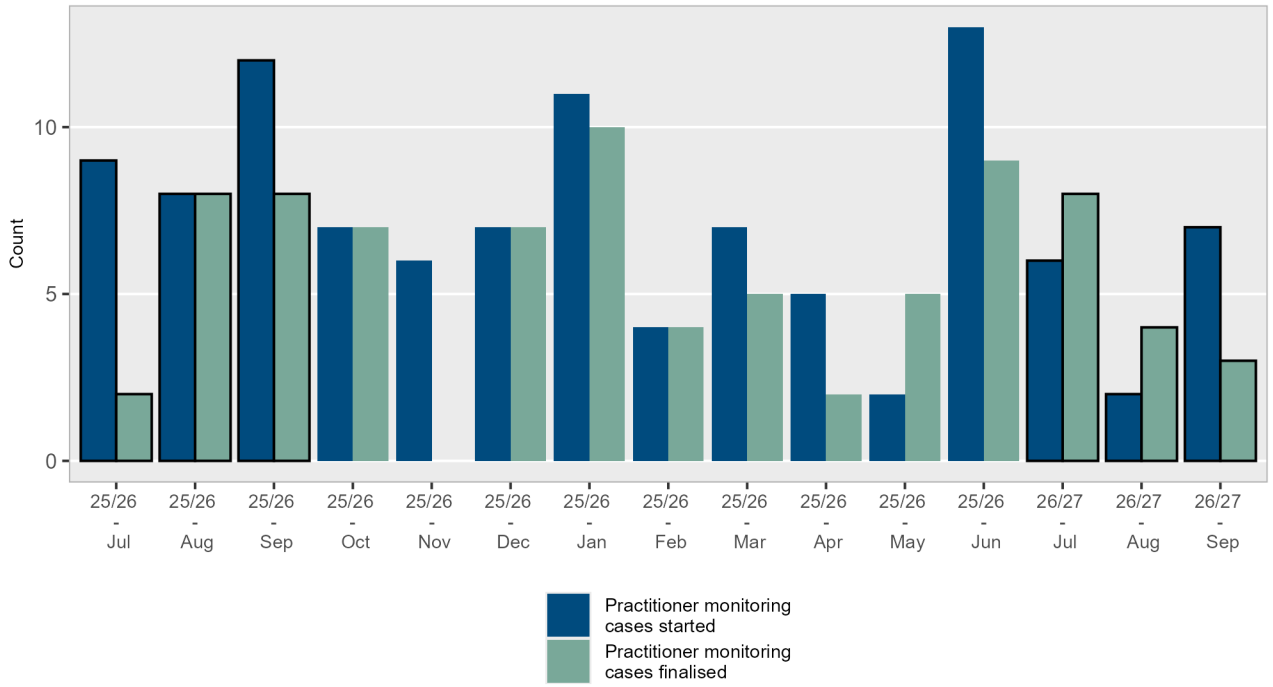
Monitoring practitioner compliance

When the Health Ombudsman takes immediate action against a health practitioner, the practitioner's compliance with the action is monitored by the OHO.

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.

Immediate action may be taken against a single practitioner with both immediate registration action and an interim prohibition order (e.g. where there is a risk that a registered practitioner may also practise in a non-registered capacity).

Practitioner Monitoring cases started and finalised



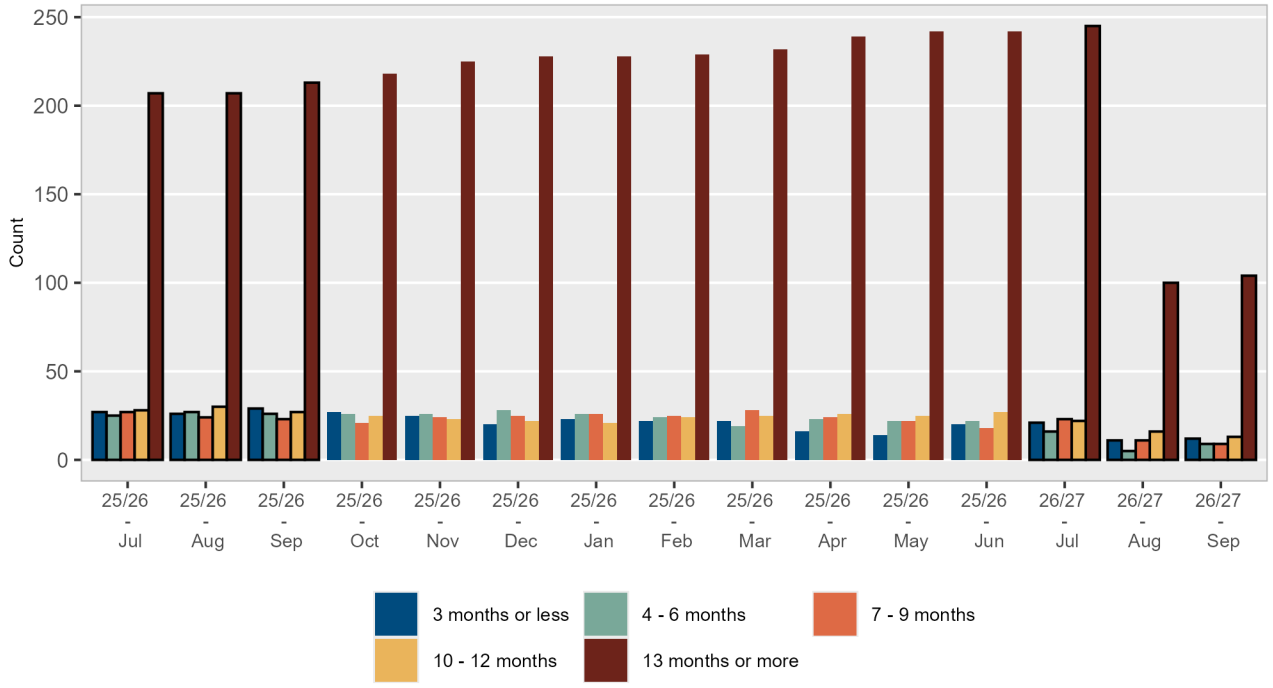
Cases this month	Jul	Aug	Sep
Practitioner monitoring cases started	6	2	7
Practitioner monitoring cases finalised	8	4	3

Open Monitoring cases

In August 2026, the OHO introduced a revised Monitoring Framework to further strengthen the effectiveness of monitoring activities through a contemporary, risk-based approach. This required reassessment against the updated framework of all practitioners subject to monitoring, including consideration of risk to the public and risk of non-compliance.

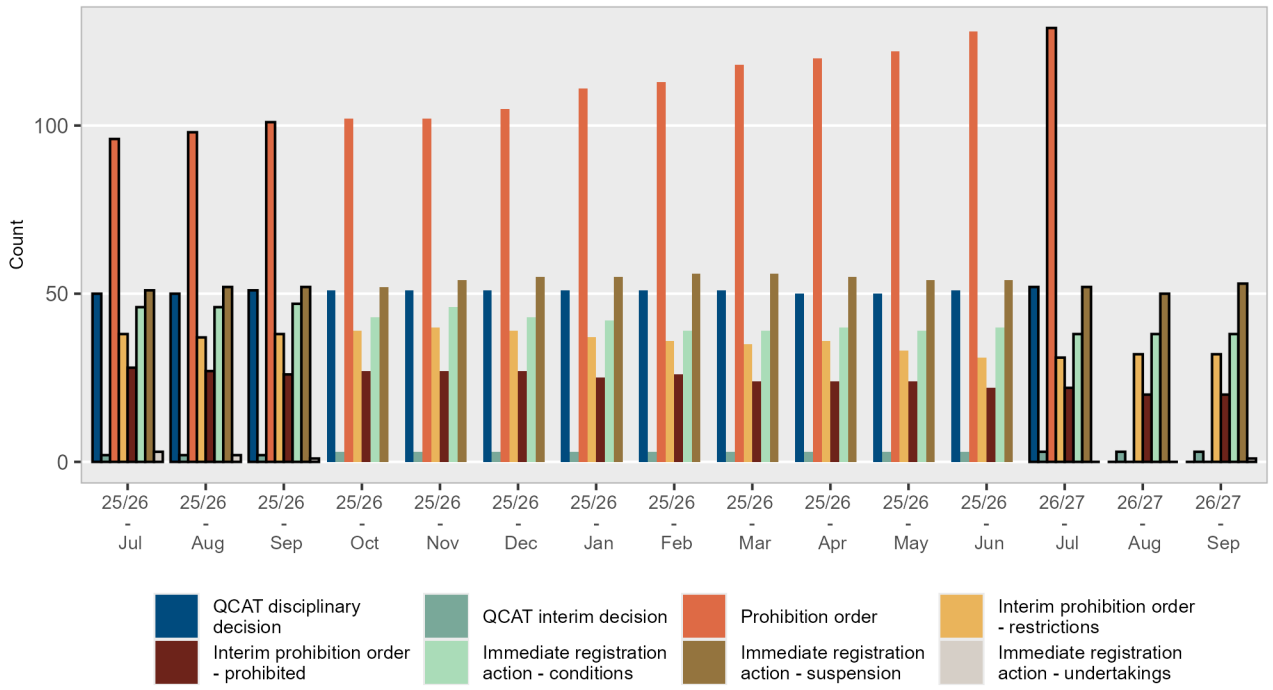
Following this reassessment, 182 monitoring case files were closed and are no longer subject to active monitoring by the OHO). For these matters, safeguards remain in place through prohibition orders or disciplinary outcomes imposed by QCAT.

Timeframes



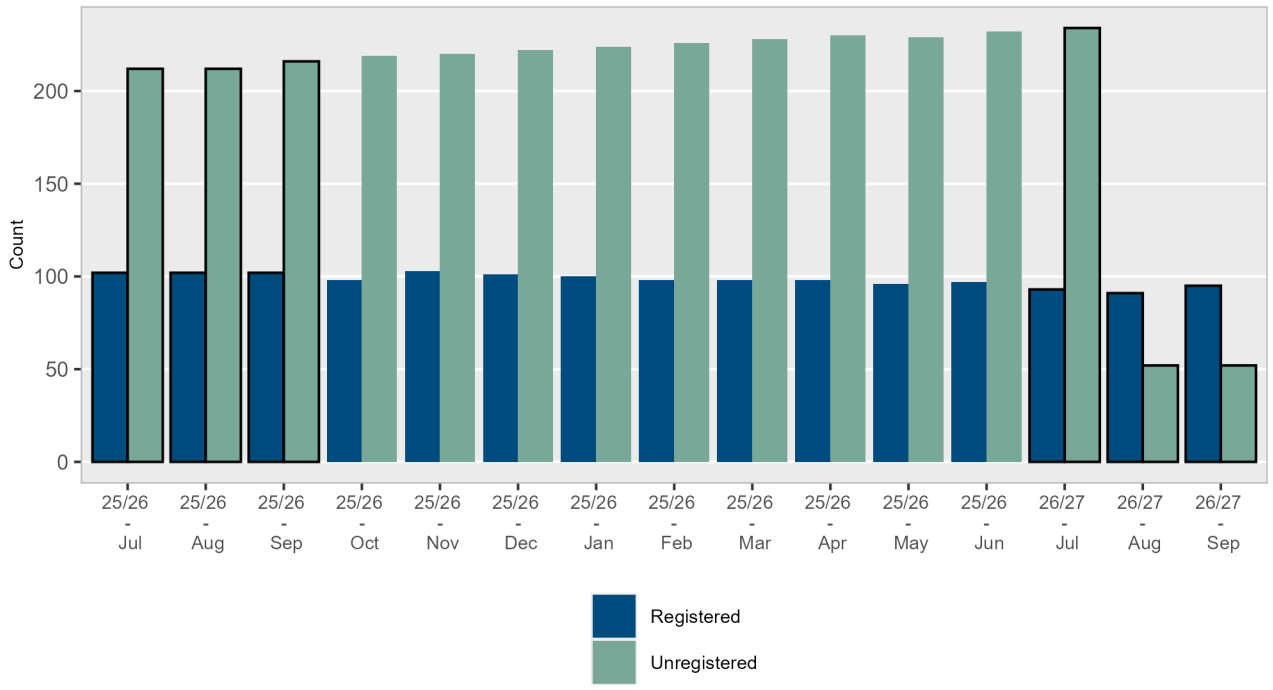
Monitoring case timeframes	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
3 months or less	21	6.4	11	7.7	12	8.2
4 - 6 months	16	4.9	5	3.5	9	6.1
7 - 9 months	23	7	11	7.7	9	6.1
10 - 12 months	22	6.7	16	11.2	13	8.8
13 months or more	245	74.9	100	69.9	104	70.7
Total	**327**	**100**	**143**	**100**	**147**	**100**

Practitioner Monitoring open by file type



Monitoring case immediate action taken	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
QCAT disciplinary decision	52	15.9	0	0	0	0
QCAT interim decision	3	0.9	3	2.1	3	2
Prohibition order	129	39.4	0	0	0	0
Interim prohibition order - restrictions	31	9.5	32	22.4	32	21.8
Interim prohibition order - prohibited	22	6.7	20	14	20	13.6
Immediate registration action - conditions	38	11.6	38	26.6	38	25.9
Immediate registration action - suspension	52	15.9	50	35	53	36.1
Immediate registration action - undertakings	0	0	0	0	1	0.7
Total	**327**	**100**	**143**	**100**	**147**	**100**

Registered and Non-registered practitioners under Monitoring



Practitioners monitoring cases	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Registered	93	28.4	91	63.6	95	64.6
Non-registered	234	71.6	52	36.4	52	35.4
Total	**327**	**100**	**143**	**100**	**147**	**100**

Australian Health Practitioner Regulation Agency

Joint consideration matters

The Health Ombudsman and Ahpra jointly consider all complaints accepted by OHO involving registered health practitioners, to decide what course of action to take. The options are for OHO to retain the matter for further action, to refer the matter to Ahpra, or to take no further action.

There were 984 complaints accepted by OHO this quarter that were subject to joint consideration. (A single complaint may involve more than one registered practitioner, which accounts for the larger number of registered practitioners identified in the table on page 54.)

Initial joint consideration consultations

Matters commenced and finalised

Initial Joint consideration	Month	OHO Matter Count	Provider Count	Decision Count*
Matters commenced	Jul	289	301	316
	Aug	252	281	289
	Sep	345	351	379
	Total	**886**	**933**	**984**
Matters finalised	Jul	309	316	341
	Aug	260	282	292
	Sep	316	319	349
	Total	**885**	**917**	**982**

* The decision count for matters commenced includes active matters marked as decision pending.

Initial joint consideration consultations

Issues by practitioner type

Practitioner type	Access	Code of conduct for Health Care Workers	Communication and Information	Consent	Discharge and 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	*JC Commenced without an Issue	Total
Medical Practitioner	17	-	78	29	4	1	16	15	1	23	66	117	11	287	29	1	-	**695**
Nurse	-	-	6	2	-	3	1	-	-	10	13	111	16	38	1	-	-	**201**
Dental practitioner	-	-	6	12	1	1	9	5	-	3	1	19	2	59	-	-	-	**118**
Psychologist	1	-	5	1	-	1	1	1	-	2	-	38	4	19	8	-	-	**81**
Pharmacist	-	-	-	-	-	-	1	-	-	-	11	12	1	2	-	-	-	**27**
Physiotherapist	-	-	3	-	-	1	1	-	-	1	-	8	-	9	2	1	-	**26**
Midwife	-	-	1	-	1	-	1	-	-	2	-	4	-	10	-	-	-	**19**
Paramedic	-	-	-	-	-	-	-	-	-	-	-	12	2	1	-	-	-	**15**
Occupational Therapist	-	-	-	-	-	-	-	-	-	1	-	3	1	1	4	-	-	**10**
Chiropractor	-	-	-	1	-	-	-	-	1	-	-	2	-	3	-	-	-	**7**
Optometrist	-	-	-	-	-	-	1	-	-	-	-	1	-	4	-	-	-	**6**
Medical Radiation Practitioner	-	-	-	-	-	-	-	-	-	1	-	3	-	-	1	-	-	**5**
Podiatrist / Chiropodist	-	-	-	-	-	-	-	-	-	1	-	1	-	3	-	-	-	**5**
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	**1**
Student practitioner	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	**1**
Aboriginal and Torres Strait Islander health practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Oral Health Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Unknown practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Non-registered practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**18**	**-**	**99**	**45**	**6**	**7**	**31**	**21**	**2**	**44**	**91**	**332**	**37**	**437**	**45**	**2**	**-**	**1217**

Initial joint consideration consultations

Of all matters subject to a decision through joint consideration in the quarter, 25.5% were retained by OHO, 39.7% were referred to Ahpra, and 36.8% were closed with no further action taken.

Outcomes by practitioner type[18]

Practitioner type	OHO to retain*		Refer to Ahpra		No further action		Q1 total	
	Num.	%	Num.	%	Num.	%	**Num.**	**%**
Medical Practitioner	122	52.8	235	60.3	188	52.1	545	55.5
Nurse	66	28.6	50	12.8	69	19.1	185	18.8
Dental practitioner	14	6.1	47	12.1	27	7.5	88	9.0
Psychologist	7	3.0	23	5.9	38	10.5	68	6.9
Pharmacist	4	1.7	10	2.6	6	1.7	20	2.0
Physiotherapist	3	1.3	3	0.8	13	3.6	19	1.9
Paramedic	5	2.2	5	1.3	5	1.4	15	1.5
Midwife	2	0.9	6	1.5	5	1.4	13	1.3
Occupational Therapist	1	0.4	3	0.8	5	1.4	9	0.9
Chiropractor	2	0.9	2	0.5	2	0.6	6	0.6
Podiatrist / Chiropodist	3	1.3	2	0.5	-	-	5	0.5
Medical Radiation Practitioner	1	0.4	1	0.3	1	0.3	3	0.3
Optometrist	1	0.4	1	0.3	1	0.3	3	0.3
Osteopath	-	-	1	0.3	1	0.3	2	0.2
Student practitioner	-	-	1	0.3	-	-	1	0.1
Aboriginal and Torres Strait Islander health practitioner	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-
Oral Health Therapist	-	-	-	-	-	-	-	-
Unknown practitioner	-	-	-	-	-	-	-	-
Non-registered practitioner	-	-	-	-	-	-	-	-
Total	**231**	**100**	**390**	**100**	**361**	**100**	**982**	**100**

* Refers to matters that were retained by the Office of Health Ombudsman.

[18] Figures in the above table reflect the number of decisions made categorised by both the Practitioner Type and Issue Category. As a single decision can be made in the context of multiple issues, certain decisions may be counted across multiple issue categories. For this reason, the total figures in the table will be different from the total number of decisions recorded.

Subsequent joint consideration consultations

Subsequent joint consideration occurs when the OHO has retained a complaint matter (following initial consideration) and undertaken an assessment, investigation and/or Director of Proceedings process which has led to a decision to take no further action. When this occurs, OHO is required to consult with Ahpra to ascertain whether Ahpra wants the matter referred to them.

As indicated in the tables below, subsequent joint consideration is relatively rare and, in this quarter, did not result in the referral of any matters to Ahpra.

Matters commenced and finalised

Subsequent joint consideration	Month	OHO Matter Count	Provider Count	Decision Count*
Matters commenced	Jul	11	5	11
	Aug	5	5	6
	Sep	10	10	10
	Total	**26**	**20**	**27**
Matters finalised	Jul	18	9	18
	Aug	4	4	4
	Sep	8	8	8
	Total	**30**	**21**	**30**

* The decision count for matters commenced includes active matters marked as decision pending.

Differences in the data above and in the tables below arise from the use of different category definitions, as follows:

- Matters finalised reflects the number of decisions made
- Issues by practitioner type reflects decisions which may include multiple issues and/or practitioners (so the total may not match the matters finalised total)
- Outcomes by practitioner type reflects Issues by practitioner type with outcomes. This count commonly equals Matters finalised.

Subsequent joint consideration consultations

Issues by practitioner type

Practitioner type	Access	Code of conduct for Health Care Workers	Communication and Information	Consent	Discharge and 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	*JC Commenced without an Issue	Total
Medical Practitioner	-	-	4	-	-	1	-	-	-	-	1	3	-	10	-	-	-	**19**
Nurse	-	-	-	-	-	-	-	-	-	-	-	4	-	1	-	-	-	**5**
Paramedic	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-	**4**
Midwife	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	**2**
Chiropractor	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	**1**
Dental practitioner	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	**1**
Occupational Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	**1**
Pharmacist	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	**1**
Podiatrist / Chiropodist	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	**1**
Psychologist	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	**1**
Aboriginal and Torres Strait Islander health practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Medical Radiation Practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Optometrist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Oral Health Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Osteopath	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Physiotherapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Student practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Unknown practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Non-registered practitioner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	**-**
Total	**-**	**-**	**4**	**-**	**-**	**1**	**1**	**-**	**1**	**-**	**2**	**12**	**-**	**14**	**1**	**-**	**-**	**36**

Subsequent joint consideration consultations

Outcomes by practitioner type

Practitioner type	OHO to retain*		Refer to Ahpra		No further action		No response received from Ahpra		Q1 total	
	Number	%	Number	%	Number	%	Number	%	**Number**	**%**
Medical Practitioner	-	-	-	-	17	58.6	-	-	**17**	**56.7**
Nurse	-	-	-	-	6	20.7	1	100	**7**	**23.3**
Chiropractor	-	-	-	-	1	3.4	-	-	**1**	**3.3**
Dental practitioner	-	-	-	-	1	3.4	-	-	**1**	**3.3**
Midwife	-	-	-	-	1	3.4	-	-	**1**	**3.3**
Occupational Therapist	-	-	-	-	1	3.4	-	-	**1**	**3.3**
Pharmacist	-	-	-	-	1	3.4	-	-	**1**	**3.3**
Podiatrist / Chiropodist	-	-	-	-	1	3.4	-	-	**1**	**3.3**
Aboriginal and Torres Strait Islander health practitioner	-	-	-	-	-	-	-	-	-	-
Chinese Medicine Practitioner	-	-	-	-	-	-	-	-	-	-
Medical Radiation Practitioner	-	-	-	-	-	-	-	-	-	-
Optometrist	-	-	-	-	-	-	-	-	-	-
Oral Health Therapist	-	-	-	-	-	-	-	-	-	-
Osteopath	-	-	-	-	-	-	-	-	-	-
Paramedic	-	-	-	-	-	-	-	-	-	-
Physiotherapist	-	-	-	-	-	-	-	-	-	-
Psychologist	-	-	-	-	-	-	-	-	-	-
Student practitioner	-	-	-	-	-	-	-	-	-	-
Unknown practitioner	-	-	-	-	-	-	-	-	-	-
Non-registered practitioner	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**29**	**100**	**1**	**100**	**30**	**100**

* Refers to matters that were retained by the Office of Health Ombudsman.

Demographics of complainants, healthcare consumers and providers

As part of the complaints management process, three key groups are identified:

1. Complainant is the person and/or entity who raised the complaint
2. Consumer is the person who received the healthcare service identified in the complaint (it is common for the Complainant and the Consumer to be the same person)
3. Provider is the person and/or entity who provided the healthcare service.

Over half (55.8%) of complainants are aged between 35 and 64 years old.

Complainants

Complainant gender

Gender	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Female	458	50.6	512	55.3	542	55.3
Male	413	45.6	371	40.1	388	39.6
Non-binary	7	0.8	18	1.9	10	1
Not Applicable*	25	2.8	22	2.4	36	3.7
Unknown**	2	0.2	3	0.3	4	0.4
Total	**905**	**100**	**926**	**100**	**980**	**100**

Complainant age[19]

Age group	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Less than 18 years	4	0.5	2	0.2	2	0.2
18-24 years	21	2.6	34	4.2	37	3.8
25-34 years	167	21.0	135	16.5	172	17.6
35-44 years	225	28.3	251	30.8	221	22.6
45-54 years	165	20.7	160	19.6	205	20.9
55-64 years	120	15.1	150	18.4	121	12.3
65-74 years	55	6.9	58	7.1	65	6.6
75 years and older	39	4.9	26	3.2	40	4.1
Total	**796**	**100**	**816**	**100**	**980**	**100**

[19] Excludes complaints received from an entity and instances where the complainant's age details were not recorded. In relation to the latter, there were 253 instances (84 | 88 | 81) this quarter. It is important to note a complainant may lodge multiple complaints in a single month or quarter.

Complainant location

Location (Hospital and Health Service region)	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Cairns and Hinterland	34	3.8	31	3.3	46	4.7
Central Queensland	32	3.5	48	5.2	36	3.7
Central West	1	0.1	1	0.1	1	0.1
Darling Downs	25	2.8	24	2.6	24	2.4
Gold Coast	76	8.4	82	8.8	97	9.9
Mackay	13	1.4	22	2.4	14	1.4
Metro North	130	14.4	149	16.1	159	16.2
Metro South	202	22.3	166	17.9	210	21.4
North West	5	0.6	4	0.4	3	0.3
South West	5	0.6	4	0.4	3	0.3
Sunshine Coast	50	5.5	61	6.6	52	5.3
Torres and Cape	0	0	1	0.1	2	0.2
Townsville	26	2.9	39	4.2	32	3.3
West Moreton	93	10.3	74	8	66	6.7
Wide Bay	34	3.8	37	4	41	4.2
Not Applicable*	0	0	1	0.1	1	0.1
Unknown**	179	19.8	183	19.7	193	19.7
Total	**905**	**100**	**927**	**100**	**980**	**100**

* Not applicable refers to complainants where the geographic details are excluded from an HHS catchment (e.g. the Office of Health Ombudsman).

** Geographic details are not recorded or unable to be adequately identified from details provided.

Complainant Indigenous Status

Indigenous Status	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Aboriginal	92	10.5	81	9.0	83	8.8
Both Aboriginal and Torres Strait Islander	7	0.8	9	1.0	9	1.0
Torres Strait Islander	0	0	5	0.5	6	0.6
Non-Indigenous	523	59.4	538	59.5	572	60.6
Unknown*	258	29.3	271	30.0	274	29.0
Total	**880**	**100**	**904**	**100**	**944**	**100**

* Indigenous Status not recorded or not provided for person.

Healthcare consumers

Consumer gender

Gender	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Female	398	47.1	452	52.3	473	53.0
Male	440	52.1	397	45.9	411	46.0
Non-binary	7	0.8	16	1.8	9	1.0
Total	**845**	**100**	**865**	**100**	**893**	**100**

Consumer age[20]

Age group	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Less than 18 years	35	4.6	54	6.9	50	6.1
18-24 years	33	4.3	43	5.5	57	7.0
25-34 years	144	18.7	123	15.6	162	19.8
35-44 years	204	26.5	213	27.1	178	21.8
45-54 years	133	17.3	115	14.6	154	18.8
55-64 years	99	12.97	124	15.8	90	11.0
65-74 years	55	7.2	63	8	64	7.8
75 years and older	66	8.6	51	6.5	63	67.7
Total	**769**	**100**	**786**	**100**	**818**	**100**

[20] Excludes complaints received from an entity and instances where the consumer's age details were not recorded. In relation to the latter, for the quarter there were 237 instances (77 | 82 | 78) where a consumer's age was not recorded.

Consumer location

Location (Hospital and Health Service region)	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Cairns and Hinterland	30	3.5	31	3.6	44	4.8
Central Queensland	25	3	43	4.9	38	4.2
Central West	1	0.1	1	0.1	1	0.1
Darling Downs	22	2.6	24	2.8	21	2.3
Gold Coast	69	8.2	64	7.4	81	8.9
Mackay	14	1.7	21	2.4	12	1.3
Metro North	121	14.3	127	14.6	128	14.1
Metro South	185	21.9	144	16.6	188	20.7
North West	3	0.4	4	0.5	4	0.4
South West	5	0.6	2	0.2	2	0.2
Sunshine Coast	42	5	49	5.6	48	5.3
Torres and Cape	0	0	1	0.1	0	0
Townsville	22	2.6	32	3.7	29	3.2
West Moreton	85	10	71	8.2	63	6.9
Wide Bay	30	3.5	30	3.5	34	3.7
Unknown*	192	22.7	225	25.9	216	23.8
Total	**846**	**100**	**869**	**100**	**909**	**100**

* Geographic details are not recorded or unable to be adequately identified from details provided.

Consumer Indigenous Status

Indigenous Status	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Aboriginal	94	11.1	85	9.8	89	9.9
Both Aboriginal and Torres Strait Islander	6	0.7	8	0.9	10	1.1
Torres Strait Islander	1	0.1	4	0.5	5	0.6
Non-Indigenous	475	56.2	469	54.0	509	56.8
Unknown*	270	31.9	302	34.8	283	31.6
Total	**846**	**100**	**868**	**100**	**896**	**100**

*Indigenous Status not recorded or not provided for person.

Health service providers

Provider location*

Location (Hospital and Health Service region)	Jul		Aug		Sep	
	Number	%	Number	%	Number	%
Cairns and Hinterland	35	4.9	27	3.8	31	4.1
Central Queensland	23	3.2	28	3.9	25	3.3
Central West	1	0.1	0	0	3	0.4
Darling Downs	31	4.3	13	1.8	30	4
Gold Coast	101	14.1	100	14.1	115	15.2
Mackay	13	1.8	22	3.1	10	1.3
Metro North	127	17.7	138	19.4	140	18.5
Metro South	151	21.1	146	20.6	118	15.6
North West	3	0.4	3	0.4	5	0.7
South West	5	0.7	5	0.7	3	0.4
Sunshine Coast	57	7.9	62	8.7	39	5.1
Torres and Cape	0	0	1	0.1	1	0.1
Townsville	21	2.9	32	4.5	29	3.8
West Moreton	31	4.3	22	3.1	28	3.7
Wide Bay	33	4.6	25	3.5	32	4.2
Not Applicable*	0	0	0	0	1	0.1
Unknown**	85	11.9	85	12	148	19.5
Total	**717**	**100**	**710**	**100**	**758**	**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.

** Geographic details are not recorded or unable to be adequately identified from details provided.

Aggregated data descriptions

To assist with understanding the data in this report, each visualisation/table has been further defined using the following descriptions:

- Date Stamp – This describes the date field that is used to mark the occurrence of the event that is being counted/measured.
- What is being counted? – This describes the unique instance that is being counted/measured.

Data element	Date stamp	What is being counted?
Intake of complaints		
Type of contacts	The date and time the case file is created in Resolve.	The total number of unique case files recorded in Resolve.
Type of complaints	The date and time the case file is created in Resolve.	The total number of unique case files recorded as a complaint in resolve.
Decision timeframes	The end date and time of a case file tracking clock which documents the processing time of decisions during the intake phase.	The total number of unique case files recorded as a complaint in resolve.
Decisions made	The end date and time of a case file tracking clock which documents the processing time of decisions during the intake phase.	The total number of decisions being made. Please note, as decisions can be reconsidered, certain case files will have multiple decisions recorded against them
Accepted decision outcomes	The date and time in which the outcome is recorded against the case file.	The total number of unique case files recorded as a complaint in resolve in the context of an accepted decision.
Health service complaints profile		
Main issue category raised in complaints	The date and time the case file is created in Resolve.	A recorded issue against the complaint case file.
Subcategories of professional performance issues raised in complaints	The date and time the case file is created in Resolve.	A recorded issue against the complaint case file.
Subcategories of professional conduct issues raised in complaints	The date and time the case file is created in Resolve.	A recorded issue against the complaint case file.
Subcategories of professional health issues raised in complaints	The date and time the case file is created in Resolve.	A recorded issue against the complaint case file.
Profile of complaints about health practitioners	The date and time the case file is created in Resolve.	In the grey cells, counts refer to the number of unique practitioners. In every other cell, counts refer to the number of issues.
Profile of complaints about health service organisations	The date and time the case file is created in Resolve.	In the grey cells, counts refer to the number of unique organisations. In every other cell, counts refer to the number of issues.
Assessment		
Assessments started and completed	The start and end date of the assessment.	The total number of unique assessment case files.
Assessment started by prioritisation	The start date of the assessment	The total number of unique assessment case files.
Completed assessment timeframes	The end date of the assessment.	The total number of unique assessment case files.
Assessment decisions	The date and time in which the outcome is recorded against the assessment case file.	The total number of unique assessment case files.

Data element	Date stamp	What is being counted?
Local Resolution		
Local Resolutions started and completed	The start and end date of the Local Resolution.	The total number of unique Local Resolution case files.
Completed Local Resolutions timeframes	The end date of the Local Resolution.	The total number of unique Local Resolution case files.
Local Resolution Outcomes	The date and time in which the outcome is recorded against the Local Resolution case file.	The total number of unique Local Resolution case files.
Conciliation		
Conciliations started and closed	The start and end date of the Conciliation file.	The total number of unique Conciliation case files.
Completed conciliation timeframes	The end date of the Conciliation file.	The total number of unique Conciliation case files.
Completed conciliation outcomes	The date and time in which the outcome is recorded against the Conciliation case file.	The total number of unique Conciliation case files.
Open conciliation timeframes		The total number of Conciliation Case files open at the end of the month.
Complaints management (Referrals)		
Referrals open and closed	The start and end date of the Referral case file.	The total number of unique Referral case files.
Referrals categories	The start date of the Referral case file.	The total number of unique Referral case files.
Referrals closed timeframes	The end date of the Referral case file.	The total number of unique Referral case files.
Referrals open timeframes		The total number of Referral Case files open at the end of the month.
Investigation		
Investigations started and closed	The date on which the investigations file is recorded as having commenced.	The total number of parent investigations in the context of 'Started' and 'Closed'. Amalgamated investigations represents the total number of investigations amalgamated.
Closed Investigation timeframes	The closed date of the investigation.	The total number of parent investigations closed.
Closed Investigation outcomes (All reports)	The date on which the outcome is recorded against the investigation case file.	The total number of parent investigations files in that context.
Active and paused Investigations		The total number of open parent investigations open at the end of the month.
Active Investigation timeframes		The total number of open parent investigations open at the end of the month.
Paused Investigation timeframes		The total number of open parent investigations open at the end of the month.
Active and paused (All) Investigation timeframes		The total number of open parent investigations open at the end of the month.
Open Investigation categories		The total number of open parent investigations open at the end of the month.
Monitoring investigation recommendations		
OHO recommendations Monitoring	The start date and finalisation date of the recommendations monitoring file	Each unique recommendation monitoring file.
Open recommendations Monitoring case timeframes		The total number of open recommendation monitoring files at the end of the month.
Director of Proceedings		

Data element	Date stamp	What is being counted?
Matters referred to the Director of Proceedings by practitioner type	The Commencement date of the Director of Proceedings File.	The total number of unique Director of Proceeding case files.
Matters currently with the Director of Proceedings by practitioner type	Not applicable.	The total number of unique Director of Proceeding case files.
Matters filed in the Queensland Civil and Administrative Tribunal	The date on which the matter is filed to QCAT.	The total number of matters filed in QCAT.
Matters referred back to the Health Ombudsman	The date on which the decision was made to refer the matter back to the Health Ombudsman.	The total number of Director of Proceeding case files referred back to the Health Ombudsman.
Matters open in the Queensland Civil and Administrative Tribunal	Not applicable.	The total number of matters filed in QCAT.
Queensland Civil and Administrative Tribunal decisions	The date on which the decision was recorded by QCAT.	The total number of decisions recorded as part of the QCAT proceeding.
Matters withdrawn	The date on which the matter was recognised as formally withdrawn.	The total number of Director of Proceeding case files.
Immediate action		
Initiation events for Immediate Registration Actions, Interim Prohibition Orders and Permanent Prohibition Orders	The date on which the order/action was initiated.	The number of unique practitioners under the action taken conditions specified in the table.
Variation events for Immediate Registration Actions, Interim Prohibition Orders and Permanent Prohibition Orders	The date on which the order/action variation took effect.	The number of unique practitioners under the action taken conditions specified in the table.
Revocation events for Immediate Registration Actions, Interim Prohibition Orders and Permanent Prohibition Orders	The date on which the order/action was revoked.	The number of unique practitioners under the action taken conditions specified in the table.
Monitoring practitioner compliance		
Practitioner Monitoring cases	The original effected date of the practitioner monitoring file and the finalisation date.	The unique number of practitioner monitoring files.
Open Monitoring cases timeframes		The total number of practitioners with a Monitoring Case Files open at the end of the month.
Immediate Action types		The total number of Practitioners Monitoring Case Files open at the end of the month.
Registered vs Non-registered practitioners under Monitoring		The total number of Practitioners Monitoring Case Files open at the end of the month.
Australian Health Practitioner Regulation Agency – Initial joint consideration decisions		
Matters commenced and finalised	The date and time in which the initial joint consideration process commenced and was finalised.	1) OHO Matter Count: This is the count of all complaint files within the OHO system which are linked to the joint consideration event. 2) Provider Count: This is the number of unique providers which are linked to the join consideration event. 3) Decision Count: This is the amount the of decisions that are made for a given joint

Data element	Date stamp	What is being counted?
		consideration event. This count usually corresponds with the total number of matters considered on the Ahpra side of joint consideration.
Issues by practitioner type	The date and time on which the initial joint consideration process commenced.	The total number of issues considered in the context of a decision. Please note, this figure does not necessarily equate to the decision count figure as a decision and issues context have a complex relationship. Namely, a decision can be made in the context of anywhere from zero to multiple issues at once.
Outcomes by practitioner type	The date and time in which the Initial joint consideration process was finalised.	The total number of decisions made.
Australian Health Practitioner Regulation Agency – Subsequent joint consideration decisions		
Matters commenced and finalised	The date and time in which the subsequent joint consideration process commenced and was finalised.	1) OHO Matter Count: This is the count of all complaint files within the OHO system which are linked to the joint consideration event. 2) Provider Count: This is the number of unique providers which are linked to the join consideration event. 3) Decision Count: This is the amount the of decisions that are made for a given joint consideration event. This count usually corresponds with the total number of matters considered on the Ahpra side of joint consideration
Issues by practitioner type	The date and time on which the subsequent joint consideration process commenced.	The total number of issues considered in the context of a decision. Please note, this figure does not necessarily equate to the decision count figure as a decision and issues context have a complex relationship. Namely, a decision can be made in the context of anywhere from zero to multiple issues at once.
Outcomes by practitioner type	The date and time on which the subsequent joint consideration process was finalised.	The total number of decisions made.
Demographics of complainants, healthcare consumers and providers		
Complainants	The date and time the case file is created in Resolve.	The total number of unique complainants in each month.
Healthcare consumers	The date and time the case file is created in Resolve.	The total number of unique consumers in each month.
Health service providers	The date and time the case file is created in Resolve.	The total number of unique providers in each month.