



**HEALTH
COMPLAINTS
COMMISSIONER**

Supporting
safe and ethical
healthcare

ANNUAL REPORT 2018-2019

OUR VISION WE WORK WITH VICTORIANS TOWARDS SAFE AND ETHICAL HEALTHCARE.

ACKNOWLEDGEMENT OF TRADITIONAL OWNERS

The Health Complaints Commissioner respectfully acknowledges the Aboriginal and Torres Strait Islander peoples as the Traditional Owners of our land, recognises their ongoing connection to land, waters and community and pays respect to their Elders, past, present and emerging.

FOR MORE INFORMATION

This report details our performance over the 2018–19 financial year against our vision and values.

For more information about how you can make a complaint to us or what you can make a complaint about visit hcc.vic.gov.au or call 1300 582 113.

If you are a health service provider and would like more information about our process if we receive a complaint about you, or about training, resources or your responsibilities under the **Health Complaints Act 2016 (HCA)** and **Health Records Act 2001 (HRA)**, please contact us on 1300 582 113 or via our website at hcc.vic.gov.au.

*Names used in the case studies throughout this annual report have been changed for privacy reasons. Images accompanying case studies do not represent complainants.

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A MESSAGE FROM THE COMMISSIONER



**"I AM PROUD TO LEAD THIS
OFFICE AS HEALTH COMPLAINTS
COMMISSIONER AND AM
PARTICULARLY PROUD OF
THE PASSION AND DEDICATION
OF MY STAFF IN DOING WHAT
WE DO."**

This year has seen our ongoing commitment to supporting the provision of safe and ethical healthcare through the work we do.

In February 2019 we celebrated two years of operation, and we continue to look to ways in which we can respond to the increasing complexity of complaints and the changing nature of health services. We have worked hard to build trust both with the community and with healthcare providers and will continue to do so.

Our health is such an important part of our lives, and we place a significant amount of trust in the professionals who help us take care of it. When patients, their families and carers are placed at the centre of their healthcare, they are given a voice and an opportunity to provide important feedback for healthcare providers, which builds greater trust. Our role is one aspect of that feedback, and good complaints resolution processes empower consumers of health services to raise issues. That, in turn, continues the ongoing quality improvement cycle. When things don't go the way people expect, we are here to listen and to facilitate free and impartial complaints resolution.

In 2018–19 we had a direct impact on the lives of thousands of people through our core business of complaints resolution. Complaints made to our office give us an opportunity to work in a positive way with the health service providers involved, ensuring they have effective complaint handling processes in place for the future that will lead to quality improvements for other service users. We are proud of the outcomes we facilitate, our collaborative approach to educating and working with providers and the trust the public has in us to handle their complaints with integrity and care.

One of the important ways we play a role in protecting the public is through our investigative powers and the ability to conduct investigations into those health service providers that are providing unsafe or unethical services. This year, our team commenced 38 investigations into those health service providers who posed a risk to the public. Permanent bans were made against 12 providers who were found to have acted unsafely or unethically, including massage therapists, cosmetic treatment providers, a drug and alcohol counsellor and an alternative therapist. We also commenced an inquiry referred to us by the Victorian Government in relation to Assisted Reproductive Treatment practices.

The recommendations of our inquiry into conversion therapy practices, finalised in late 2018, saw the Victorian Government commit to introducing legislation that will ban this practice in Victoria. I welcomed this announcement. This is just one example of the significant role we play in the lives of Victorians and one of the reasons we are so committed to ensuring our work is thorough, considered and impartial.

One of our major achievements this year has been the successful rollout of a new case management system. It is important that our systems and processes provide comprehensive and reliable data that we can use to identify trends and work to improve standards across the health sector.

I am proud to lead this office as Health Complaints Commissioner and am particularly proud of the passion and dedication of my staff in doing what we do. I'd like to thank each and every one of them for their professionalism and the care and empathy they bring to their roles. They act with fairness, courage and an unwavering commitment to supporting safe and ethical healthcare for everyone in Victoria.

Karen Cusack
Health Complaints Commissioner

OUR ADVISORY COUNCIL



THE HCC ADVISORY COUNCIL IS APPOINTED BY THE VICTORIAN MINISTER FOR HEALTH. ITS FUNCTIONS ARE TO:

1

LIAISE WITH HEALTH SERVICE PROVIDERS AND CONSUMERS TO ADVISE THE COMMISSIONER ON THE DEVELOPMENT OF A PRACTICE PROTOCOL AND COMPLAINT HANDLING STANDARDS.

AND

2

PROVIDE ADVICE TO THE COMMISSIONER, ON THE REQUEST OF THE COMMISSIONER, REGARDING ANY FUNCTION OR POWER OF THE COMMISSIONER.

THE HCC ADVISORY COUNCIL:



**MS CATHERINE DUNLOP
(PRESIDENT)**



MRS WENDY WOOD



**PROFESSOR ANDREA
DRISCOLL**



MR TONY MCBRIDE



MS JEN MORRIS



DR SUSAN SDRINIS



**ASSOCIATE PROFESSOR
ROSEMARY MCKENZIE**

In 2018–19 the Advisory Council focused on developing complaint handling standards and a service charter (practice protocol) for us. The Advisory Council also developed a work plan to guide its work to 2020.

We would like to thank the Advisory Council for its work and advice and acknowledge the contribution its members have made to supporting safe and ethical healthcare in Victoria.

THE LEGISLATION BEHIND WHAT WE DO

The Health Complaints Commissioner is an independent and impartial statutory officer established under the *Health Complaints Act 2016*.

The office of the Health Complaints Commissioner (HCC) administers two pieces of legislation, the *Health Complaints Act 2016 (HCA)* and the *Health Records Act 2001 (HRA)*. These Acts are available at legislation.vic.gov.au

Health Complaints Act 2016 (HCA)

The HCA defines our powers and responsibilities to:

- help resolve complaints about health services
- provide an accessible service and a free alternative to legal proceedings
- investigate providers who pose a serious risk to the health, safety or welfare of the public
- monitor and review trends in complaints data
- educate consumers and providers about their rights and responsibilities.

CODE OF CONDUCT FOR GENERAL HEALTH SERVICES

The HCA includes a code of conduct (the code) for all general health service providers who are not legally required to be registered with, and regulated by, the Australian Health Practitioner Regulation Agency (AHPRA).

The code sets the minimum legal standards, to support the provision of safe and ethical healthcare in Victoria. In summary, under the code, general health service providers:

Must:

- provide safe and ethical healthcare
- obtain consent for treatment
- take care to protect clients from infection
- minimise harm and act appropriately if something goes wrong
- report concerns about other general health service providers
- keep appropriate records and comply with privacy laws
- be covered by insurance
- display information about the general code of conduct and making a complaint.

Must not:

- mislead clients about their products, services or qualifications
- put clients at risk due to their own physical or mental health problems
- practice under the influence of drugs or alcohol
- make false claims about curing serious illnesses, such as cancer
- exploit clients financially
- have an inappropriate relationship with a client
- discourage clients from seeking medical treatment.



A full copy of the code is available on our website at hcc.vic.gov.au

Health Records Act 2001 (HRA)

In administering the HRA, we receive and help parties resolve complaints about the handling of health information in Victoria.

The HRA states that health information should be collected with consent and used or disclosed for the primary purpose it was collected, or for a directly related and reasonable secondary purpose. Health information can only be used or disclosed for a non-related purpose in some circumstances, such as when there is a serious risk to someone, or

if the information is needed to evaluate the service received.

Any organisation collecting health information must ensure the information is up to date and relevant to their work. They must also store, transfer and dispose of health information securely to protect privacy.

If a health service provider moves or closes down, it must post a public notice about what will happen with patient records and how patients can access their health records.

OUR VALUES

IMPARTIALITY:

WE ARE FAIR AND
TRANSPARENT IN
ALL WE DO.

INTEGRITY:

WE PROVIDE
SERVICES IN A
RESPECTFUL AND
ETHICAL MANNER.

COLLABORATION:

WE ARE INCLUSIVE
AND ENGAGED IN
OUR APPROACH.

COURAGE:

WE ACT WITH
STRENGTH AND
ARE COMMITTED
TO OUR PURPOSE.

WORKING TOWARDS SAFE AND ETHICAL HEALTHCARE

IN 2018-19 WE...

RECEIVED

6,375

COMPLAINTS



RECEIVED

66%

OF OUR
COMPLAINTS BY
TELEPHONE CALL

23%

BY ONLINE
FORM

6%

BY
EMAIL

5%

IN WRITING
OR IN PERSON

RECEIVED

1,802

ENQUIRIES



CONSULTED
WITH ALMOST

1,000

STAKEHOLDERS
TO DEVELOP



VICTORIA'S FIRST
COMPLAINT
HANDLING
STANDARDS FOR
HEALTH SERVICE
PROVIDERS



A HCC SERVICE CHARTER -
OUR COMMITMENT TO THE
PUBLIC AND HEALTH SERVICE
PROVIDERS IN DELIVERING
OUR SERVICES

FINALISED

6,477

COMPLAINTS



4,544

WERE FINALISED
IN LESS THAN
30 DAYS

AND

5,635

IN LESS THAN
90 DAYS



2018–19 FACTS AND FIGURES



IT HAS BEEN A YEAR OF ACTION AND ACHIEVEMENTS AS WE WORKED WITH CONSUMERS AND PROVIDERS TO SUPPORT SAFE AND ETHICAL HEALTHCARE.

COMMENCED

38

INVESTIGATIONS AND A MAJOR INQUIRY INTO ASSISTED REPRODUCTIVE TREATMENT (ART) PRACTICES

We continued a major investigation into private drug and alcohol rehabilitation services

ISSUED

47

ORDERS

AND

2

WARNING STATEMENTS

ISSUED

12

PERMANENT BANS AGAINST UNSAFE OR UNETHICAL PROVIDERS, BANNING THEM FROM PROVIDING ALL OR PART OF THEIR SERVICE TO THE PUBLIC



CONTINUED TO MAINTAIN AND DELIVER AN INFORMATIVE AND USER-FRIENDLY WEBSITE, HCC.VIC.GOV.AU, ACCESSED MORE THAN

270,000

TIMES IN 2018–19



EXPANDED OUR DATA ANALYSIS CAPABILITY BY IMPLEMENTING A NEW CASE MANAGEMENT SYSTEM

SAW A

10%

INCREASE IN ENQUIRIES TO OUR OFFICE FROM 2017–18



+



+



PROVIDED TRAINING, EDUCATION SEMINARS AND PRESENTATIONS TO HEALTH SERVICE PROVIDERS ON OUR ROLE, THE HRA, SUCCESSFUL MEETINGS TO MANAGE COMPLAINTS, THE CODE OF CONDUCT FOR GENERAL HEALTH SERVICES AND MANAGING COMPLAINTS AND TRICKY SITUATIONS

CASE STUDY: REFUSAL TO ADMIT PATIENT TO HOSPITAL

Complaint

Alem contacted us with concerns about a hospital that he claimed had failed to treat his wife and investigate her symptoms when she presented at its emergency department on five occasions in five weeks. Alem said each time his wife attended the hospital she was in severe pain, but the hospital refused to admit her. On her final presentation, Alem said his wife was diagnosed with stage four cancer and transferred to a specialist hospital for treatment. She passed away three months after her first presentation to the emergency department.

What we did

We worked with Alem to better understand the circumstances surrounding the hospital presentations and to clarify his main concerns and the outcomes he was seeking. Alem explained that his wife had been diagnosed with cancer and, when she began experiencing pain in her leg and difficulty walking, her osteopath said the cancer may have metastasised to the bone. Alem was upset that each time his wife attended the emergency department she was discharged without adequate pain relief. Because of the nature and circumstances of Alem's complaint, we put his concerns to the hospital in writing for a response.

The hospital provided a written response, which failed to address all of Alem's concerns. The overall tone of the letter could have also been perceived as insensitive. We contacted the hospital and advised that the response was unlikely to resolve the complaint. The hospital requested our guidance in preparing a more suitable response that would appropriately address the issues raised. We worked with the hospital to prepare a response that addressed all of Alem's concerns and was sensitive to the grief he suffered after the loss of his wife.

The outcome

Alem was satisfied with the hospital's response and felt he had enough closure to move forward.

CASE STUDY: CARE AND COMMUNICATION DURING A BIRTH DELIVERY

Complaint

Jane, a first-time parent, hoped for a natural delivery and to be able to breastfeed her baby. Jane's daughter, Julia, was delivered by emergency caesarean and admitted to the special care nursery due to some difficulties. Jane's experience of the birth was traumatic and compounded by several events at the hospital. She felt forgotten by nursing staff during her admission and received conflicting information about caring for Julia.

Before contacting us, Jane met with the hospital to discuss her concerns but felt she was being blamed for being too sensitive and was not taken seriously.

What we did

We helped Jane identify the key issues in her complaint and to articulate the outcomes she wanted to achieve. Jane wanted the hospital to acknowledge the distress she had experienced, implement policy and procedure changes to improve patient experience and to educate staff to ensure patients received consistent information.

We set up a meeting with the hospital's director of nursing and a senior midwife and worked with the hospital to understand the kind of response that would help Jane.

The outcome

Hospital staff listened to Jane and acknowledged they could have done a better job of ensuring she was supported and cared for. Staff identified improvements they would make based on Jane's feedback and apologised for the distress she experienced. Jane was invited to participate in a new consumer feedback initiative seeking the views of young mothers in the region, designed to ensure the hospital was supporting their needs.

Jane felt her concerns were taken seriously and she was happy that her feedback would improve the experience of other parents.

HOW WE HANDLE COMPLAINTS

Complaints resolution – our process

Working with consumers and providers to facilitate complaints resolution is our core business.

Anyone with concerns about a health service sought or provided in Victoria can complain to us. This includes consumers and their family members or friends, health service staff/volunteers, concerned community members and professional organisations. If you are making a complaint on behalf of another person, it is best to do so with their knowledge and authority whenever possible.

Carers can also complain about how they have been treated by a health service provider when providing or failing to provide a service to a person they care for.

If a person is dissatisfied with a health service provider, we ask that they raise their concerns with the health service provider directly first, if it is reasonable to do so. If they are unhappy with the health service provider's response, then we encourage people to make a complaint to us.

"EVERYONE HAS A RIGHT TO ACCESS SAFE, QUALITY HEALTHCARE AND TO BE TREATED WITH RESPECT."

Complaints made to us must fall under the HCA or the HRA.

HCA – complaints about the provision of a health service.

HRA – complaints about how health records have been handled.

More information about the HCA and the HRA can be found on page three.



These Acts can be found at legislation.vic.gov.au

DID YOU KNOW?

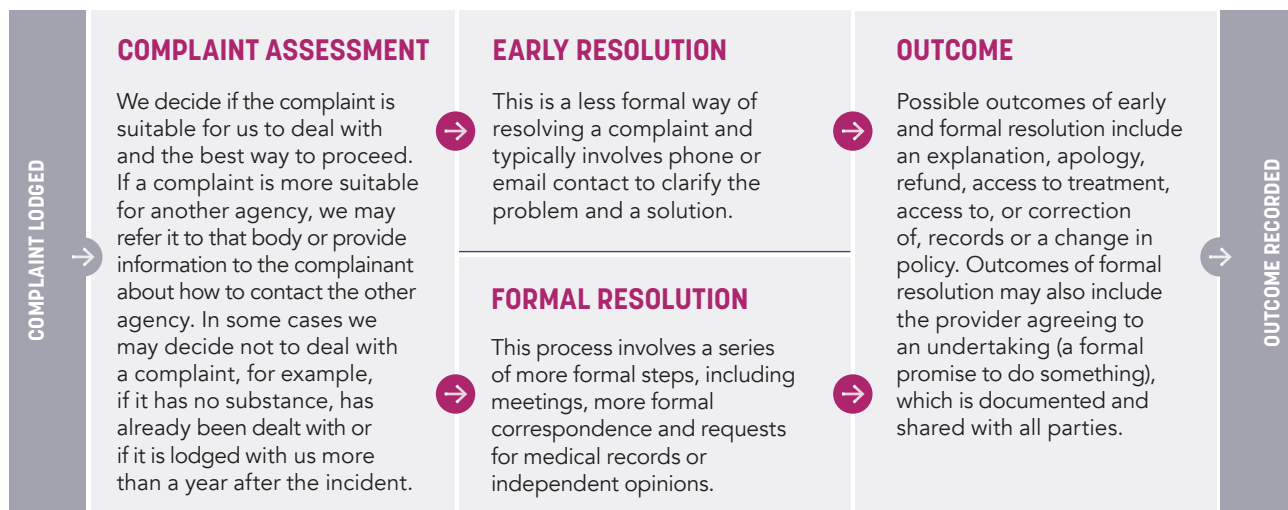
The HCC and the Australian Health Practitioner Regulation Agency (AHPRA) – what's the difference?

We can accept complaints about the provision of any health service in Victoria. This includes complaints about individual health service providers, whether they are registered practitioners or general health service providers. We can also accept complaints about organisations, including hospitals and community health services. We cannot take disciplinary action against registered health practitioners but we can achieve other outcomes. We can also accept complaints about the handling of health information by organisations providing health services in Victoria, and by non-health service providers, such as schools and gyms.

AHPRA deals with the registration and accreditation, as well as the health, performance and professional conduct, of individual health practitioners across Australia. AHPRA can also prosecute offences under the *Health Practitioner Regulation National Law Act 2009*, such as falsely claiming to be a doctor or performing certain types of procedures.

The HCC and AHPRA must share information about complaints and notifications that could be the subject of action by the other body and decide which agency is best placed to respond to a complaint.

Our process



Participating in the complaints resolution process is entirely voluntary. During the complaints resolution process, we remain impartial and independent.

COMPLAINTS RECEIVED IN 2018–19

IN 2018–19 WE RECEIVED

6,081

COMPLAINTS
UNDER THE HCA

AND

293

COMPLAINTS
UNDER THE HRA

AND

1

COMPLAINT UNDER
THE *HEALTH SERVICES
(CONCILIATION AND
REVIEW) ACT*

which was the legislation the former office of the Health Services Commissioner operated under prior to 1 February 2017.



ALL COMPLAINTS
COMING INTO OUR OFFICE
ARE INITIALLY HANDLED
BY OUR CUSTOMER
SERVICE TEAM



ALONG WITH COMPLAINTS
THIS TEAM ALSO HANDLED

1,802 ENQUIRIES
IN 2018–19



ENQUIRIES CAN INVOLVE
EXPLAINING OUR
PROCESSES AND THE
LEGISLATION THAT
GUIDES WHAT WE DO



ADVISING COMPLAINANTS
ON HOW TO PRESENT
A COMPLAINT TO THE
PROVIDER IN THE FIRST
INSTANCE



OR SPEAKING
WITH PROVIDERS
ABOUT THEIR
OBLIGATIONS

COMPLAINTS FINALISED IN 2018–19

IN 2018–19 WE FINALISED

6,477

COMPLAINTS

OF THOSE,

4,544

WERE FINALISED IN
LESS THAN 30 DAYS

WHILE

5,635

WERE FINALISED IN
LESS THAN 90 DAYS

CASE STUDY: COMMUNICATION ABOUT DENTAL SURGERY COSTS

Complaint

Aisha had a dental procedure at a private hospital. She did not have private health insurance and paid the hospital fee of \$1,700 and the surgeon's fee prior to the procedure. Two weeks after her operation Aisha received an additional invoice for \$1,750 from the hospital. When she asked the hospital about the additional charges, she was told to contact her surgeon. The surgeon's assistant contacted the hospital to see if the additional charges could be removed, without success.

Aisha contacted the hospital's billing department on multiple occasions but found them unhelpful and unresponsive. Aisha contacted us because she did not understand the additional charges and wanted them waived.

What we did

We explained to Aisha that quotes provided before surgery are an estimate only and sometimes other unanticipated costs may arise as a result of the procedure. We noted that the surgeon's assistant had indicated this in an email to Aisha.

We discussed possible outcomes with Aisha, exploring what would satisfy her if the hospital was unwilling to have the additional charges removed. We asked Aisha to think about other outcomes the hospital may be willing to offer, for example, providing a full explanation detailing the additional charges and offering a payment plan.

We contacted the hospital and found it was keen to resolve the complaint quickly. Aisha's account was placed on hold in the meantime. The hospital sent Aisha a detailed explanation of how the estimate had been calculated. Hospital staff had documented that Aisha was made aware that the costing provided before the surgery was an estimate only and that further charges may be payable if the treatment provided differed from the estimate. The hospital explained the surgeon made a clinical decision to undertake an extra procedure, which included the use of extra prostheses. This increased the duration of her procedure, the amount of equipment required and the cost of the procedure. The hospital also apologised for the distress the additional costs had caused Aisha and confirmed it was happy to arrange a repayment plan that would work with Aisha's circumstances.

The outcome

Aisha was satisfied with the outcome of her complaint.

CASE STUDY: PARTIAL REFUND FOR UNSUCCESSFUL TREATMENT

Complaint

Paulina visited an optometrist for contact lenses. The optometrist advised soft lenses would not be appropriate in a dusty environment and recommended Paulina trial hard lenses. Paulina was told the hard lenses were likely to last three years. She paid \$1,800 for the lenses and an additional \$400 to have them adjusted. The lenses did not fit, and she was later advised that the hard lenses were not suitable for some patients.

The optometrist then recommended soft lenses and said that the hard lenses may not have lasted three years, as her eyes may have changed in that time. The optometrist initially offered Paulina a six-month supply of soft lenses, which was later increased to 12 months, or a refund of \$1,100. Paulina did not think this fairly compensated her for what she had paid. Paulina said that, had she been advised the hard lenses may not last three years, she would have opted for the cheaper soft lenses. Paulina wanted an explanation of why she had been recommended hard lenses and a refund of \$2,200, or three years' supply of soft contact lenses.

What we did

We worked with Paulina to prepare a formal description of her complaint, which we provided to the optometrist for a response.

The optometrist explained that hard contact lenses would provide better vision for Paulina than soft contact lenses. The optometrist said that, prior to fitting Paulina with hard contact lenses, Paulina was informed that no refund was available on contact lenses purchased for patients who could not successfully wear them. The optometrist advised that contact lenses are a medical device and a successful outcome is not always achievable due to a number of patient-related factors. The optometrist said Paulina had attended more than 10 appointments and the optometrist had ordered five sets of lenses for her before determining that she would not be able to wear them.

Paulina said she did not recall being advised she would not be entitled to a full refund and did not think it was fair she would be out of pocket. We explained to Paulina that it was not unusual for a practitioner to refuse a full refund when they had provided a service with appropriate care and skill but did not achieve the outcome the patient was seeking.

The outcome

The optometrist offered Paulina a 50% refund, which Paulina accepted, along with a copy of her records to take to another provider.

WHO COMPLAINTS WERE ABOUT

We group complaints data
into four categories

1

HOSPITALS



2

REGISTERED
PRACTITIONERS



3

GENERAL HEALTH
SERVICE PROVIDERS



4

OTHER



The figures on page 14 show the complaints we
finalised in 2018–19 using these four categories,
with additional details based on provider speciality.

FINALISED COMPLAINTS BY PROVIDER TYPE

HOSPITALS

1,735 →

Public hospital	1,469
Private hospital	266

REGISTERED PRACTITIONERS

1,430 →

This category includes all practitioner types registered with AHPRA.

Medical practitioner	1,018	Emergency medicine	5	Physiotherapist	20
General practice	518	Occupational & environment medicine	4	Chiropractor	17
Surgery	192	Addiction medicine	1	Occupational therapist	10
Psychiatry	97	Palliative medicine	1	Pharmacist	10
Physician	68	Radiation oncology	1	Chinese medicine practitioner	7
Obstetrics & gynaecology	45	Sport & expertise medicine	1	Optometrist	7
Anaesthesia	19	Dentist	221	Podiatrist	7
Paediatrics	15	Psychologist	80	Medical radiation practitioner	3
Ophthalmology	13	Nurse & midwife	26	Osteopath	3
Pain medicine	12			Rehabilitation medicine	3
Radiology	12			Paramedic	1
Dermatology	11				

GENERAL HEALTH SERVICE PROVIDERS

316 →

General health service providers are not regulated by AHPRA. The difference between registered practitioners and general health service providers is explained in more detail on page three.

Cosmetic service	66	Aged care service	17	Operational support service	3
Mental health service	59	Community & social services*	8	Diet & nutrition service	2
Laboratory services	56	Dental/oral health support service	8	Disability service	2
Complementary & alternative health service	32	Optical service	8	Nursing support service	2
Massage therapy	24	Physical therapy service	4	Reproductive / sexual health service	1
Allied health service	21	Health promotion	3		

* The 'community & social services' category includes child and family health support workers, community health workers and palliative care staff.

OTHER

2,996 →

Prison health services	1,747	Community health services*	66	Local council	10
Clinic	855	Day procedure centre	63	Home doctor service	4
Ambulance & patient transport	79	Non-health service provider	54	School	4
Pharmacy	73	Medical imaging	39	Nurse-on-call service	2

* 'Community health services' are a service that provide state-funded primary healthcare, including, but not limited to, allied health services, dental health services, disability services and medical services.

CASE STUDY: FAILURE TO FOLLOW THROUGH

Complaint

Patricia contacted the HCC on behalf of her son Daniel, who has a hearing impairment and is unable to communicate verbally. Daniel had his eyes tested at a specialised health service as a requirement for his driver's licence. Patricia said the provider was going to send the test result and a doctor's report to VicRoads.

Daniel was stopped by police a few months later and told he was driving without a licence. He received a significant fine. Patricia said she discovered the health service had not sent the eye test results to VicRoads. She said the health service later told her they had given the paperwork to Daniel to submit, which he denied. When she requested a copy of the documents from the provider, she was told they did not have a copy on file. Daniel had to have his eyes retested and had to obtain a new doctor's report. He was also disadvantaged by not being able to drive in the meantime.

Patricia was unable to resolve her complaint directly with the health service provider. She wanted an apology from the provider to Daniel and an acknowledgement that Daniel had not been given the documents to submit to VicRoads. Patricia also wanted a change in policy to ensure the provider maintained up to date records and responded to complaints in a timely manner.

What we did

We assisted Patricia to identify the key issues and desired outcomes of her complaint and summarised Patricia's complaint into a document, which we sent to the health service. We requested that the health service address the key complaint issues and Patricia's desired outcomes.

The outcome

Patricia was pleased the health service acknowledged the complaint in a timely manner. She accepted a written apology from the health service.

CASE STUDY: UNSATISFACTORY COSMETIC TREATMENT

Complaint

Sarah had laser treatment on her face at a cosmetic clinic. Afterwards, her skin felt burnt and the skin on her nose had split. Her face remained inflamed and she developed acne and pigmentation. Sarah was reviewed at the clinic but her condition did not improve.

Sarah confirmed she had been informed of possible complications before treatment and had signed a consent form but felt the dermal therapist downplayed the possibility of any adverse outcomes. Sarah said the effects had not settled and she had sought advice and treatment from a dermatologist, who diagnosed her with rosacea. She wanted a refund of the cost of the treatment and reimbursement for her out of pocket costs to have her skin problems corrected.

What we did

We worked with Sarah to put together a formal description of her complaint, identifying her key concerns and the outcomes she was seeking.

In its response, the clinic stated it had considerable contact with Sarah following her procedure. The clinic provided a copy of the signed consent form, which listed a range of possible reactions to laser treatment and information about the measures it took to minimise the risk of any adverse effects. The clinic told us that its doctor had reviewed Sarah twice following the treatment. The doctor offered to use a different laser to treat the redness, at a discount. The clinic was unable to assist Sarah further because she did not return to the clinic. The clinic had reviewed its management of Sarah and was satisfied she had been managed with appropriate care and skill. On that basis, the clinic declined to offer a refund or compensation.

The outcome

Sarah remained distressed and said compensation was less important than the clinic's unwillingness to acknowledge her problem. Although her dermatologist had confirmed that Sarah had rosacea, Sarah did not have any documents to support her claim that the clinic's treatment had been unreasonable or unsafe.

While Sarah found the outcome unsatisfactory and was distressed by the result, there was no evidence to suggest that the treatment outcome went beyond the risks she had been informed about or that the provider posed a serious risk to the public.

An unsatisfactory treatment outcome is a relatively common cause of complaints about cosmetic treatments. Treatment expectations are not always met, and our voluntary complaints resolution process does not always result in a better outcome for the complainant. In this case, we were unable to assist Sarah and the clinic to reach an agreement about how to resolve her complaint.

Where the cosmetic treatment is provided by a general health service provider and there is enough information to suggest that the provider may have contravened the code, we may consider undertaking an investigation. In these cases, our primary aim is to ensure the public is protected from any serious risk that a health service provider poses to the health, safety or welfare of the public. More information about our investigations process can be found on page 23.

WHAT COMPLAINTS WERE ABOUT

ACROSS THE

6,477

COMPLAINTS WE
FINALISED IN 2018–19,

WE RECORDED

7,144

ISSUES

As complaints made to us may include more than one issue of concern, the number of issues in finalised complaints will be higher than the number of complaints finalised.

The figures on page 18 show the issues across finalised complaints for 2018–19. The data is grouped according to whether the complaint was received under the HCA or the HRA. For HCA complaints, the data is categorised under two provider types:

1 GENERAL
HEALTH SERVICE
PROVIDERS

2 NON-GENERAL
HEALTH SERVICE
PROVIDERS

The difference between provider types, and more information about the HCA and the HRA, is available on page three.

COMMON ISSUES RECORDED

THE MOST COMMON ISSUES IN
FINALISED HCA COMPLAINTS
ABOUT GENERAL HEALTH SERVICE
PROVIDERS WERE:

37% SERVICES NOT BEING
PROVIDED IN A SAFE
AND ETHICAL MANNER

14% FINANCIAL
EXPLOITATION

9% MISINFORMATION

THE MOST COMMON ISSUES IN
FINALISED HCA COMPLAINTS
ABOUT NON-GENERAL HEALTH
SERVICE PROVIDERS WERE:

32% TREATMENT

24% ACCESS

13% MEDICATION

THE MOST COMMON
ISSUES IN FINALISED
HRA COMPLAINTS WERE:

47% ACCESS

18% USE AND
DISCLOSURE

10% DATA
QUALITY

Issues in finalised HCA complaints

**GENERAL HEALTH
SERVICE PROVIDERS**

324 →

**FINALISED
COMPLAINTS**

Safe and ethical manner	120	Responding to adverse events	12	Physical or mental impairment	3
Financial exploitation	45	Report provider conduct	10	Practising under the influence of alcohol or unlawful substances	2
Misinformation	30	Consent	8	Claim to cure illnesses	1
Conduct in relation to treatment advice	28	Infection control	7	Criminal offence	1
Sexual misconduct	28	Privacy	7	Statutory offence	1
Record keeping	13	Access and display code of conduct	4		
		Human rights	4		

Issues in finalised HCA complaints

**NON-GENERAL HEALTH
SERVICE PROVIDERS**

6,463 →

**FINALISED
COMPLAINTS**

Treatment	2,074	Diagnosis	417
Access	1,564	Communication	346
Medication	867	Complaint management	107
Conduct and behaviour	547	Facilities	73
Fees, costs and billing	440	Human rights	28

Issues in finalised HRA complaints

**ALL
PROVIDERS**

337 →

**FINALISED
COMPLAINTS**

Access	159	Data security and retention	14
Use and disclosure	59	Collection	11
Data quality	34	Openness	6
Making information available to another health service provider	31	Anonymity	1
Correction	21	Transfer or closure of the practice	1

COMPLAINTS UNDER THE HEALTH SERVICES (CONCILIATION AND REVIEW) ACT

We also recorded 20 issues across complaints finalised under the *Health Services (Conciliation and Review) Act* (the legislation the office of the Health Services Commissioner operated under prior to 1 February 2017).

11

TREATMENT

3

**HUMAN
RIGHTS**

3

MEDICATION

2

DIAGNOSIS

1

COMMUNICATION

CASE STUDY: LOST DENTURES

Complaint

Li Na complained that her father's dentures went missing while his bedding was being changed in a hospital's geriatric ward. Her father could not walk and did not have any visitors on the night the dentures went missing. Li Na discussed the problem with the hospital's nurse unit manager, who told her the hospital's policy was to not replace lost items.

What we did

We contacted the hospital and discovered that, in cases where property was lost because of the hospital, it could assist with the costs of replacing the item. We were informed that the geriatric ward had a special system for keeping track of dentures and hearing aids. This system confirmed the dentures were lost overnight, most likely in a bedding change.

The outcome

The hospital covered the cost of replacement dentures and educated staff across the organisation about the lost property policy. Li Na was happy with the resolution.

CASE STUDY: ACCESS TO HEALTH RECORDS

Complaint

Stavros contacted us with a complaint about transferring his and his wife's medical records to a new clinic. Stavros confirmed they had signed transfer forms, as requested by their previous clinic, and delivered the forms to the new clinic in person. Stavros said the records were not transferred.

What we did

We dealt with this as a complaint under the HRA and spoke to the practice manager to discuss the clinic's obligations under the Act, namely the obligation to comply with the transfer request within 45 days, as well as the option to charge the scheduled fees associated with the transfer.

The clinic explained that the transfer did not occur because of a problem with the new clinic's email. They suggested Stavros could pick up the records in person to provide them to the new clinic.

We contacted Stavros and explained what had occurred, noting the clinic's apology for the delay, and put forward the proposed option to resolve the complaint. Stavros accepted the proposal and attended the clinic to collect the records.

The outcome

The complaint was resolved quickly and informally. Through our process we were also able to give the parties guidance regarding their obligations under the HRA.

OUTCOMES IN FINALISED COMPLAINTS

When we receive a complaint, the first thing we ask is if the complaint has been raised with the provider. The HCA requires complainants to raise their complaint directly with the provider before approaching us, unless it is unreasonable or inappropriate for them to do so.

Our customer service team provides advice and assistance to complainants on how to do this. Our website, hcc.vic.gov.au, also offers tips on how to make a complaint to a provider, along with a complaint letter template. If a complainant is unsatisfied with the provider's response, we encourage them to contact us with their complaint.

"WE ARE COMMITTED TO RESOLVING COMPLAINTS IMPARTIALLY IN A FAIR AND TRANSPARENT MANNER. WE WORK WITH CONSUMERS AND PROVIDERS ACROSS VICTORIA TO ASSIST THEM IN RESOLVING THEIR DISPUTES BY PROVIDING A RESPONSIVE COMPLAINT HANDLING PROCESS."

OUTCOMES IN FINALISED COMPLAINTS, 2018-19

IN HCA COMPLAINTS WHERE AN AGREEMENT BETWEEN THE PARTIES WAS REACHED IN THE RESOLUTION PROCESS, THE MOST COMMON OUTCOMES WERE:

52% AN EXPLANATION

18% ACCESS TO SERVICES

12% AN APOLOGY

OTHER OUTCOMES INCLUDED:

8% A REFUND

5% FEES WAIVED

4% COMPENSATION

1% AN UNDERTAKING

IN HRA COMPLAINTS WHERE AN AGREEMENT BETWEEN THE PARTIES WAS REACHED IN THE RESOLUTION PROCESS, THE MOST COMMON OUTCOMES WERE:

37% ACCESS TO RECORDS

30% EXPLANATION

15% TRANSFER OF HEALTH INFORMATION

COMPLAINT HANDLING STANDARDS FOR HEALTH SERVICE PROVIDERS

HOW TO HANDLE COMPLAINTS

The minimum legal standards for health service providers

Handling complaints well means engaging with consumers about their concerns and understanding the resolutions they are seeking. Communication issues underpin most complaints we receive, and many complainants are simply looking for an explanation or apology. Another common motivation behind complaints is to prevent the same thing happening to others. This is why acknowledging complaints promptly and letting people know what has been done to prevent something similar from happening again is so important.

This year we finalised Victoria's first set of permanent complaint handling standards, which apply to all Victorian health service providers (including registered practitioners and general health service providers).

THE STANDARDS:



**AIM TO STRENGTHEN AND
IMPROVE COMPLAINT HANDLING
ACROSS THE VICTORIAN HEALTH
SERVICES SECTOR**



**PROVIDE A COMMON
BENCHMARK FOR CONSUMERS
AND PROVIDERS**



**INCLUDE GUIDING
PRINCIPLES FOR
IMPLEMENTATION**



**REINFORCE THE IMPORTANCE
OF CONSUMER FEEDBACK
AND PERSON-CENTRED CARE.**

Once these standards are in effect, all Victorian health service providers will be legally required to adhere to them. Until then, the HCA includes a set of interim standards that continue to apply.



These are available on our website at
hcc.vic.gov.au

OUR INVESTIGATIONS

Under the HCA we can investigate complaints about health service providers and matters referred to us by the Victorian Minister for Health. The HCA also enables the Commissioner to initiate investigations in certain circumstances. When deciding whether to commence an investigation, we consider the potential risk of harm and, in the case of general health service providers, if there are reasonable grounds to indicate the code may have been breached.

The aim of our investigations is to establish the facts and identify if any measures should be taken to protect the public from serious risks to their health, safety or welfare.

Under the HCA we may carry out any inquiries into the subject matter of an investigation that the Commissioner believes are necessary. We can request clinical notes, relevant internal reports, policies and procedures or names of other providers involved. We can conduct hearings or interviews, seek independent expert advice or exercise our compulsory powers.

If the Commissioner believes a general health service provider poses an unacceptable risk to the public, she can issue an **interim prohibition order** temporarily banning that provider from offering all or part of the general health service being investigated for up to 12 weeks.

What happens after an investigation?

After completing an investigation, we prepare a report setting out the Commissioner's findings and containing evidence, comments or recommendations. A copy of that report must be given to the health service provider, and in some cases may also be shared with the complainant, AHPRA, the Minister for Health or the Secretary to the Department of Health and Human Services.

Where the report recommends a health service provider must undertake quality improvements, we will ask the provider to report back to us on the implementation of those recommendations. If we believe the provider has failed to make these improvements, we can take **further action**.

We can also conduct a **follow-up investigation** if a provider fails to comply with a formal undertaking agreed to during the complaint resolution process or fails to implement recommendations made in an investigation report.

In the case of general health service providers, if the Commissioner is satisfied after an investigation that there is a serious risk to the health, safety or welfare of the public, she can issue a **prohibition order** permanently banning a provider from providing all or a part of a service.

Providers who breach the conditions of a prohibition order can face **prosecution**. Penalties can include a significant fine, imprisonment, or both for individuals and a significant fine for companies.

We can also issue public warning statements in the media and on our website that alert the public to unsafe or unethical providers.



All orders issued by the Commissioner against general health service providers are available on our website at hcc.vic.gov.au

OUR INVESTIGATIONS - FACTS AND FIGURES



Breaches of the code: 2018–19

At the end of an investigation into a general health service provider we record if our investigation found the provider breached the code of conduct. In some cases, an investigation may find there were multiple code breaches.

The majority of code breaches in 2018–19 related to clause 1 of the code, namely the fundamental obligation that general health service providers must provide services in a safe and ethical manner.

Breach findings of clauses 9 and 13 of the code were also found across a number of investigations.

Clause 9 requires that general health service providers not misinform their clients in relation to the products or services they offer, or the qualifications, training or professional

affiliations they hold. Breaches of this clause were most often found where an investigation established that regulated substances (such as Botox or dermal fillers) were administered by providers who were not registered health practitioners.

Clause 13 requires general health service providers to refrain from engaging in sexual misconduct, and to observe professional boundaries when treating clients. Breaches of this clause were found where our investigations established that a provider had either engaged in sexual behaviour towards a client or entered into an inappropriate close personal, physical or emotional relationship with a client.

Inquiries

Outside our investigative powers, we also have the power to conduct an inquiry if a health service matter is referred to the Commissioner by the Minister for Health, or by a Parliamentary Committee or a House of Parliament.

The recommendations of our Inquiry into conversion therapy, finalised in late 2018, saw the State Government commit to introducing legislation that will ban this practice in Victoria.

In 2018–19 we commenced an Inquiry into Assisted Reproductive Treatment (ART) practices, referred to us by the Victorian Government.

CASE STUDY: PROFESSIONAL BOUNDARIES AND FAKE QUALIFICATIONS

Investigation

James complained to us that his counsellor had engaged in an inappropriate relationship with another client and had advertised qualifications that they did not have.

What we did

Under the code of conduct for general health services, providers must not engage in a sexual or other inappropriate close personal, physical or emotional relationship with a client. The code also prohibits general health service providers from misinforming or misrepresenting their qualifications, training or professional affiliations.

James' complaint was not suitable for a complaint resolution process and raised potential concerns about the provider's compliance with the code. Accordingly, the Commissioner decided to investigate the complaint.

We obtained a statement from James and interviewed the provider and the person with whom the provider was alleged to have had the relationship. We also researched industry best practice and guidelines.

The outcome

Our investigation showed that the provider had breached the code by failing to maintain professional relationship boundaries and had deliberately misled clients about their qualifications, which included using a fake university certificate and fake internet reviews to promote services. During the investigation the provider also tried to mislead our investigators about their qualifications. The provider's multiple code breaches were serious enough to warrant a prohibition order, banning the provider from providing counselling services until they had successfully completed tertiary training and were accredited by a relevant professional association.

We will continue to monitor the provider's compliance with the investigation outcomes and the prohibition order.

CASE STUDY: COMPLIANCE NOTICE ISSUED UNDER THE HRA

Compliance notice

In 2018 a number of patients contacted us after the medical practice they had been attending suddenly closed down. These patients had started seeing new doctors and the new doctors had written to the medical practice, seeking a copy of their patients' medical records.

The practice did not respond to the doctors, and the patients were concerned that their healthcare could be put at risk if their new doctors did not have their previous medical histories. After making enquiries we identified that, the practice had received more than 190 requests for medical records over several months but had not responded to any of them.

What we did

The HRA states that an individual has the right to have their health information made available to another health service provider, subject to an appropriate fee. The request must be complied with as soon as practicable. We consider 30 days to be reasonable in most circumstances. This obligation is important because it enables continuity of patient care and ensures doctors have access to a patient's full medical history when treating them.

Where a health service provider has seriously contravened the HRA, the Commissioner can issue a Compliance Notice.

We contacted the practice to ask why it had not responded to the requests to transfer the health records. As we did not get a satisfactory response, and the practice still did not arrange for the records to be transferred to the new doctors, the Commissioner issued the practice and its director with a Compliance Notice, requiring delivery of the relevant records to us by a specified date.

The outcome

The practice delivered the records to us and we provided these to the patients' new doctors. As the obligations under the Compliance Notice had been met, we were not required to take any further action.

KEEPING THE COMMUNITY SAFE

Cosmetic services

In 2018–19 almost a quarter of the investigations we commenced related to cosmetic treatments, including laser therapy and dermal fillers/Botox.

We are continuing to work with cosmetic service providers to educate them on best practice standards and the code of conduct, to ensure services are offered safely and ethically. We are also raising awareness through mainstream and social media to encourage consumers to ask providers the below six questions before proceeding with a cosmetic treatment.

Alternative therapies – black salve and B17

In 2018–19 we issued two prohibition orders against a self-proclaimed healer, banning him from providing any health services, making claims to cure cancer and from importing, manufacturing or compounding any product or substance that he claimed could cure cancer or any other serious illness.

We received two complaints about this general health service provider, prompting two separate investigations. The first investigation found he had treated a female patient with painful and ineffective black salve over a prolonged period until her death. Black salve is a widely discredited topical paste that burns and destroys large parts of the skin and underlying tissue and leaves behind significant scarring, or worse, without treating cancer.

The second investigation found the provider supplied alternative remedies

to another female cancer patient that he claimed would cure her cancer, including laetrile or B17, a substance that can be found in the seeds of some fruits. The provider encouraged the patient to stop evidence-based medical treatment. She later died.

The code is very clear – legally, general health service providers must not claim they can cure cancer or any other terminal illness. They are also not allowed to dissuade members of the public from seeking or continuing other medical treatment.

The consequences of these dangerous alternative treatments highlight the need for everyone to be aware of the existence of these products, and how important it is to contact us if they come across a general health service provider offering these services, or making claims that they can cure cancer or other terminal illnesses.

WHAT YOU CAN ASK YOUR HEALTH SERVICE PROVIDER



**WHAT ARE YOUR
QUALIFICATIONS?**



**WHAT PRODUCTS
WILL YOU USE?**



**WHAT WILL YOU DO
IN AN EMERGENCY
OR ADVERSE EVENT?**



**WHAT ARE THE RISKS
INVOLVED WITH THIS
TREATMENT?**



**DO YOU HAVE
INSURANCE FOR
THIS TREATMENT?**



**WHERE WILL THE
TREATMENT BE
CARRIED OUT?**

CASE STUDY: ILLEGAL COSMETIC SERVICES

Commissioner-initiated investigation

We received an anonymous complaint that a 'beauty salon' was providing cosmetic injections to clients, even though staff did not have the necessary qualifications. The complaint also alleged the salon was using dermal fillers not approved for use in Australia and that there was a lack of infection control.

What we did

The code of conduct requires general health service providers to provide services in a safe and ethical manner. Under the code, providers must not provide general health services that they are not qualified to provide, and must not misinform their clients about training or qualifications.

The Commissioner initiated an investigation under the HCA and we executed a search warrant, seizing evidence that included illegal dermal fillers. Dermal fillers are part of a group of highly regulated substances that only certain registered health professionals may possess and administer.

The Commissioner issued interim prohibition orders, temporarily banning the providing from providing services. This was to protect the public while we conducted an investigation.

We interviewed the provider, who admitted the dermal fillers were purchased overseas and transported to Australia by the salon's business manager. The provider claimed the dermal fillers were for personal use only.

The outcome

Our investigation showed that the provider possessed substances that were brought into Australia illegally and provided health services that included the use of dermal fillers even though staff at the salon were not permitted to possess, or administer, such substances. The Commissioner made prohibition orders banning the provider from advertising, offering or providing any cosmetic surgical or medical procedures in Victoria. We will monitor complaints to our office to ensure the provider complies with the orders.

CASE STUDY: USE OF AN ALIAS BY A BANNED COUNSELLOR

Investigation

We received information alleging that a person was advertising drug and alcohol counselling services under a fake name, Mr X.

The person suspected of being behind that fake name was Mr Y, a person previously banned in another state from providing any general health services. Under Section 102 of the HCA, a person banned from providing a general health service in another Australian jurisdiction must not provide that service in Victoria. We had previously prosecuted Mr Y for providing services in Victoria despite the ban.

What we did

We identified enough information to form a reasonable belief that Mr X and Mr Y were the same person. We commenced an investigation because the advertising material posted under Mr X's name targeted consumers across Australia, including Victoria, and we were concerned that vulnerable consumers in Victoria were at risk of engaging Mr Y's services without knowing his true identity.

The outcome

Our investigation confirmed Mr Y had deliberately created a fake profile to get around the banning orders. We also found that Mr Y had breached the code and posed a serious risk to the health safety or welfare of the public. Following our investigation, the Commissioner made a prohibition order permanently prohibiting Mr Y from advertising, offering or providing any general health services in Victoria.

CASE STUDY: SEXUAL MISCONDUCT

Investigation

Janine complained that her massage therapist had engaged in inappropriate sexual behaviour while providing her with massage services.

What we did

Massages are a general health service under the HCA and therapists must therefore meet the minimum legal standards set out in the code of conduct for general health service providers. The nature of Janine's complaint meant it was not suitable for a complaint resolution process.

Janine's complaint raised concerns in connection with clause 13 of the code, which prohibits sexual misconduct. The Commissioner therefore decided to investigate. The evidence before the Commissioner was enough for her to form a reasonable belief that the provider had contravened the code and that it was necessary to make an interim prohibition order, temporarily banning the massage therapist from providing services while we investigated the matter.

We made enquiries with Victoria Police, obtained Janine's health records and interviewed the provider. We also researched industry best practice and guidelines.

The outcome

Our investigation found that the provider had breached clause 13 of the code and that the breach was serious enough to warrant a prohibition order, banning the therapist from providing services to the public. We will continue to monitor the provider to ensure their compliance with the prohibition order.

HOW WE EDUCATE, COMMUNICATE AND ENGAGE

Training and education

Offering education and training to health service providers and the public is an important part of our role in supporting the provision of safe and ethical healthcare in Victoria.

In 2018–19 we engaged with health service providers, consumers, government stakeholders and industry professionals at presentations, forums, meetings, roundtables and conferences. We also presented targeted in-house and external training sessions throughout the year to health service providers and their support staff, and to private sector workers.

TRAINING FOR HEALTH SERVICE PROVIDERS FOCUSED ON FIVE MAIN TOPICS:

- 1 **UNDERSTANDING THE ROLE OF THE HCC**
- 2 **UNDERSTANDING THE HRA**
- 3 **THE CODE OF CONDUCT FOR GENERAL HEALTH SERVICE PROVIDERS**
- 4 **MANAGING COMPLAINTS AND TRICKY SITUATIONS**
- 5 **SUCCESSFUL MEETINGS TO MANAGE COMPLAINTS**

Our staff apply their extensive experience gained in complaints resolution, investigations and health records law to provide training that includes case studies, question-and-answer sessions and group discussions.

In addition, the Commissioner presented at forums, conferences, grand rounds and to students of various health disciplines to talk about her role and the importance of complaints in helping to maintain quality health services.

By being actively engaged in this way, we strengthen our relationships within the health sector and increase awareness of our role, provider responsibilities and the benefits of proactive and positive complaints handling.



For more information about our training and events visit hcc.vic.gov.au/training-events

Communication

Our communication focuses on ensuring our role is clearly understood and that we are recognised in the Victorian community.

We work collaboratively with stakeholders to increase awareness of, and access to, our services by providing innovative and data-driven content through the media, across our digital channels and through marketing and other communication methods.

In 2018–19 we continued to focus on strengthening our digital channels, communicating in a more accessible way across a range of platforms, including through our website and via social media.

Our website, hcc.vic.gov.au, provides an important source of information for Victorians. We have seen a steady increase in traffic to the website this year, with more than **176,000 unique overall views** of our site. The most popular page on the site continues to be our online complaint form, **viewed by almost 16,000 people** in 2018–19. The form was used to lodge **23% of the complaints we received** in 2018–19. New users made up **83% of traffic** to the site in 2018–19.

CONNECT WITH US

- @HealthComplaintsCommissioner
- @HCC_Vic
- @hcc_vic
- Health Complaints Commissioner
- Health Complaints Commissioner
- 1300 582 113



PROTECTED DISCLOSURES AND DISCLOSURES UNDER THE HCA

Protected disclosures

The Protected Disclosure Act 2012 (the PD Act) creates the legislative framework for receiving protected disclosures and protecting those who make them.

Under the PD Act, the Independent Broad-based Anti-corruption Commission (IBAC) has a key role in receiving, assessing and investigating disclosures about corrupt or improper conduct and police personnel conduct or improper conduct as well as preparing and publishing guidelines to assist public bodies to interpret and comply with the protected disclosures regime. The PD Act also broadens the operation of the previous whistleblower scheme to match the scope of the new integrity system and applies

to disclosures about all public bodies and officers within IBAC's jurisdiction.

Section 16 of the PD Act requires that any disclosures relating to the HCC must be made to either the Victorian Ombudsman or IBAC.

For the current reporting period, the HCC reports the following:

- number of disclosures – nil
- public interest disclosures referred to the Ombudsman or IBAC – nil
- disclosures referred to the HCC – nil
- disclosures of any nature referred to the Ombudsman – nil
- investigations taken over by the Ombudsman – nil.

Disclosures under the HCA

The HCA requires us to report on specific information in relation to the exercise of the Commissioner's powers and functions.

This includes the frequency of disclosure of information under Division 1 of Part 13 of the HCA, as follows:

- disclosure under section 150(3) – one
- disclosure under section 151(2)(a) – one.



Supporting
safe and ethical
healthcare



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