

The Office of the
Health Complaints
Commissioner Tasmania



Annual Report

2024–25



Independence
Impartiality
Fairness
Respect



Health
Complaints
Commissioner
Tasmania

The Honourable President
of the Legislative Council

The Speaker of the
House of Assembly

Pursuant to section 12 of the *Health Complaints Act 1995*, I present to the Parliament
the Annual Report of the Office of the Health Complaints Commissioner for 2024–25.

Yours sincerely

Dr Grant Davies

HEALTH COMPLAINTS COMMISSIONER
17 October 2025

About this report

This report describes the functions and operations of the Office of the Health Complaints Commissioner Tasmania for the year ending 30 June 2025.

It is available in print or electronic viewing format (visit healthcomplaints.tas.gov.au/publications) to optimise accessibility and ease of navigation. It can also be made available in alternative formats to meet the needs of people with disability. Requests should be directed to 1800 001 170 or Health.Complaints@healthcomplaints.tas.gov.au.



Acknowledgement of Country

In recognition of the deep history and culture of this Island, we would like to pay our respects to all Tasmanian Aboriginal people, the past and present Custodians of the Land.

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Message from the Health Complaints Commissioner

I commenced my appointment as the Tasmanian Health Complaints Commissioner on 14 July 2025 and I acknowledge the work completed by Richard Connock, who retired as the Tasmanian Health Complaints Commissioner on 11 July 2025. The Ombudsman Tasmania Annual Report 2024–25 contains his farewell.



...it has been an honour and a privilege to serve as the State's Ombudsman (including Right to Information and Energy), Health Complaints Commissioner, Custodial Inspector and National Preventative Mechanism, all of which perform important work for the benefit of the Tasmanian community. I am proud of that work and what we have been able to achieve over the years, and once again wish to thank all the staff over time for their considerable contributions. It takes a certain kind of commitment and sense of purpose to do what we do, and I have been very fortunate to have had highly professional and dedicated support throughout my term at all levels including business administration, investigation officers, principal officers and Deputy Ombudsman.

– Richard Connock

This report reflects work completed during Richard's tenure as the Tasmanian Health Complaints Commissioner in the 2024–25 financial year.

Work in 2024–2025

The 2024–25 reporting year saw a 7% increase in the volume of cases received by the Office of the Health Complaints Commissioner (the Office). This indicates continuing and consistent demand for the service provided. The Office continued to make improvements to our processes and deliver services despite operating without a full cohort of staff for most of the year. Notable staff changes include a new Principal Officer who joined the Office in late July 2024, a permanent appointment to a vacant Senior Investigation Officer position, and the recruitment process for a new Investigation and Assessment Officer is underway. Having these positions filled on a permanent basis will improve the ability of the team to deliver services effectively and will allow for a more proactive approach in identifying opportunities for improvements, future projects and stakeholder engagement.

Even with the resource limitations and the slight increase in volume of work this year, staff have achieved notable improvements in timeliness, with complaints being assessed and resolved more quickly than in previous periods. This improved responsiveness reflects the impact of improvements to processes, development of decision-making frameworks, improved internal coordination and processes for identifying early resolution of complaints.

Previous annual reports have reported on the backlog of cases the Office was working to address. The data identifies a significant reduction in the number of complaints carried forward from the previous years.

These complaints were reduced by almost 40% in 2022–23, by 41% in 2023–24 and by 56% this reporting year. The number of open cases at the end of the reporting year had also come down from 180 in 2022–23, to 75 in 2023–24, and to 46 this year, a reduction of 39% from the previous reporting year. The reduction in the backlog means improvement overall for our performance, staff wellbeing and, importantly, for complainants accessing our services.

Improving complaint handling processes and decision-making

In line with the strategic plan, staff reviewed complaint handling processes and identified areas for improvement. This has included the development of internal resources such as procedures, work instructions and guidelines to support our legislative requirements. These resources have helped support the functions of the Office and delivery of services to the public by ensuring consistency, transparency and fairness in how complaints are assessed and resolved. Since implementing these resources, staff have reduced ambiguity and improved efficiency, allowing for more timely and accurate responses to complainants and health service providers. The development of fact sheets, available on our website and provided to complainants, provides additional, clear information on our assessment process and legislative requirements. Staff continue to identify ways to improve processes and services.

Promoting early and facilitated resolution

A critical focus of our role is restoring relationships between parties where the provision of health care has either not met expectations or has fallen short of good practice. The patient experience from previous health presentations may impact on future patient experiences. It is therefore vital that relationships are maintained or rebuilt when they have broken down, as the consumer may need to receive ongoing care and treatment from the same health practitioner in the future.

Therefore, in addition to internal process improvement, staff have taken proactive steps to support early resolution of complaints and promote constructive engagement between parties. The Office has developed fact sheets specifically for complainants who have not yet lodged a complaint with the health service provider. These fact sheets are designed to encourage direct communication between the health service provider and the complainant to resolve the issue, offering guidance on how to raise concerns. Lodging concerns directly with the health service provider can result in quicker, less formal resolutions and the restoration of working relationships. By promoting and providing information about direct or early resolution, the Office emphasises a commitment to resolution-focused complaint handling and person-centred service.

We identified that facilitating early resolution and handling complaints in a timely manner included the need to acquire all the necessary and relevant information from the time the complaint was obtained. This prompted a redesign of the complaint form to ensure relevant information was obtained from complainants, that complainants were aware of the legislative provisions and authorisation for the use of their information was obtained, including sharing of information to health service providers or other agencies to help facilitate resolutions or outcomes.

Staff training

New staff all complete an induction, including training provided by the Department of Justice.

As well as completing the mandatory training, staff engaged in one or more of the following training programs this reporting year:

- Managing Wellbeing and Understanding Vicarious Trauma training by Blueknot
- Good Decision-Making training with the Victoria Ombudsman
- Commenced Certificate IV in Government Investigation

- Disability awareness training with Speak Out
- Fraud and Corruption training by the Department of Justice
- Integrity in Public Service by the Integrity Commission Tasmania.

The Office continues to look for further development opportunities to build the skills and capabilities of staff members. This is recognised as an important factor in both retaining current employees and attracting future employees.

Looking forward

Staff have worked hard to achieve results in this reporting year, with limited resourcing. In the coming year, we will continue to progress with improvements to how services are delivered and work towards a new strategic plan.

National Code of Conduct for Unregistered Health Practitioners

The Code of Conduct for Unregistered Health Care Workers (the Code) is administered by the health complaints entities in each jurisdiction.

On 19 December 2024, a proclamation for the *Health Complaints (Code of Conduct) Amendment Act 2018* to commence on 31 December 2024 was brought before the Executive Committee. The Tasmanian legislation to implement the Code had passed through Parliament and was proclaimed on 31 December 2024. Its provisions have now been incorporated into *Health Complaints Act 1995* (the Act) and provides:

- necessary definitions concerning health care workers and health services to establish who is covered by the Code;
- power to prescribe the Code;
- grounds for making a complaint and who can make a complaint;

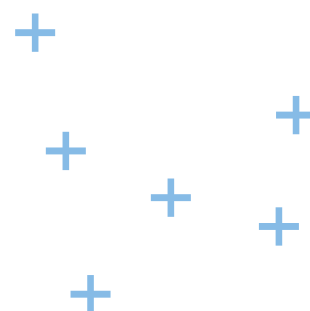
- appropriate powers relating to the Health Complaints Commissioner and the investigation of breaches;
- making of Interim Prohibition Orders, Prohibition Orders and public warning statements; and
- sharing of information across jurisdictions and mutual recognition of prohibition orders.

Regulations setting out the Code's terms have been drafted and stakeholder consultation concluded with the Department of Justice however, the Regulations have not been made or commenced.

Interstate jurisdictions have implemented the Code and are regulating this sector to ensure public safety in access to unregistered health service providers. The Office is committed to working with the Department of Justice to ensure the Code is implemented and the Office is ready and able to perform the new function adequately. As previously reported, there will need to be consideration into relevant funding for the increase in complaints, resourcing and updates to complaint management systems.

Review of the *Health Complaints Act 1995*

Previous annual reports have outlined that the Act is overdue for a review of its effectiveness and functionality. A consultant was engaged to finalise a review of the Act and draft an issues paper. The paper outlined issues identified in the preparation to seek legislative change. Further work needs to be completed, including stakeholder engagement. The Office seeks to work with the Department of Justice to continue the review of the Act.



Stakeholder engagement

We continue to ensure productive working relationships with the health service providers about whom we receive most complaints. We recognise that meaningful engagement is essential to improving health services and promoting awareness and accessibility in health complaint processes. We look forward to identifying opportunities to strengthen our outreach to consumers and health service providers. We are in the process of refreshing our website to update content, improve accessibility and ensure it is easier to navigate for the community.

I look forward to working with staff and stakeholders to promote and improve the safety and quality of health services in Tasmania.

Dr Grant Davies

Health Complaints Commissioner

November 2025



About us

The Health Complaints Commissioner was established in 1997 under the Act as an independent, impartial body that acts in the public interest. The Commissioner is an independent statutory officer who does not represent the interests of, nor act as an advocate for, either party to a complaint.

The Commissioner seeks improvements in the delivery of health services in Tasmania and, where possible, to resolve complaints between the parties through early resolution and conciliation. It has been the practice since the commencement of the Act for the offices of Ombudsman and Health Complaints Commissioner to be held by the same person.

Our functions

The major functions of the Office are to:

- receive, assess and resolve complaints from health service users;
- assist health service providers in developing procedures to resolve complaints;
- encourage health service users to resolve complaints directly with health service providers; and
- identify and review issues arising out of complaints and suggest ways of improving health services.

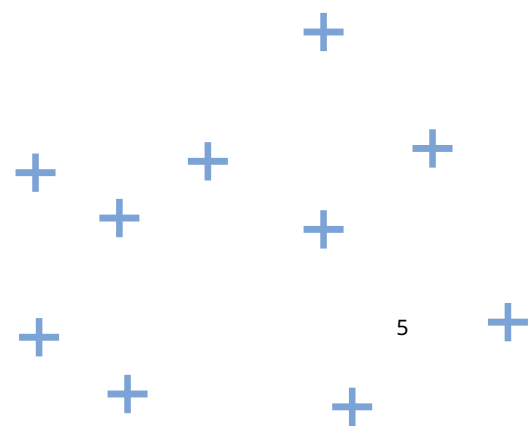
How we do our work

The primary function of the Office is to provide an accessible, impartial and confidential service for the resolution of health complaints. In this report, we provide information about complaint management, statistics, trends and outcomes.

Our values

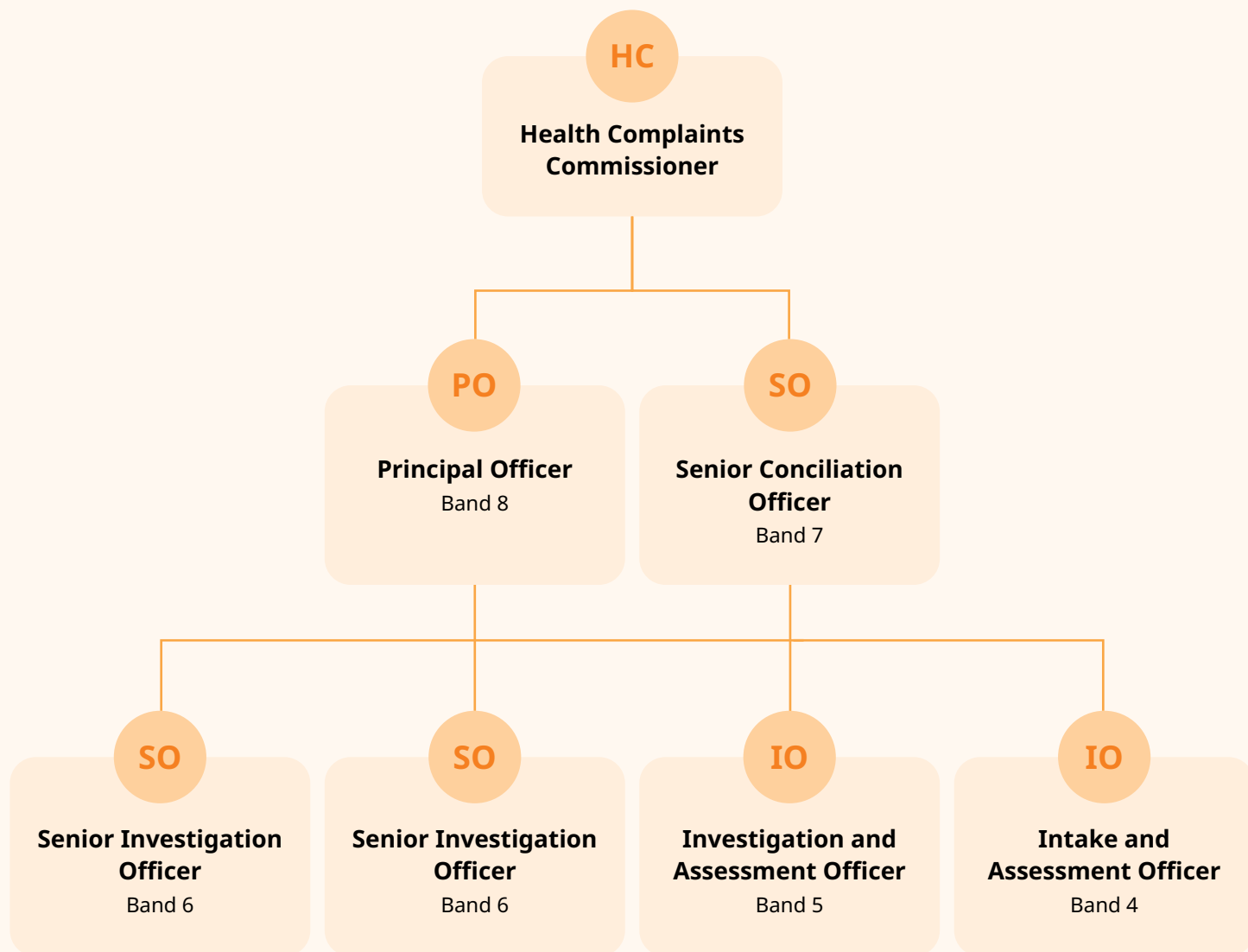
The core values of the Office are:

- Independence
- Impartiality
- Fairness
- Respect



Our people

The Office is made up of the following positions:



My dedicated staff are at the heart of all the achievements we make in the delivery of health services through complaint resolution, education and training. My staff continue to be supported by an excellent business and administration team, without whom we could not provide our services.

Budget

Budget reporting is contained in the Ombudsman Tasmania Annual Report. The Tasmanian Audit Office audits the financial report.

Strategic plan

The Office is ensuring steps are being taken to achieve the targets of the current Strategic Plan, including:

- Strengthening relationships with key government stakeholders;
- Reviewing deficient legislation;
- Drafting and publishing meaningful publications;
- Proactively engaging with media on public issues; and
- Continuing to advocate for resources in key areas.

Work will be completed on a new Strategic Plan in the new reporting year.



Our performance

Year at a glance (2024–25)

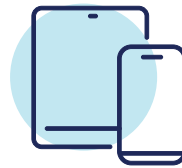
1232 Approaches (enquiries and complaints)
*excluding Notifications from AHPRA

Complaints

*excluding Notifications from AHPRA



454
complaints
opened



482
complaints
closed

Time taken

*excluding Notifications from AHPRA



409
complaints
closed in
45 days

25

complaints
closed in
90 days

15

complaints
closed in
180 days

33

complaints
closed in more
than 6 months

Enquiries



778
opened

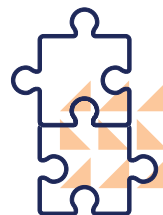


777
closed

***Notifications from the Australian Health Practitioner
Regulation Agency (AHPRA)**



167
received



166
closed

How complaints are managed

Complaints and notifications are assessed under the *Health Complaints Act 1995*



Contacting the Office of the Health Complaints Commissioner

Consumers can contact the Office by phone, email, letter, in person or online through the website complaint form. The Act requires a complaint to be in writing, unless there is a reason this cannot occur. In such cases, we have discretion to receive the complete in other ways. If a consumer has difficulty making a complaint in writing, staff can assist them in drafting a complaint.



Enquiry

The Office has continued to ensure efficiencies and focus on resolving matters quickly between health service providers and consumers when managing enquiries. Enquiries can be verbal or written communication asking a question or seeking information from the Office such as where to lodge a complaint, information about the Office or seeking advice or information in general.



Assessment

The Act sets out a number of criteria to be satisfied before we can accept a complaint. If these criteria are not met, the complaint is dismissed.

Assessment is the stage under the Act and the purpose is to decide whether a complaint should be referred to another entity, referred to conciliation, referred to investigation, a combination of any of these, or dismissed. This determination must occur within 45 days of the complaint being received but this period can be extended to 90 days, or longer, if approved by the Commissioner.

Cases are managed as informally as possible and resolving complaints at the first possible opportunity is a priority. This can involve completing early resolution where officers speak with the parties and negotiate outcomes.

The assessment process can involve making enquiries, including obtaining written responses from the health service provider, receiving and reviewing medical records and identifying and reviewing relevant clinical standards. The Act outlines when a complaint must be dismissed.



Referral to registration boards or another body

The relationship between the Office and the Australian Health Practitioner Regulation Agency (AHPRA) is governed by the *Health Practitioner Regulation National Law Act 2009* (the National Law). A memorandum of understanding is in place between AHPRA and the Office to consult on cases concerning a registered practitioner, and if appropriate, refer the complaint to AHPRA.

Complaints are also referred, when appropriate to do so, if the complaint relates to a matter that falls within the functions imposed on the Ombudsman Tasmania or another appropriate body or person.



Conciliation

Conciliation under Part 5 of the Act is confidential, privileged and voluntary process for resolving complaints.

Conciliation provides an opportunity for the parties to a health care complaint to discuss the complaint and agree on ways to resolve it. Conciliation aims to achieve a better understanding between the parties and negotiate a mutually acceptable outcome. There is usually a formal conciliation meeting but, by agreement, some cases can be negotiated without a meeting or through a series of meetings between the Conciliator and the individual parties. The parties can withdraw from conciliation at any time.



Investigation

Investigation under Part 6 of the Act provides the powers for the Commissioner to investigate issues arising from complaints or, on the Commissioner's own motion, matters relating to the provision of health services.

Investigations provide the Commissioner the opportunity to obtain information about an issue and determine what action to take, including providing findings and recommendations or a notice of recommended action to the health service provider. A report must be prepared at the conclusion of the investigation.



Contacts received

Telephone is the most common way consumers contact us. These are generally dealt with in the enquiry stage making up 81% of the enquiries (including prisoner phone line). Complaints are mostly received by email (39%) or the online complaint form (31%) which are accessible to consumers at any time.

	Enquiry	% of total	Complaint	% of total
Phone	508	65%	18	4%
Prisoner Phone Line	122	16%	37	8%
Email	119	15%	176	39%
Online	1	0.1%	141	31%
Complaint Form	0	0%	35	8%
Letter	3	0.4%	26	6%
In person	2	0.3%	0	0%
Referred	23	3%	21	4%

Snapshot “Complaints overview”

Enquiry

The intake team provides information on:

- The complaint process
- Raising a complaint with the service provider
- Referral to a more appropriate agency
- Other complaint resolution options.

Assessment

Complaints are assessed to ensure they meet a range of threshold criteria, including whether they relate to:

- The provision of health services
- Services provided in Tasmania
- An incident occurring in the past two years
- An incident that has already been raised with the service provider.

The purpose is to decide whether a complaint should be referred to another entity, referred to conciliation, referred to investigation, a combination of any of these, or dismissed.

Complaint resolution

Complaints can be resolved in the following way:

Early resolution

We assist with the exchange of information to reach an outcome which is often acceptable to both parties.

Conciliation

Encourages resolution by facilitating discussions between the parties to assist in reaching an agreement.

Investigation

This is normally only undertaken if a complaint raises a serious systemic or public interest issue.

Outcomes

The Office of the Health Complaints Commissioner is able to achieve a range of outcomes for both the person who made the complaint and for improved service delivery.

These include provision of explanations by service providers, apologies, refunds, reduction or waiver of fees and facilitating access to services.

We also attempt to address gaps in service provision by suggesting further staff training, changes to processes and procedures, and introduction of new policies and/or procedures.

We may also be able to assist in the obtaining of compensation.

Closed

Once the complaint resolution process is complete, the parties are informed of the outcome by letter or a report containing details of any outcome of the complaint.

Complaint and enquiry activity

Data about our complaint activity is collected in our case management system, Resolve. All cases received are initially recorded as enquiries. Cases proceed through different workflows in the system according to how they are managed and data is collected at various points through those workflows. Cases are either closed as an enquiry or they progress to a complaint or notification.

For the purpose of the statistics which follow:

- An **enquiry** is where a person or organisation is either seeking information from, or providing information to, this Office. All first contacts start as an enquiry until an assessment is made whether the enquiry is a complaint.

- A **complaint** can be made by a person about a health service sought, used or received by or administered to them as defined by the *Health Complaints Act 1995* by a health service provider. Complaints are initially assessed and may be subject to early resolution, dismissal, assessment, referral to a relevant body or conciliation or investigation.

For the purposes of this report, enquiries and complaints have largely been grouped together as 'cases' or 'complaints'.

- A **notification** is where a person lodges a notification with AHPRA which, following consultation with this Office as to which is the preferred entity to deal with the matter, it is agreed that AHPRA should retain the matter.

Table 1 Summary of cases received and closed in the reporting year

	Case type	Received	Closed
	Enquiries	778	777
	Complaints	454	482
	Notifications	167	166
	Total	1399	1425

Table 2 Overall case activity



Total cases	2022-23	2023-24	2024-25	Variance
Cases carried forward from 1 July	290	172	75	-56%
Cases received	1178	1162	1232	6%
Cases closed	1288	1259	1259	0%
Cases active at 30 June	180	75	46	-39%

Enquiries

A function of the Office of the Health Complaints Commissioner is to encourage and assist health service consumers to resolve complaints directly with health service providers.

In 2024–25, the majority of enquiries resulted in staff providing information to the consumer. Enquiries have risen 15.6% from the 2023–24 reporting year and this can be attributed to changes in processes. Staff provide consumers with information on:

- the Office's role, functions and complaints processes;
- resolution approaches with the consumer, including how to raise a complaint or concern with the health service provider in the first instance;
- support services; and
- more appropriate bodies to handle their concerns.

The Office refers consumers back for direct resolution with the health service provider where appropriate. Where a consumer has not attempted to resolve a complaint directly with a health service provider, staff will provide the consumer with the tools necessary to lodge a complaint with the health service provider directly. The enquiry is then closed.

If the consumer has raised the concerns with the health service provider and wishes to raise a complaint with us, the Intake and Assessment Officer can send a hard copy complaint form to the consumer or direct them to our online complaint form. In some instances this is not always the most appropriate option for the consumer and in these cases we work with the consumer to transcribe a complaint and provide this to them for approval and signature.

Outcomes of enquiries range from:

- information provided
- referred to another body
- complaint form sent.

Notifications

When a complaint concerning a registered practitioner is made to the Office, we are required to advise and consult with AHPRA as to whether any aspects of the complaint should be referred to AHPRA. AHPRA works with 15 National Boards to help protect the public by regulating Australia's registered health practitioners. AHPRA deals with the registration and accreditation, as well as the health, performance and professional conduct of individual health practitioners across Australia.

The Office continues to work closely with AHPRA to ensure complaints and notifications concerning registered health practitioners are jointly considered with AHPRA through consultation. A determination is then made on whether any aspect of the complaint and notification should be referred to AHPRA or the Office.

This reporting year saw an increase from 104 notifications to 167 notifications. In recent liaison meetings with AHPRA, they advised they have seen an increase in the number of notifications to their office resulting in the increase of notifications for consultation with us.



Complaints

The Office of the Health Complaints Commissioner ensures complaints are used to improve the safety and quality of health services in Tasmania, including identifying and reviewing issues arising out of complaints and suggesting ways of improving health services.

A core function of the Office is to assess complaints about health service providers in Tasmania. All complaints confirmed to be within jurisdiction and meet the criteria of a complaint under the Act are assessed. The purpose of the assessment process is to decide whether a complaint should be referred to a registration body, another body, investigated, conciliated or dismissed.

If a complaint is received with sufficient information, it can be assessed without making further enquiries. However, most complaints lodged with the Office require further enquiries to adequately assess the complaint. These enquiries include:

- requesting further information from the complainant to better understand their complaint;
- requesting information from the health service provider which may include further explanations, medical records, policies, procedures, standards or guidelines, root cause analysis reports or any other report; and
- independent clinical advice from our clinical advisor.

The outcomes achievable in the assessment process may be:

- identification of early resolution of the complaint by liaising with both the complainant and the health service provider about the concerns, and in some cases this can aid in a resolution such as seeking an appointment, further explanation, queries in billing, assisting in complaint resolution process;
- referral to the professional board if the complaint is about a registered practitioner and there is information about a departure from clinical standards;

- referral to another body, for example, if a complaint is about an age care facility this would be referred to the Aged Care Quality and Safety Commission;
- referral to investigation where the information found during assessment raises potential for significant issues to public health and safety, departure from standards or policies and procedures;
- referral to conciliation;
- dismissed if:
 - if it is appropriate to do so;
 - the complainant is not entitled to make a complaint;
 - the complaint is not about a provision of health service;
 - the complainant knew of the circumstances that gave rise to the complaint more than 2 years before the complaint was made;
 - the complainant has not, without good reason, taken reasonable steps to resolve the complaint with the health service provider;
 - the complaint issues have been adjudicated upon by a court, tribunal, board or other person established under law;
 - a court has commenced a proceeding related to the issues;
 - the complainant has been given reasonable explanation and information and there would be no benefit in further entertaining the complaint;
 - the complaint lacks substance;
 - the complaint is frivolous, vexatious or not made in good faith; or
 - the complaint has been resolved.

Complaints received

In the 2024–25 reporting year, complaint numbers remained consistent with the previous reporting year. The Office received 455 complaints, which is a 6.67% decrease from the previous reporting year.

If it is determined upon assessing the complaint that sufficient information is provided, the Commissioner will make a decision without making further enquiries from the health service provider or complainant. In most cases, however, officers will be required to request further information from either the health service provider or complainant to adequately assess the complaint issues.

The assessment process allows the Office to request and analyse information before determining how to manage the complaint. Information requests may include:

- seeking further information from the complainant;
- seeking a response from the health service provider on the issues identified in the complaint;
- requesting medical records;
- requesting relevant policies, procedures, guidelines, standards or other reports; and
- obtaining advice from a clinical advisor.

Time taken to assess and finalise complaints

The Act requires that a complaint be assessed within 45 days. This can be extended to 90 days, and longer in some cases. There are a number of circumstances, described in past annual reports and referred to earlier in this report, that are beyond our control and have an impact on the Office's ability to meet these statutory periods. Assessments generally rely on receiving and analysing information, which may take longer if the health service provider cannot provide the information on time.

In the 2024–25 reporting year 85% of complaints were assessed within 45 days, which was an improvement from the previous reporting year (62% in 2023–24). With the extended timeframe, 90% of complaints were closed in 90 days (74% in 2023–24). The remaining 10% of complaints were more complex and required the application of more formal assessment processes, however this number has decreased by 26% from the previous reporting year.

Table 4 Time taken to finalise complaints

Timeframe	2023–24		2024–25	
	Cases	%	Cases	%
1 to 45 days	363	62%	409	85%
46 to 90 days	69	12%	25	5%
91 to 180 days	46	8%	15	3%
More than 6 months	102	18%	33	7%

Decisions on complaints and notifications

This year, 648 complaints and notifications were closed following assessment. Table 3 provides full details about the assessment outcomes.

Table 3 Reasons for closure (*including notifications from AHPRA)

Reason	2022-23	2023-24	2024-25
Closed in Conciliation	11	9	11
Dismiss – Section 25(5)(a) Complainant not a person entitled under s22	7	6	4
Dismiss – Section 25(5)(b) Complaint does not disclose a subject matter referred to in s23	11	13	6
Dismiss – Section 25(5)(c) Complainant became aware of the circumstance more than 2 years ago	4	5	5
Dismiss – Section 25(5)(d) Complainant has not attempted direct resolution	255	133	281
Dismiss – Section 25(5)(e) Issues adjudicated by court or tribunal	3	1	1
Dismiss – Section 25(5)(f) Court has commenced hearing of subject matter	0	1	1
Dismiss – Section 25(5)(g) Complainant has been given reasonable explanation and information	283	322	104
Dismiss – Section 25(5)(h) The complaint lacks substance	18	6	2
Dismiss – Section 25(5)(j) Complaint has been resolved	74	10	10
Dismiss – Section 25(7) Complainant has failed to provide information under s24	0	4	14
Other	12	26	6
Out of Jurisdiction	13	4	3
Resolved	0	7	2
Section 25 (1)(a) Complaint referred to the Ombudsman or a relevant Board or another person	14	14	31
Section 30(1) The complaint has been withdrawn in writing	29	7	2
Retained by AHPRA pursuant to MoU (Section 57(1)(c)(ii) Retention by the Registration Board)	69	106	165
Total	803	674	648

Issues raised by complainants

Consistent with previous reporting years, the most common issues raised in complaints related to concerns about treatment, access to services, communication and information and medication. Most complaints raise more than one issue. Tables showing comparative data, including all issues and breakdowns, can be found at 'Complaint and enquiry summaries' in tables 13–26.

Treatment continues to be the most common issue raised in complaints and captures a wide range of issues. The most common were inadequate treatment (.7% decrease from 2023–24), inadequate care (62% decrease from 2023–24), unexpected treatment or outcomes (7% increase from 2023–24), diagnosis (10% decrease from 2023–24), and consultation issues (new most common issue).



Top common issues overall

Issue	2022–23	2023–24	2024–25
Treatment	492	555	441
Communication & information	153	160	109
Access	174	228	102
Medication	127	144	89
Professional conduct	36	40	54
Grievance processes	19	38	19

Most common treatment concerns



2024-25

134	60	57	55	42
Inadequate treatment	Inadequate care	Unexpected treatment outcome or complications	Diagnosis	Inadequate consultation

2023-24

135	115	53	61	49
Inadequate treatment	Inadequate care	Unexpected treatment outcome or complications	Diagnosis	Delay in treatment

2022-23

90	92	61	21	93
Inadequate treatment	Inadequate care	Unexpected treatment outcome or complications	Diagnosis	Delay in treatment



Issues raised about health service organisations

Complaints about health service organisations made up 59% of the complaints to the Office, a 12% decrease from the previous reporting year. In comparison to previous reporting years, public hospitals reported the most complaints about a health organisation (39% increase from 2023–24). Public hospital complaints made up 41% of complaints lodged against health service organisations.

Complaints are received from prisoners in the Tasmanian Prison Service and young

people in Ashley Youth Detention Centre about the delivery of the health service provided by the Correctional Primary Health Services. However, the Office saw a decrease of 64% from the previous reporting year. The complaints made up around 28% of those raised about health service organisations.

Medical practices and clinics complaints had the largest increase of 71% from the previous reporting year. Private hospitals complaints increased slightly from the previous reporting year.

Table 5 Complaints about health service organisations

Organisation	2022–23	2023–24	2024–25
Public Hospitals	114	80	111
Correctional Primary Health	228	212	76
Medical Practices/Clinics	60	38	65
Private Hospitals	14	13	15



Table 6 Main issues arising from complaints about public hospitals

Issues	2022-23	2023-24	2024-25
Treatment	131	207	190
Communication & Information	38	41	41
Access	19	15	21
Professional Conduct	8	6	20
Medication	10	16	19
Discharge & Transfer Arrangements	0	7	14

Public Hospitals

The Office closed 111 complaints about public hospitals in the reporting year. In comparison to the previous reporting years, public hospitals were the subject of the highest number of complaints closed. This total represents a 39% increase in the number of complaints closed about public hospitals in the last financial year.

Treatment continues to be the major issue raised about public hospitals with 190 treatment issues identified in complaints, a slight decrease from 207 in the last financial year. Communication and information issues remained the same, while there was an increase in issues such as access, professional conduct, medication, and discharge and transfer arrangements.

Correctional Primary Health Service

Complaints about Correctional Primary Health Services has seen a decrease from previous reporting years. We attribute this to prisoners becoming more aware of how to lodge their complaints directly with the health service provider, allowing for direct resolution. Prisoners and remandees have access to the Office by way of a direct telephone line at no cost to them.

Prisoners were provided more information from staff in the enquiry stages about resolving complaints directly with Correctional Primary Health Services, which may contribute to the decrease in complaints.

The Office continues to facilitate direct resolution by ensuring, in some instances, that information received by telephone from prisoners is provided to Correctional Primary Health Services. If the prisoner is disappointed with the direct resolution response, a formal complaint can be lodged with the Office for assessment.

Access to health services continues to be the most common issue but has seen a significant decrease from previous reporting years. Other issues raised by prisoners about health services include communication about appointment time and booking appointments, access to the opioid replacement therapy program, access to restricted medications, access to specialist care and oral health service wait times.

The issues have remained relatively the same from previous financial years, however, there was a significant increase in complaints about access to health services. Complaints about lockdowns, which result in limited access to clinics, continue to be an issue.

Table 7 Main issues arising from complaints about Correctional Primary Health Services

Issue	2022-23	2023-24	2024-25
Access	108	188	49
Treatment	132	104	41
Medication	85	94	40
Communication & Information	12	27	10

Private hospitals

Complaints against private hospitals made up 5% of complaints against health service organisations. The main issue continues to be in relation to treatment with this accounting for 44% of issues identified. Issues surrounding medical records, access, fees and costs, and communication and information increased.

Table 8 Main issues arising from complaints about private hospitals

Issue	2022-23	2023-24	2024-25
Treatment	18	17	20
Communication & Information	2	4	5
Access	1	1	4
Fees & Costs	1	0	4
Medical Records	2	1	1

Medical practices and clinics

The Office saw an increase in the number of complaints received by medical practices and clinics, making up 24% of the complaints about health organisations (9% in 2023–24). The main issue being treatment concerns. We saw a decrease in issues surrounding communication and information, access, and fees and costs.

Individual providers

The Office received 116 complaints about individual health service providers. This was a 41% increase from the 82 received in the 2023–24 reporting year. Consistent with other reporting years, the majority of complaints

were received about medical practitioners which increased from the previous year. As noted in previous reports, this is attributable to there being more doctors than other individual health providers who practice in their own right. Complaints about nurses, for example, are usually incorporated into complaints about hospitals.

The issue most complained about in relation to individual providers was treatment, accounting for 51% of the issues raised. Communication and information were 14% of the issues raised, and 11% of the issues were in relation to professional conduct. Table 11 provides further information about other issues raised including medication (6%) and medical records (5%).

Table 9 Main issues arising from complaints about medical practices/clinics

Issue	2022–23	2023–24	2024–25
Treatment	24	26	36
Access	22	8	14
Fees & Costs	24	9	13
Communication & Information	18	15	9

Table 10 Main individual providers complained about

Issue	2023–24	2024–25
Medical Practitioner	32	58
Nurse	1	1
Pharmacists	0	1
Dental	2	9
Psychologist	5	5
Other/Unknown	39	42

Table 11 Main issues arising from complaints about individual providers

Issue	2024–25
Treatment	117
Communication & Information	32
Professional Conduct	26
Medication	14
Medical Records	11
Fees & Costs	8
Consent	7
Access	5
Out of Jurisdiction	4
Grievance Processes	3
Reports/Certificates	3

Internal Reviews

A complainant may request a review of the decision made by the Commissioner. A review is conducted by an officer who was not the original decision-maker and who is of equal or senior level to the original decision-maker. In 2024–25, the Office received and conducted 12 reviews:

- the original decision was confirmed in 11 cases; and
- review was declined in 1 case.

External Reviews

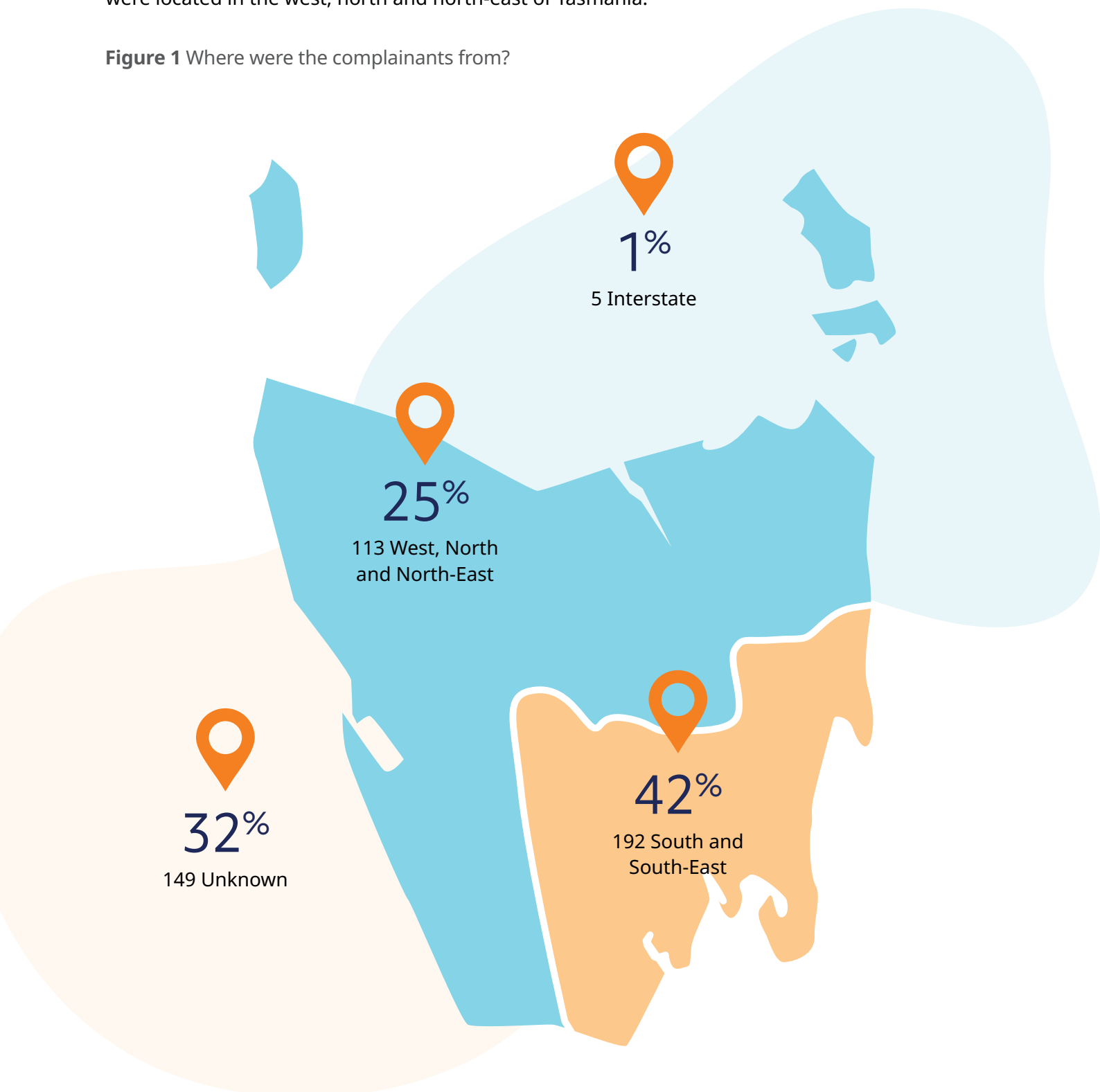
If a complainant is not satisfied with the decision, complaint handling processes or actions made by the Commissioner, they are able to seek an external review with Ombudsman Tasmania. There were no external reviews identified in 2024–25 reporting year.

Location of complainants

2024–25 Data

Figure 1 shows the breakdown of location of complainants lodging complaints with the Office of the Health Complaints Commissioner. The majority of the complainants resided in the south and south-east regions of Tasmania at 42%, while 25% indicated they were located in the west, north and north-east of Tasmania.

Figure 1 Where were the complainants from?



Conciliation

Conciliation is a process that provides an opportunity for the parties to discuss the complaint and agree on ways to resolve it.

Conciliation under Part 5 of the *Health Complaints Act 1995* is confidential and privileged. The process is facilitated by a conciliator and promotes open and honest communication with the aim of achieving a better understanding between the parties and negotiating a mutually acceptable outcome. In previous years, conciliation has been utilised extensively and with great success in resolving complaints, and as a vehicle for exploring and bringing about systemic change.

Eleven cases were closed within conciliation this year. Of those matters:

- two resulted in the payment of compensation to the complainant;
- two resulted in a commitment to providing ongoing care or rectification services;
- four resulted in significant policy change or quality improvements being implemented within the provider organisation; and
- in almost all cases, including those that did not result in any tangible outcome, the complainant, upon sharing their perspective of what happened to them, received an acknowledgment, further explanation given, and a genuine apology for the events giving rise to the complaint.

Table 12 Outcomes of complaints closed in conciliation

Outcome	2023-24	2024-25
Apology Given	8	10
Explanation Given	9	10
Concern Registered	5	8
Information obtained	4	5
Quality Improvement	2	4
Service Obtained	3	2
Compensation Received or Agreed	2	2



As previously reported, the Office of the Health Complaints Commissioner are still seeing delays in conciliation cases due to changes following the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings, and changes at the Department of Health. These delays were particularly pronounced in cases where compensation was sought.

The Office will continue to ensure health service providers are aware of the benefits of resolving matters through a collaborative and restorative approach, and that conciliation is regarded not only as a useful adjunct to open disclosure and model litigant policies, but as the preferred way in which to resolve complaints.

Unfortunately, although some progress was made clearing the backlog of old conciliation cases, as at the end of the reporting year, there remain a number of cases still awaiting advice as to the availability of appropriate staff, specifically at the Department of Health, to meet with the complainant in an attempt to address their concerns. This is regrettable as, rather than assisting the parties to resolve the issues giving rise to the complaint, it exacerbates complainants' belief of having been let down by the provider.



Investigations

The Health Complaints Commissioner may investigate:

- any matter specified in a written direction given by the Health Minister; and
- a complaint that the Commissioner has determined to investigate; and
- an issue or question arising from a complaint if it appears to the Commissioner
 - to be a significant issue of public safety or public interest; or
 - to be a significant question as to the practice of a health service provider; and
- on the Commissioner's own motion, any other matter relating to the provision of health services in Tasmania.

The Office can conduct the investigation in such a manner it considers appropriate. The *Health Complaints Act 1995* provides officers with powers to support the investigation work, including obtaining information from the complainant, health service provider or other body, interviewing a person, entering a premises in order to conduct a search and seize items or documents relevant to the investigation, and engaging independent clinical advice.

On completion of the investigation a report must be prepared. The report may contain information, comments, opinions and recommendations for action.

In the 2024–25 reporting year the Commissioner finalised one investigation and commenced two investigations.



Complaint case summaries

Discharge of a patient without notifying the next-of-kin

A complainant contacted the Office raising concerns about a person being discharged from hospital after a mental health incident. The complainant was not notified when the person discharged themselves against medical advice. Office staff contacted the hospital and reviewed the patient record and the direct resolution correspondence, including meeting notes between senior leadership personnel and the complainant.

Staff:

- identified the concerns of the complainant with the health service provider
- sought to review any deficiencies in patient care
- provided suggestions to improve the process of discharging of patients after mental health incidents.

During direct resolution, senior leadership acknowledged the concerns and feedback raised by the complainant. Senior leadership put forward recommendations to support patients who attend the hospital for mental health conditions and utilised the complainant's experience for staff education.

The result

Staff determined the recommendations were appropriate and proportionate to the complaint. The complaint was dismissed.

Working with the complainant and health service provider to resolve a complaint

Early resolution involves resolving the complaint in a way that both the health service provider and the complainant agree with. Staff will liaise with both the complainant and the health service provider to help resolve the complaint. It is a quick and informal process.

Rescheduling a booking

A complainant contacted the Office raising concerns about being 25 minutes late for an appointment. The Clinic subsequently cancelled the appointment and rescheduled a new appointment for four months later. Staff contacted the Clinic which acknowledged that, generally, medical staff ensured patients were able to be seen even if they were running late, however, on this occasion the medical officer was not working a full day, and the patient was running around 35 minutes late for a 30-minute appointment.

The result

Staff:

- identified the concerns of the complainant with the health service provider including the rescheduling of the appointment for four months later
- sought to resolve the complaint through early resolution
- the resolution sought was an earlier appointment date.

- The Clinic agreed to the early resolution process through this Office and proposed to resolve the complaint by rescheduling the appointment for later in the week. The complainant had been contacted by the Clinic and had accepted the appointment.

Issue resolved on agreed refund

A complainant raised concerns with the Office about attending a prepaid appointment which the health service provider agreed to refund. At the time of the complaint to the Office, the complainant had not received a refund of \$150 and it had been several months since the appointment. Staff contacted the health service provider identifying the issue, noting that the purpose of the Office in relation to the complaint was to help resolve problems between consumers and health service providers in Tasmania, and sought a response in relation to the refund.

The result

The health service provider confirmed they had attempted to refund the funds to the complainant, but the transaction had not processed correctly. The health service provider contacted the complainant and refunded the amount.

Termination of patient status at a private Clinic

A complainant contacted the Office raising concerns about the termination of their patient status at the Clinic. The complainant stated the termination was disproportionate to an incident that occurred at the premises. Staff reviewed national guidelines for managing patient behaviour and contacted the Clinic to review their policy on managing inappropriate patient behaviour, the complainant's record, and the Clinic's incident register.

The result

Staff:

- Identified the complainant had no prior adverse incidents recorded.
- The clinic policy for patient termination related to serious or repeated behaviours.
- The complainant's incident did not meet this threshold
- The clinic prematurely terminated the complainant's patient status.

As the complainant was never provided with a formal warning in relation to their behaviour, or placed on an approved behaviour plan, staff suggested the complainant be reinstated as a patient at the Clinic. Staff notified the Clinic that their actions were not in accordance with national guidelines.

Complaint and enquiry summaries

Summary of issues by category

Table 13 Summary of issues by category

Issue	2022-23	2023-24	2024-25
Access	174	228	102
Communication & Information	153	160	109
Consent	6	5	14
Discharge and transfer arrangements	6	8	15
Environment/management of facilities	10	10	12
Fees & costs	47	22	39
Grievance processes	19	38	19
Inquiry service only	22	7	-
Medical records	19	24	34
Medication	127	144	89
Professional conduct	36	40	54
Reports/certificates	9	6	9
Treatment	492	555	441
Out of jurisdiction	-	-	9
Total	1120	1247	946

Breakdown of issues by category

Table 14 Access

Issue	2022-23	2023-24	2024-25
Access to facility	3	0	1
Refusal to admit or treat	25	9	20
Remoteness of service	1	0	0
Service availability	121	144	56
Waiting lists	24	75	25
Total	174	228	102

Table 15 Communication and information

Issue	2022-23	2023-24	2024-25
Attitude/Manner	68	74	60
Inadequate information provided	39	66	41
Incorrect/misleading information provided	32	17	8
Special needs not accommodated	14	3	0
Total	153	160	109

Table 16 Consent

Issue	2022-23	2023-24	2024-25
Consent not obtained or inadequate	6	5	11
Involuntary admission or treatment	0	0	3
Total	6	5	14

Table 17 Discharge and transfer arrangements

Issue	2022-23	2023-24	2024-25
Delay	2	0	0
Inadequate discharge	4	7	15
Mode of transport	0	1	0
Total	6	8	15

Table 18 Environment/management of facilities

Issue	2022-23	2023-24	2024-25
Administrative processes	3	4	1
Cleanliness/hygiene of facility	1	1	0
Physical environment of facility	4	2	8
Staffing and rostering	2	1	1
Statutory obligations/accreditation standards not met	0	2	2
Total	10	10	12

Table 19 Fees and costs

Issue	2022-23	2023-24	2024-25
Billing practices	31	13	22
Cost of treatment	14	9	16
Financial consent	2	0	1
Total	47	22	39

Table 20 Grievance processes

Issue	2022-23	2023-24	2024-25
Inadequate/no response to complaint	14	35	19
Information about complaints procedures not provided	1	2	0
Reprisal/retaliation as a result of complaint lodged	4	1	0
Total	19	38	19

Table 21 Medical records

Issue	2022-23	2023-24	2024-25
Access to/transfer of records	13	18	21
Record keeping	5	6	13
Records management	1	0	0
Total	19	24	34

Table 22 Medication

Issue	2022-23	2023-24	2024-25
Administering medication	12	14	7
Dispensing medication	6	4	7
Prescribing medication	89	124	73
Supply/security/storage of medication	20	2	2
Total	127	144	89

Table 23 Professional conduct

Issue	2022-23	2023-24	2024-25
Assault	1	0	2
Boundary violation	6	3	1
Breach of condition	1	1	0
Competence	15	21	28
Discriminatory conduct	5	1	5
Financial fraud	0	1	0
Illegal practice	1	3	1
Impairment	3	1	0
Inappropriate disclosure of information	3	7	9
Misrepresentation of qualifications	1	0	0
Sexual misconduct	0	2	7
Emergency treatment not provided	0	0	1
Total	36	40	54

Table 24 Reports and certificates

Issue	2022-23	2023-24	2024-25
Accuracy of report/certificate	4	4	5
Cost of report/certificate	1	0	0
Refusal to provide report/certificate	2	2	3
Report written with inadequate or no consultation	1	0	0
Timeliness of report/certificate	1	0	1
Total	9	6	9

Table 25 Treatment

Issue	2022-23	2023-24	2024-25
Attendance	2	0	2
Coordination of treatment	44	41	26
Delay in treatment	93	49	27
Diagnosis	21	61	55
Excessive treatment	5	3	1
Experimental treatment	3	2	1
Inadequate care	92	115	60
Inadequate consultation	15	27	42
Inadequate prosthetic equipment	4	0	2
Inadequate treatment	90	135	134
Infection control	3	2	1
No/inappropriate referral	13	14	6
Public/private election	0	2	0
Rough and painful treatment	13	13	14
Unexpected treatment outcome/complications	61	53	57
Withdrawal of treatment	17	26	9
Wrong/inappropriate treatment	16	12	4
Total	492	555	441

Summary of outcomes of complaints

Table 26 Outcomes from cases closed in assessment stage

Outcomes	2022-23	2023-24	2024-25
Apology given	28	28	15
Change in policy	8	8	3
Change in procedure	9	8	2
Compensation received or agreed	4	1	0
Concern registered	420	424	411
Declined/referred	24	15	9
Explanation given	207	110	48
Fees/costs – refunded, waived or reduced	7	4	0
Information obtained	242	43	26
Quality improvement	14	13	4
Service obtained	86	5	8
Total	1049	659	526

Enquiries about this annual report should be directed to:

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Email: health.complaints@healthcomplaints.tas.gov.au

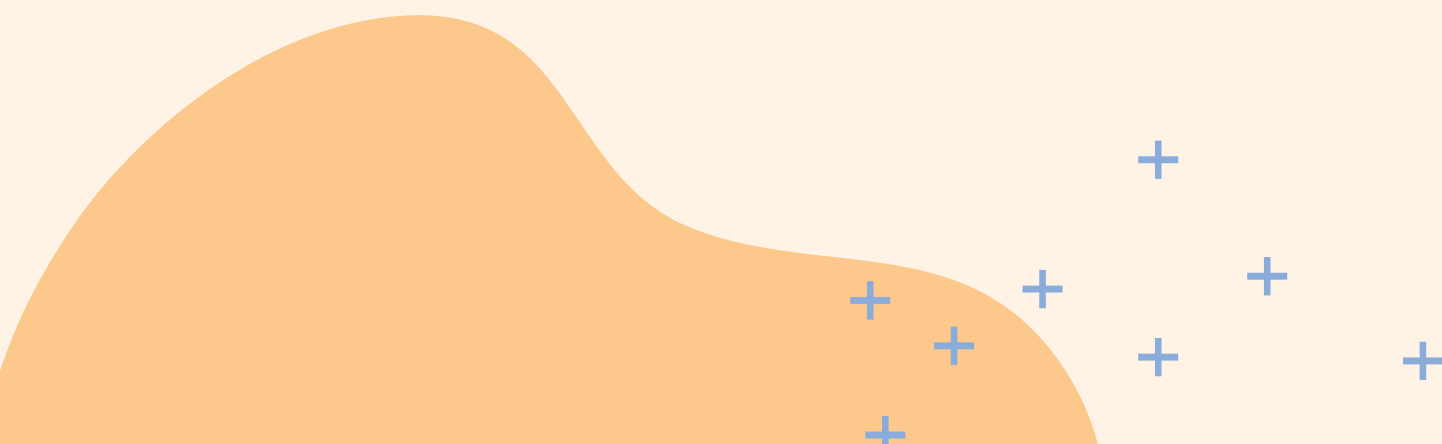
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