

Framework for the oversight of the health ombudsman

This paper

This paper explains the committee's oversight responsibilities for the health ombudsman, and how the committee proposes to undertake this work on behalf of the Legislative Assembly.

Role of the committee

The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (committee) is a portfolio committee of the Legislative Assembly.¹ The committee's areas of portfolio responsibility are:

- Health and Ambulance Services
- Communities, Women, Youth and Child Safety
- Domestic and Family Violence Prevention, and
- Disability Services and Seniors.

The committee's oversight responsibilities

Schedule 6 of the Standing Orders² provides that the committee has oversight responsibility for the health ombudsman. The oversight role and functions are defined in the *Health Ombudsman Act 2013* (Health Ombudsman Act) to apply to a number of entities in addition to the health ombudsman.

Section 19 (Parliamentary committee's role) of the Health Ombudsman Act states that the committee—

- (a) monitors the operation of the health service complaints management system, including the performance of the health ombudsman, the National Agency and the National Boards under the system; and
- (b) advises the Minister in relation to the appointment of the health ombudsman.

Section 179(1) states that the committee has the following functions under this Act—

- (a) to monitor and review the operation of the health service complaints management system
- (b) to identify and report on particular ways in which the health service complaints management system might be improved
- (c) to monitor and review the performance by the health ombudsman of the health ombudsman's functions under this Act
- (d) to monitor and review the National Boards' and National Agency's performance of their functions relating to the health, conduct and performance of registered health practitioners who provide health services in Queensland

¹ The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the committee) is a portfolio committee of the Legislative Assembly which commenced on 15 February 2018 under the *Parliament of Queensland Act 2001*, s 88 and the Standing Rules and Orders of the Legislative Assembly (Standing Order 194).

² [Standing Rules and Orders of the Legislative Assembly.](#)

- (e) to examine reports of the health ombudsman, the National Agency and National Board;
- (f) to advise the Minister in relation to the appointment of the health ombudsman
- (g) to report to the Legislative Assembly on—
 - (i) any matter referred to the committee by the Legislative Assembly; and
 - (ii) any other matter about the health service complaints management system that the committee considers should be brought to the Assembly's attention.

Limits to the committee's scope to review decisions and investigations

Section 179(2) states that it is not a function of the committee under the Health Ombudsman Act to:

- (a) re-investigate a particular complaint or other matter; or
- (b) reconsider a decision, finding or recommendation of the health ombudsman, the National Agency or a National Board in relation to a particular complaint or other matter.

Section 85(8)(b) of the Act also provided that, if an investigation by the Health Ombudsman is not completed within two years after the decision to commence that investigation, the committee may review the Health Ombudsman's performance in relation to the investigation.

The health service complaints management system

The health service complaints management system is defined in the Health Ombudsman Act as the system established under that Act and the National Law (the *Health Practitioner Regulation National Law Act 2009*) for dealing with complaints and other matters relating to—

- (a) the health, conduct or performance of health practitioners who provide health services in Queensland; and
- (b) the services provided by health service organisations in Queensland.

The health ombudsman

The health ombudsman is an independent statutory position established in accordance with the Health Ombudsman Act. Section 25 of the Act states that the health ombudsman's functions are:

- (a) to receive health service complaints and take relevant action to deal with them under this Act; and
- (b) to identify and deal with health service issues by undertaking investigations, inquiries and other relevant action; and
- (c) to identify and report on systemic issues in the way health services are provided, including issues affecting the quality of health services; and
- (d) to monitor the National Boards' and National Agency's performance of their functions relating to the health, conduct and performance of registered health practitioners who provide health services in Queensland; and
- (e) to provide information to the public, health practitioners and health service organisations about—
 - (i) providing health services in a way that minimises health service complaints; and
 - (ii) resolving health service complaints; and
- (f) to report to the Minister and the parliamentary committee about—
 - (i) the administration of the health service complaints management system; and
 - (ii) the performance of the health ombudsman's functions; and
 - (iii) the performance of the National Boards' and National Agency's functions relating to the health, conduct and performance of registered health practitioners who provide health services in Queensland; and
- (g) to publish reports about the health service complaints management system.

The health ombudsman's receipt and investigation of health service complaints is undertaken by the Office of the Health Ombudsman, Queensland's health service complaints agency.

The National Agency

The National Agency is the Australian Health Practitioner Regulation Agency (AHPRA). The operations of AHPRA are governed by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which came into effect on 1 July 2010. In Queensland, it is the *Health Practitioner Regulation National Law Act 2009*.

AHPRA supports 15 National Boards that are responsible for regulating the health professions according to the National Registration and Accreditation Scheme.

The National Boards

The primary role of the National Boards is to protect the public and set standards and policies that all registered health practitioners must meet. The 14 National Boards are:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia, and
- Psychology Board of Australia.

A further board, the Paramedicine Board of Australia, will be established later in 2018.

Collectively, these boards are responsible for the professional registrations of over 132,000 health practitioners providing health services in Queensland.

The committee's approach to its oversight responsibilities

The committee proposes to fulfill its oversight responsibilities according to six key principles:

Key principles

1. **Single point of contact** – the committee will maintain a single point of contact with each of the entities within its oversight responsibilities
2. **Open channels** – the committee will maintain open channels of communication with the health ombudsman, AHPRA and the National Boards, as well as the Minister for Health and Minister for Ambulance Services and bodies representing health service consumers
3. **Active monitoring** – the committee will examine performance reports, periodic activity reports and other reports and publications produced by AHPRA, the National Boards, the health ombudsman and other stakeholders about the health service complaints management system to identify systemic problems
4. **Regular dialogue** – the committee will establish a set of information it requires the health ombudsman, AHPRA and the National Boards to provide on a regular basis to the committee to enable it to monitor the activities of those entities according to the committee's functions specified in s 179(1) of the Health Ombudsman Act. The committee will seek further information from, and hold discussions with, these entities regarding any systemic or other issues the committee identifies that impact on the safety and quality of health services, and are within the committee's oversight responsibilities

5. **Open and transparent processes** – the committee will conduct its oversight work in public in accordance with the Standing Orders and as far as practicable without compromising the privacy of individual complainants and the integrity of investigations. This will include holding regular meetings with the health ombudsman, AHPRA and the National Boards that are open to the public and broadcast via Parliament TV on the Parliament’s website, and
6. **Regular reporting to the Legislative Assembly** – the committee will report on its oversight work to the Legislative Assembly according to the requirements specified in the Standing Orders, s 107 of the *Parliament of Queensland Act 2001* and the priority of the information being provided. This will include:
 - periodic reports on the performance of the health complaints management system and opportunities to improve its effectiveness
 - reports from time to time on the Health Ombudsman, AHPRA and the National Boards, in relation to their legislated performance requirements that are relevant to the committee’s oversight responsibilities. For the health ombudsman, this will include: reporting on the extent that complaints are accepted, and resolved, within the legislated timeframes stipulated in the Health Ombudsman Act s 85(8); reviewing and reporting on individual complaints that are not resolved after two years; and reporting on whether notifications of aged complaints are provided to the Minister and the committee in a timely manner according to s 85(8) of the Health Ombudsman Act, and
 - periodic reports on the annual reports and other activity reports of entities that are relevant to the committee’s oversight responsibilities specified in the *Health Ombudsman Act 2013*.

Committee Members



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