



**Submission to the Queensland Parliament Health, Communities, Disability
Services and Domestic and Family Violence Prevention Committee:
August 2016**

**INQUIRY INTO THE PERFORMANCE OF THE QUEENSLAND HEALTH
OMBUDSMAN'S FUNCTION PURSUANT TO SECTION 179 OF THE *HEALTH
OMBUDSMAN ACT 2013***

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback on the Inquiry into the performance of the Queensland Health Ombudsman's function proposed by the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee.

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. As the peak professional organisation for emergency medicine in Australasia, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients across Australasia.

ACEM is committed to the provision of safe and high quality healthcare, and believes that the Office of the Health Ombudsman (OHO) shares this commitment. There are however a number of aspects within the OHO complaints process that ACEM considers require attention, in order to ensure that the OHO continues to facilitate the provision of quality and safety in healthcare. ACEM therefore provides the following feedback in regards to the suggested improvements that could be made to the operation of the complaints management system.

Operation of the health service complaints management system

The function of the complaints management process

ACEM considers that the OHO plays a vital role in ascertaining situations in which complaints against health practitioners or services are valid and must be resolved, but also situations in which complaints may be unreasonable, and commends the OHO on the well-structured 'Health Service Complaint Form'. ACEM notes that this form allows those who wish to make a complaint to clearly outline the outcome that they wish to achieve. This approach is helpful for the complaint resolution process and can assist in resolving low cost issues rapidly and without additional legal costs.

However, ACEM notes there are some cases, particularly relating to lodging and resolving complaints, where the health service complaints management system can be problematic.

Lodging complaints

ACEM notes that, in cases where a written complaint has been lodged against several parties, the letter of complaint is edited into specific sections for each of the parties against which the complaint

has been made. ACEM considers this process problematic in that it prevents the parties from formulating a comprehensive understanding of what has transpired in order to bring about the complaint.

ACEM therefore suggests that, where multiple complaints are made against a number of parties, a written complaint is required from the complainant that addresses each party individually. ACEM considers that this will ensure that the full scope of the complaint can be understood, and thus made easily auditable if required. ACEM does note however, that due care and attention would need to be given to privacy concerns.

Furthermore, ACEM members have noted that in some instances, their hospitals or organisations have investigated complaints extensively, providing detailed submissions to the OHO. However, resultant documentation produced by the OHO, at the conclusion of investigations where the final decision regarding a complaint is detailed, often does not indicate that these submissions have been considered.

In order to ensure that the outcomes of a complaints process accurately reflect the considerations of all parties involved in the complaint, ACEM considers it important that the OHO confirms that it has reviewed submissions made by the organisations employing the individual against which the complaint has been made.

ACEM also notes that, in order to notify a complaint made against them, health practitioners are often contacted by phone by the OHO. ACEM considers that notifying health practitioners of complaints in this manner can cause unnecessary distress, and suggests that notifying the health practitioner in writing would be a more suitable practice.

Resolving complaints

ACEM understands that resolution of a complaint by the OHO is often time consuming and that, depending on the gravity of the complaint, there is, in some instances, little urgency to investigate or resolve a complaint. ACEM therefore considers that recommending local resolution of any minor complaints received by the OHO would likely reduce the Office's workload, as well as that of other health services.

Furthermore, ACEM also notes that in some situations it is necessary for the OHO to request an opinion from other health practitioners in regards to the quality of care provided in a situation from which a complaint has arisen. ACEM members have noted that there have been situations where the OHO has requested an opinion from a health practitioner and the medical issue in question is not within their scope of practice. In such situations, ACEM strongly recommends that, where an expert opinion is requested on a patient's care, the expert should be selected from a peer appropriate group from outside the health network of the practitioner against whom the complaint has been made.

Interaction with the Australian Health Practitioner Regulation Agency (AHPRA)

ACEM members report that there are significant numbers of complaints against practitioners which the OHO refer to AHPRA for a resolution. These complaints are often minor and have minimal supporting information.

The practice of escalation of a complaint to AHPRA can be unsettling for the practitioner in question, who in most instances has not engaged in unsatisfactory practice or conduct. Furthermore, in escalating such complaints to AHPRA, ACEM considers that the complaints process can be prolonged unnecessarily.

ACEM therefore considers that for minor matters, the previous model utilised by the Health Quality and Complaints Commission (HQCC) functioned effectively. Under this structure, where a complaint was received by one of the bodies who would subsequently take action, the other body would be advised of the complaint, but was not automatically required to take action. In situations where multiple complaints were received against a health practitioner, the HQCC and the other relevant body would collate this information in order to gain a clear understanding of the nature of the complaints being made, and determine whether further action was required. While this process would be suitable for minor complaints, ACEM understands that for situations where there are allegations of criminal conduct, actions must also be undertaken by AHPRA and other appropriate authorities.

Summary

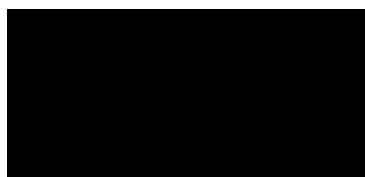
ACEM considers that the OHO performs a critical function within the health system, and believes that its independence is vital in the complaints process. The OHO plays a pivotal role in managing complaints, and in communicating outcomes within a reasonable timeframe to the relevant bodies, including Queensland Health, as well as to the individuals against whom a complaint has been made. ACEM therefore supports efforts to enhance the operation of the complaints management system as it relates to the OHO, in order to ensure the ongoing provision of safe and high quality health care.

Thank you for the opportunity to provide feedback to the inquiry into the performance of the Queensland Health Ombudsman's function. If you require any clarification or further information, please do not hesitate to contact the ACEM Policy and Advocacy Manager Fatima Mehmedbegovic

Yours sincerely,



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