Health Complaints Commissioner Tasmania

Annual Report
2025–26



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* (Tas), I present to the Parliament the Annual Report of the Office of the Health Complaints Commissioner for 2025–26.

Yours sincerely



Dr Grant Davies

HEALTH COMPLAINTS COMMISSIONER
29 October 2026

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 2026.

It is available in print or electronic viewing format (visit healthcomplaints.tas.gov.au/resources/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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Section 1

From the Health Complaints Commissioner



Work in 2025–26

The 2025–26 year showed continued growth in demand for the services of the Office of the Health Complaints Commissioner (HCC) and increased performance in resolving complaints and enquiries.

The HCC received a total of 1,347 cases during the year, representing a 9% increase on the previous year. This growth was driven primarily by a 24% increase in complaints received to 564 (2024–25: 454). Enquiries also continued to grow, increasing by 1% to 783. These figures demonstrate improving engagement with the HCC.

Despite the increasing volume and complexity of matters, the HCC closed 1,325 cases during the year, a 5% increase on the year before.

Facilitated direct resolution between complainants and providers

A key area of focus during the year, which will continue into next year, was strengthening early resolution pathways.

This year, the HCC introduced a new way to help people resolve complaints directly with their health service provider, where a complainant has not yet raised their concerns directly with the provider. Where appropriate, the HCC may refer the complaint to the provider on the complainant's behalf and ask the provider to respond directly to the complainant, copying the HCC into the response.

We assess the response and speak with the complainant to ensure the complaint is resolved. If the complaint remains unresolved, we will assess whether there is any further action we can take to help resolve the complaint.

This approach encourages concerns to be addressed quickly and effectively.

Strengthening conciliation as a pathway to resolution

We are committed to reinvigorating the use of conciliation within the health complaints system and strengthening its role as a key alternative dispute resolution (ADR) pathway. Conciliation provides a valuable opportunity for complainants, health service providers and practitioners to discuss concerns openly, improve mutual understanding and work towards agreed outcomes in a confidential, respectful and constructive environment.

To this end, we are ensuring all staff are trained to undertake conciliation and other ADR processes. This investment in staff development will improve the organisation's capacity to identify matters suitable for conciliation and help resolve complaints quickly and effectively.

Launch of the Code of Conduct for Unregistered Health Care Workers

A significant milestone during the year was the launch of the Code of Conduct for Unregistered Health Care Workers (the Code) in Tasmania on 24 June 2026. The Code establishes minimum standards of conduct, behaviour and practice for people who provide, or claim to provide, a health service and who are not registered by the Australian Health Practitioner Regulation Agency (Ahpra). The Code strengthens protections for health consumers.

The HCC has an important role administering and enforcing the Code by assessing, resolving and investigating complaints. Where necessary, the HCC can also issue interim and final prohibition orders under the *Health Complaints Act 1995* (Tas) (the Act). The HCC is also able to make public warning statements to alert the public to unethical and unsafe practice.

Since the Code began, the HCC has focused on implementing it and promoting it to the wider community. A priority for the coming year is extensive stakeholder engagement with unregistered health care workers, professional associations, health service providers, consumer representatives and government agencies to build awareness and understanding of the Code and compliance with it. The HCC is also planning communication and education initiatives to raise awareness of the Code's requirements and the standards expected of unregistered health care workers.

The HCC is committed to promoting community awareness of the Code and improving public understanding of the protections available to consumers. This includes providing accessible information and resources to help consumers understand their rights, the standards they can expect from unregistered health care workers and the avenues available for raising concerns or making complaints. The Code also requires unregistered health care workers to make information about the Code and complaint processes readily available to consumers, further strengthening transparency and consumer awareness.

We are working collaboratively with relevant agencies to establish appropriate information sharing and referral mechanisms. These will support the effective management of matters that involve overlapping jurisdictions or cross-agency conduct issues, ensuring concerns are directed to the most appropriate authority.

Review of the *Health Complaints Act 1995*

Previous annual reports have noted the Act is overdue for review to ensure it remains effective and responsive to today's complaints. As the scope and complexity of health care delivery continues to change, it is important the law supporting the HCC remains fit for purpose.





During the year, the HCC provided a briefing to the Department of Justice identifying a range of issues for consideration as part of a future review of the Act. The briefing highlighted opportunities to enhance complainant accessibility, improve clarity and consistency and strengthen the effectiveness of the complaints management process.

The HCC remains committed to working collaboratively with the Department of Justice to progress a comprehensive review of the Act.

It's OK to Say

The HCC continued to support improvements for Tasmanian health consumers by taking part in Health Consumers Tasmania's It's OK to Say project. The project was to develop an online platform to simplify access to information about consumer rights, feedback and complaints processes across the health system.

The HCC met with other stakeholders such as the Department of Health, Ahpra and the Australian Commission on Safety and Quality in Health Care. We provided information to Health Consumers Tasmania and its consumer reference groups to help ensure the platform reflects the needs of consumers seeking help and guidance. The project aims to strengthen consumer voice, support patient safety, and make it easier for people to navigate what can often be a complex and challenging system.

The platform was officially launched on 8 June 2026, and I attended the launch in support of this important initiative.

Dr Grant Davies
Health Complaints Commissioner

Section 2

About us



About us

The Health Complaints Commissioner (HCC) was established in 1997 under the *Health Complaints Act 1995*. The HCC is independent and acts impartially in the public interest.

It has been the practice since 1997 for the offices of Ombudsman and Health Complaints Commissioner to be held by the same person.

Our functions

The HCC's major functions are to:

- receive, assess and resolve complaints from health service users
- help health service providers develop procedures to resolve complaints
- encourage health service users to resolve complaints directly with health service providers
- 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 HCC is to receive, assess and resolve complaints by providing an accessible, impartial and confidential service. In this report, we provide information about complaint management, statistics, trends and outcomes.

Budget

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

Strategic plan

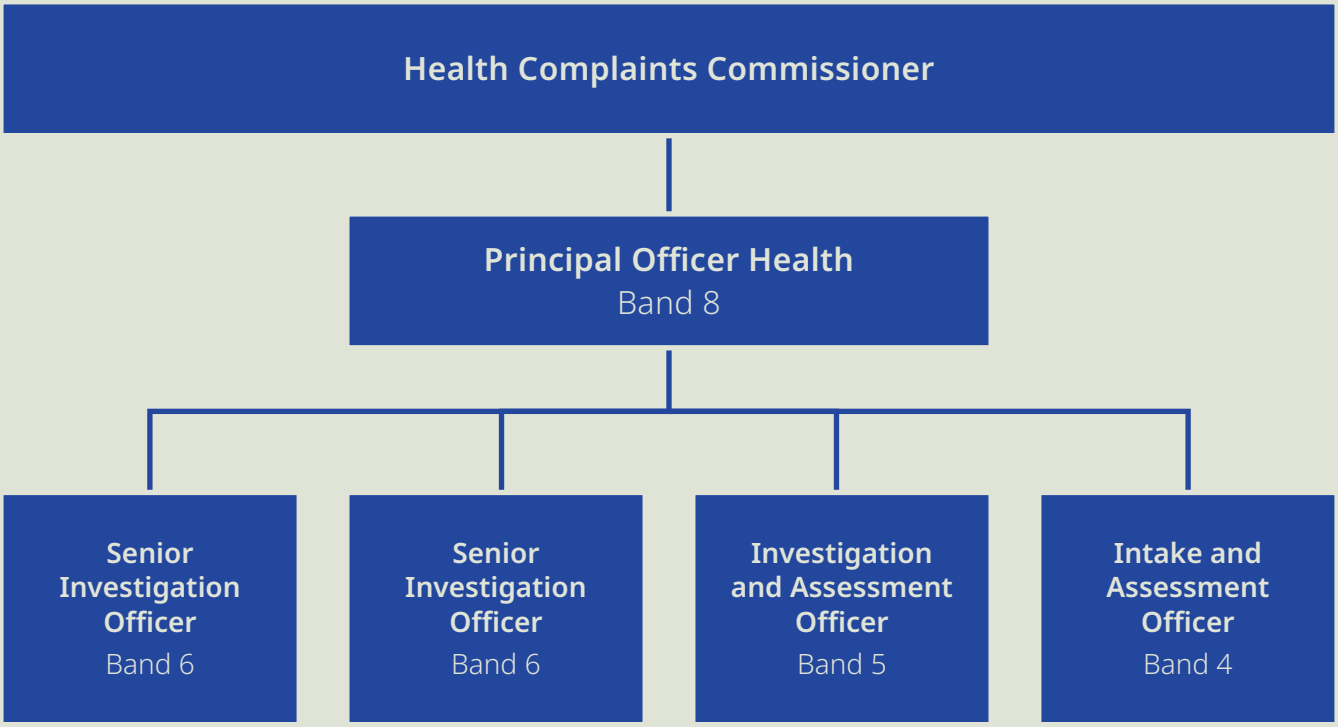
In 2025–26 the *Strategic Plan 2026–2029* was completed. It sets a clear direction to promote fair treatment, accountability and human rights across Tasmania.

The plan focuses on strengthening community confidence, improving access to services and improving our ability to deliver high-quality outcomes. The plan is centred on key objectives:

- More people will understand who we are, what we do and when to engage with us.
- We will remove barriers to accessing and engaging with our services.
- We will improve trust in the HCC's role to strengthen service provider accountability.
- We will operate as a high-performing and adaptive organisation with strong shared values.
- We will increase public value by meeting our obligations efficiently, effectively and with consistent high quality.

These objectives are supported by three strategic pillars: Community and Stakeholder Engagement; Leadership, People and Culture; and Governance and Innovation.

Organisation chart





Section 3

Performance



Year at a glance

1,347 Approaches (enquiries and complaints)

*excluding Notifications from Ahpra

Complaints

*excluding Notifications from Ahpra



564 complaints opened



548 complaints closed

Time taken

*excluding Notifications from Ahpra



500 complaints closed in 45 days

24 complaints closed in 90 days

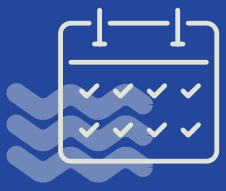
11 complaints closed in 180 days

8 complaints closed in 6 months or more

Enquiries



783 opened

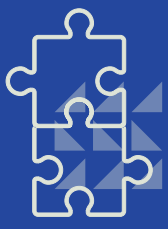


777 closed

Notifications from Ahpra



109 received



110 closed

Section 4

Process – how complaints are managed



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 can receive the complaint in other ways. If a consumer has difficulty making a complaint in writing, staff can help them draft one.



Enquiry

Enquiries can be verbal or written. Anyone may ask a question or seek information from the office, such as where to lodge a complaint, information about the HCC, or general advice. We have continued to ensure efficiencies and focus on resolving matters quickly between health service providers and consumers when managing enquiries.



Assessment

Under the Act, a complaint must meet several criteria before we can accept it.

Assessment is the stage under the Act when we must decide whether a complaint should be referred to another organisation, referred to conciliation, referred to investigation, a combination of any of these, or no further action taken. We must make this decision within 45 days of receiving the complaint. The time can be extended to 90 days, or longer, if the Commissioner approves it.

We manage cases as informally as possible. It is a priority to resolve complaints at the first possible opportunity. This can occur in one of two ways:

- we refer the complaint to the health service provider on behalf of the complainant
- we speak with both parties and negotiate.

To assess the complaint, we may need to make enquiries, obtain written answers from the health service provider, receive and review clinical records, and review relevant clinical standards.



Referral to another organisation

The relationship between the HCC and Ahpra is governed by the *Health Practitioner Regulation National Law Act 2009* (the National Law). We have a memorandum of understanding with Ahpra to consult on cases concerning a registered practitioner. If appropriate, we must refer the complaint to Ahpra.

We also refer complaints to Ombudsman Tasmania or another appropriate organisation. This depends on the subject matter of the complaint.



Referral to conciliation

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

Conciliation enables both parties to a health care complaint to discuss it, achieve a better understanding, and agree on ways to resolve it. It is usually a formal conciliation meeting. However, by agreement, some cases can be negotiated without a meeting or in a series of meetings. The parties can withdraw from conciliation at any time.



Referral to investigation

Under Part 6 of the Act, the Commissioner has powers to investigate issues arising from complaints. We can also investigate an issue with health service provision on our own initiative (these are called 'own motion' investigations).

During an investigation, the Commissioner obtains information about an issue and decides what action to take. This can include providing findings and recommendations, or providing a notice of recommended action to the health service provider. The Commissioner must prepare a report at the end of the investigation.

Section 5

Complaint and enquiry activity



Complaint and enquiry activity

The HCC continued to experience growth in demand for its services during 2025–26 with a total of 1,347 enquiries and complaints received – a 9% increase on the previous year. We also received 109 notifications from Ahpra.

While demand for services increased during the year, we continued to manage our caseload. We reduced the number of matters carried forward and maintained our rates of finalising enquiries, complaints and notifications.

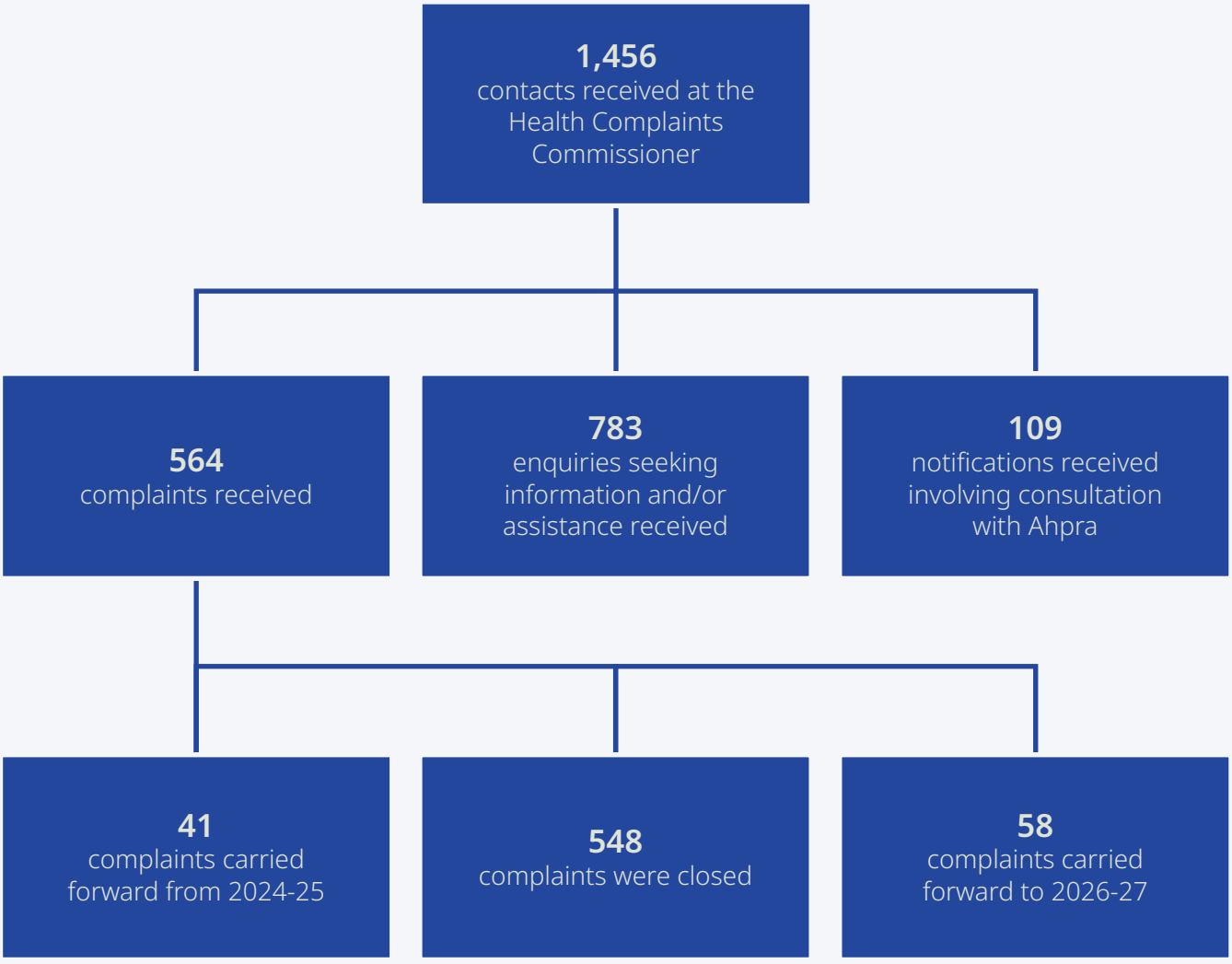


Figure 1 Contacts with the HCC

Total cases

Despite an increase in active cases, the HCC continued to finalise complaints in a timely manner.



Total cases	2023–24	2024–25	2025–26	Variance
Cases carried forward from 1 July	172	75	46	-39%
Cases received	1,162	1,232	1,347	+9%
Cases closed	1,259	1,259	1,325	+5%
Cases active at 30 June	75	46	65	+41%

Table 1 Overall case activity

Enquiries

The HCC received 783 enquiries during 2025–26, a slight increase of 1% from 778 enquiries received in 2024–25. Indeed, the number of enquiries has remained relatively stable over the past two years. The HCC closed 777 enquiries during the year, resulting in seven enquiries remaining active at 30 June 2026.

Complaints

The HCC received 564 complaints during 2025–26, up 24% on the 454 complaints received in the previous year. This is the highest number of complaints received since 2022–23 and reflects improved community engagement with the complaint process.

Complaint finalisations also increased during the year, with 548 complaints closed, up 14% from 482 in the previous year. Despite the increase in the number of complaints, the HCC maintained a relatively low number of active complaints, with 58 complaints remaining open at 30 June 2026. While this was an increase on 41 active complaints at the end of the previous year, active complaints remained significantly lower than levels recorded in earlier years.

Notifications from Ahpra

The HCC received 109 notifications from Ahpra in 2025–26, a decrease of 35% on the 167 notifications received in the previous year. Similarly, 110 notifications were closed during the year. While this was a drop of 34% on the previous year, our closure rates remained similar to the number of notifications received.

Closure reasons

Table 2 Complaint closures (including Ahpra notifications) by primary reason 2025–26

Primary reason for closure	Number	% of closures
Direct resolution not attempted and HCC facilitated direct resolution	300	45.6%
Retained by Ahpra or a registration board	110	16.7%
Referred to another organisation	78	11.9%
Reasonable explanation or information provided	44	6.7%
Failure to provide requested information	42	6.4%
Early resolution of complaint initiated by HCC	30	4.6%
Other closure reasons*	54	8.2%

*Other closure reasons include matters withdrawn by the complainant, matters that were out of jurisdiction, complaints lacking substance, complaints resolved through other legislative provisions, and matters relating to court or tribunal proceedings.

The most common reason for closure was the complainant had not attempted direct resolution before lodging a complaint with the HCC, accounting for 300 complaints (46%). The HCC facilitates direct resolution of these complaints by referring them to the relevant health service provider, which is asked to provide a response to both the complainant and the HCC.

A further 110 complaints (17%) were retained by Ahpra or a registration board, while 78 complaints (12%) were referred to another organisation better placed to deal with the matter.

The HCC also closed 44 complaints (7%) after determining the health service provider gave a reasonable explanation or relevant information to the complainant. Finally, 30 complaints (5%) were resolved through the early resolution process.

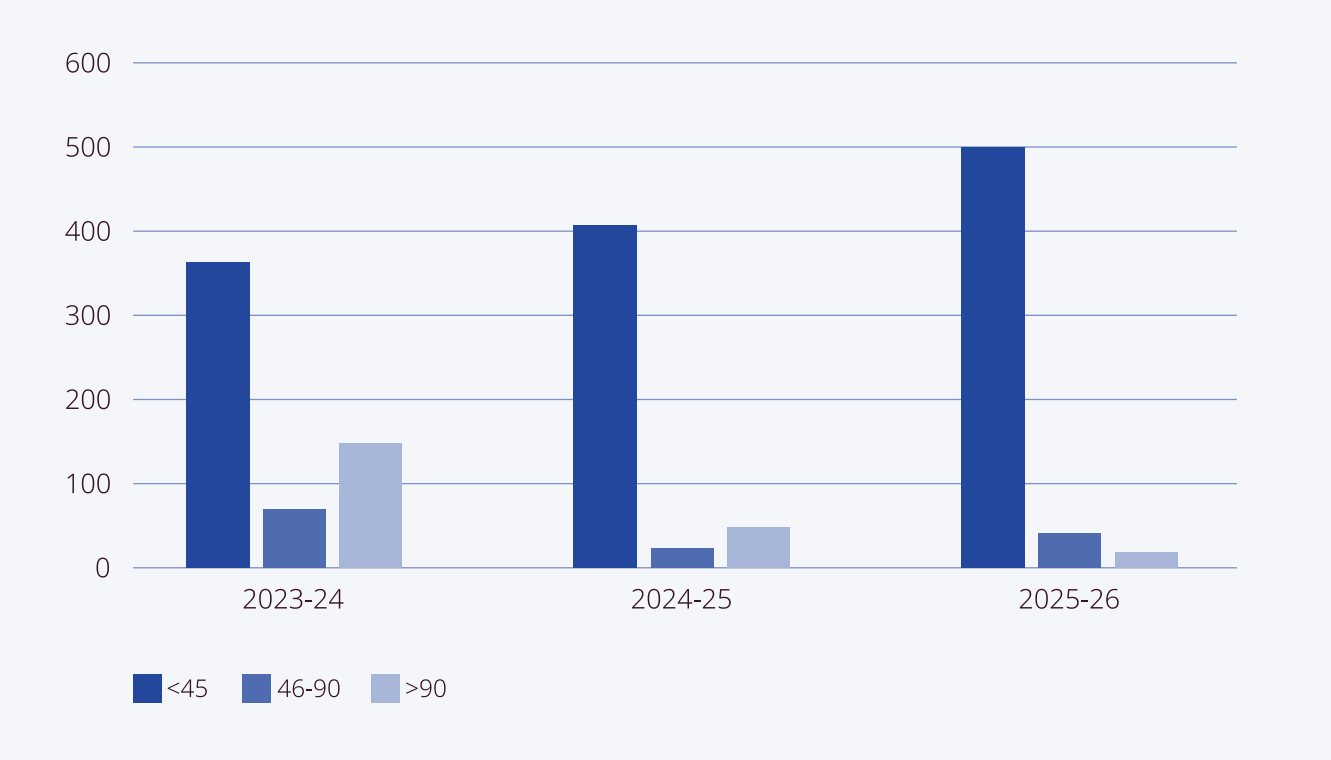
Timeliness of complaint assessments

The HCC must assess complaints within 45 days. This period may be extended where extra information, consultation or consideration is needed, particularly for more complex matters. In such cases, the Act provides for extensions up to 90 days, 180 days, or longer in exceptional circumstances.

In 2025–26, the HCC continued to improve the timeliness of its assessment process, with 92% of complaints assessed within 45 days. Most complaints were assessed well within this timeframe, with 83% finalised within 30 days, including 21% within seven days. Only 8% of assessments required an extension beyond 45 days. This represents an improvement on previous years, including 2024–25, when 15% of complaints took longer than 45 days to assess.

The HCC will continue to strengthen its assessment processes to support timely decision-making, while obtaining the information necessary to conduct thorough and fair assessments.

Figure 2 Timeframes for complaint assessments 2023–24 to 2025–26



Complaints by organisation

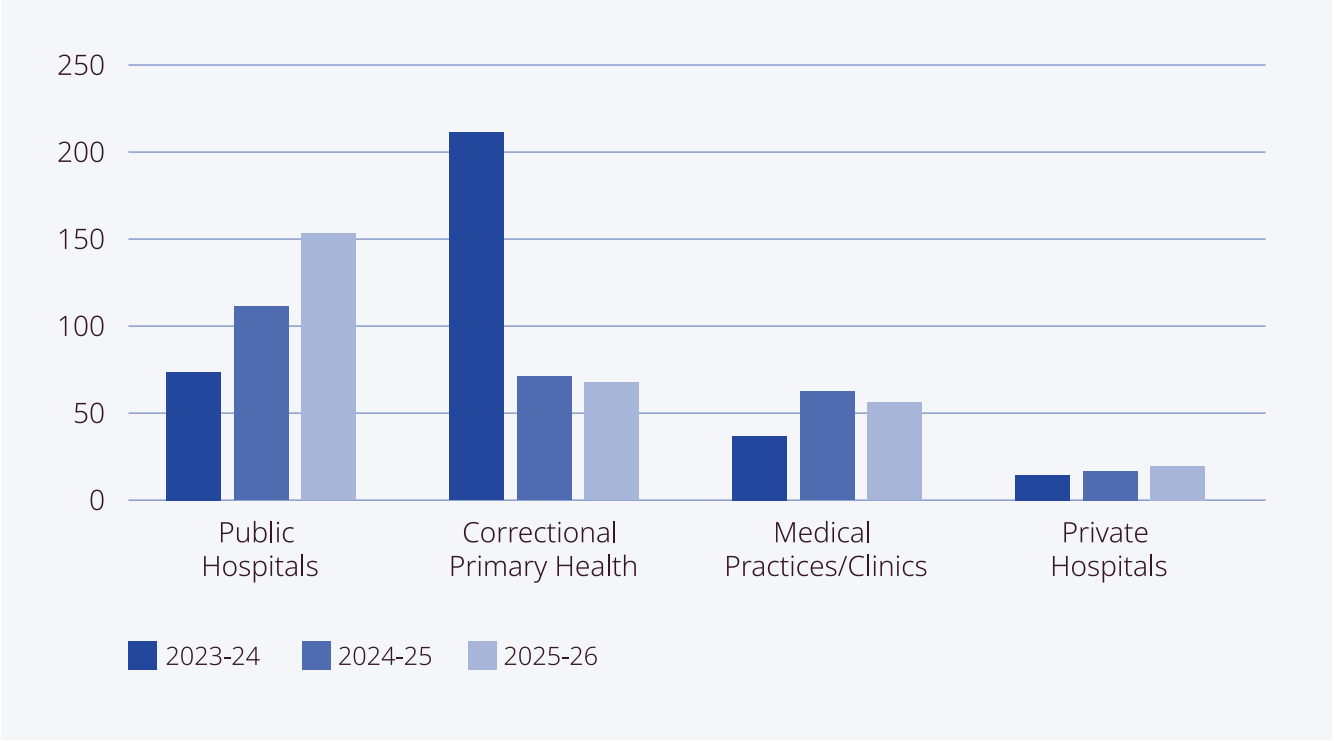
Complaints about public hospitals were the largest category again this year with 153 complaints – an increase of 38% on 2024–25. Complaints about private hospitals also increased, rising from 15 to 17 complaints (13%).

Complaints about medical practices and clinics decreased by 11% on last year, from 65 to 58 complaints. Complaints about Correctional Primary Health remained relatively stable, decreasing slightly from 76 to 73 complaints (4%).

The increase in complaints about public hospitals reflects the continued high level of interaction between consumers and Tasmania's public health system. During the year, the HCC continued to engage regularly with the Department of Health through, for example, liaison meetings. HCC and the Department shared information, discussed emerging complaint themes and strengthened our collaboration. Our joint aim was to promote responsive and effective complaint handling across the public health system.

The Department of Health also began a review of its complaint management processes. The HCC will continue to engage with the Department during this work to help improve complaint handling practices and the management of consumer feedback.

Figure 3 Number of complaints 2023–24 to 2025–26



Main issues arising from complaints

As in previous years, most complaints this year were about treatment, access to services, medication, and communication and information. These areas directly shape consumers' experiences and expectations of care.

Complaints about professional conduct were also prominent, accounting for 31 issues in cases this year. Other commonly raised concerns related to reports and medical certificates (27) and fees and costs (22).

Overall, consumers raised concerns about both clinical and non-clinical aspects of health services. This range of issues shows how many different things can shape their overall experience.

Table 3 Main issues arising from complaints

Issues	2025-26
Treatment	230
Access	63
Medication	52
Communication & Information	45
Professional Conduct	31
Reports/Certificates	27
Fees & Costs	22
Out of Jurisdiction Referred	20
Medical Records	15
Environment/Management of Facilities	14
Discharge & Transfer Arrangements	12
Consent	5
Grievance Processes	2
Grand Total	**538**

Internal reviews

A complainant may request a review of the decision made by the HCC. 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 2025–26, the HCC conducted 16 reviews, in all of which the original decision was confirmed.

External reviews

If a complainant is not satisfied with the HCC's decision, complaint-handling processes or actions, they can seek an external review with Ombudsman Tasmania. There were six external reviews this year.

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 Act 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.

Conciliation remains an important mechanism for resolving health complaints and supports the timely, collaborative resolution of issues without the need for more formal processes. During the year, the HCC successfully concluded five matters through conciliation.

Investigations

The HCC may investigate:

- any matter specified in a written direction from the Health Minister
- a complaint that the Commissioner has decided to investigate
- 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
- on the Commissioner's own motion, any other matter relating to the provision of health services in Tasmania.

The HCC can conduct the investigation in a way it considers best. The Act gives officers powers to support the investigation work. They may obtain information from the complainant, health service provider or other organisation; interview a person; enter and search a premises, and seize items or documents relevant to the investigation; and engage independent clinical advice.

The HCC must write a report at the end of the investigation. The report may contain information, comments, opinions and recommendations for action.

During the year, we concluded three investigations into health complaints. These investigations examined the circumstances surrounding the complaints, considered the actions and decisions of the relevant health service providers, and identified issues requiring further action or attention.

We made 12 recommendations as a result of these investigations. The relevant health service providers accepted our recommendations and we are monitoring to support the implementation of those recommendations.

Section 6

Case studies



Getting access to medical equipment

A consumer contacted the HCC after experiencing difficulties accessing a Continuous Positive Airway Pressure (CPAP) machine needed for their care. We assessed the matter as suitable for our early resolution process.

The HCC contacted the health service provider to clarify the consumer's access to the equipment and seek a timely resolution.

The outcome

Following the HCC's intervention, the health service provider confirmed the CPAP machine would be made available to the consumer that same day. The matter was resolved promptly and the consumer was informed of the outcome.

Getting access to clinical records following a clinic closure

The complainant had been a patient of a clinic that had permanently closed and was unable to access their clinical records. When they asked the new clinic owner, the clinic advised it did not have access to the former clinic's records.

To help resolve the matter, the HCC contacted Ahpra to obtain contact details for the registered practitioner who had treated the complainant at the closed clinic. The HCC was then able to contact the practitioner direct.

The outcome

The practitioner advised the HCC a practice manager would contact the HCC with information about accessing the records. The practice manager contacted the HCC on the same day and provided the necessary details. We passed this information on to the complainant, enabling access to their clinical records.

Referral of serious practitioner conduct concerns to Ahpra

A complainant contacted the HCC to raise concerns about a registered practitioner's conduct and fitness to practise. The concerns included allegations that the practitioner:

- attended work while under the influence of alcohol and/or drugs, with concerns also being raised by customers
- inappropriately handled Schedule 8 medications, including splitting medication and leaving it unattended on the floor
- was involved in a motor vehicle accident and subsequently detained by police for several hours
- demonstrated behaviour giving rise to broader concerns about professional conduct.

The outcome

Given the seriousness of the allegations and the potential risks to public safety, the HCC consulted Ahpra and recommended the matter be referred to the relevant registration board, which was agreed by Ahpra.

Medication error and practitioner referral

A complainant contacted the HCC about the treatment she and her son received at a hospital. The complainant alleged that her son was mistakenly administered Syntocinon, a medication intended for the complainant, while the complainant was incorrectly given the Vitamin K injection intended for her son. Following the error, the complainant's son required admission to intensive care for six days.

The outcome

The HCC raised concerns with Ahpra about the clinical decisions and practices of the registered practitioner involved and recommended referral to the relevant registration board, which Ahpra agreed to.

Reasonable resolution by a health service provider

A complainant contacted the HCC with concerns about treatment provided by a health service provider. The complainant experienced an adverse outcome after the treatment, which was subsequently remedied by another health service provider.

The complainant raised their concerns directly with the health service provider. In response, the provider provided an explanation of the clinical reasoning behind the treatment and offered a refund for the services provided.

The outcome

After considering the complaint and the health service provider's response, the HCC determined that the provider's actions were reasonable and closed the complaint.

The complainant did not agree with this outcome and requested an internal review of the decision. Following a review of the available information, the original decision was confirmed. The complainant was then provided with information about their option to seek an external review through the Ombudsman.

Assessment of complaint resulting in Ahpra referral and hospital learnings

The HCC received a complaint about treatment provided at two hospitals in relation to routine surgical treatment.

The complainant raised concerns about communication failures, lack of conservative management, an unwarranted transfer between hospitals and an incomplete response to aspects of their complaint.

The HCC assessed the complaint, including concerns about a registered practitioner's decision to examine the patient under anaesthetic and conduct surgical exploration despite repeat imaging indicating no active bleeding.

The outcome

During the assessment, we identified issues about the practitioner's clinical decision-making. As these concerns related to a registered practitioner, the HCC recommended referral to Ahpra for consideration of the decision to proceed with exploration under anaesthetic, which Ahpra accepted.

Our assessment also identified that the health service provider could do better. The hospital advised the case had highlighted matters for discussion with the treating team to improve future patient care.



While we considered the health service provider's response to the complaint was reasonable, we found several areas of complaint management could be improved, including:

- exploring and offering an open disclosure meeting, which may have provided the patient with a more complete explanation and apology
- responding to the complaint more quickly to avoid impacting the complainant's ability to pursue legal options
- providing information about potential compensation.



Health Complaints Commissioner Tasmania

Enquiries about this annual report should be directed to:

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