

Office of the Health Services Commissioner Report



July - September 2006 Quarter

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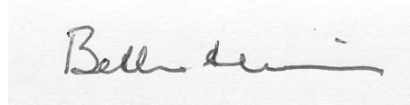
COMMISSIONER'S REPORT

The quarter under review has been a busy one with planning and organisation for the *Great Expectations: Australia's Health Complaints Conference*, to be held in Melbourne during November 2006. Conferences always take a great deal of forward planning, and special thanks are due to the staff of the HSC and in particular to Michael McDonald, Manager, Executive Services. In previous years there have been two separate complaints conferences. The first was established by the health complaints commissioners in 1999 and was held in Sydney. The conference was then held every two years in a different location. Subsequently health complaints officers held their own conference in alternate years which had a similar name to the health commissioner's conference. This year's conference was intended to be held in Queensland however, problems associated with the Dr Patel case and the subsequent restructuring of the Commissioner's Office there, meant it was impossible for the Queensland office to complete this task. Melbourne agreed to take it on and, with the co-operation of the Health Service Liaison Officer's Association (made up of complaints officers), one conference was held instead of the two alternating ones. It is hoped this may set a precedent for future years. The evaluation of the conference will appear in the next Quarterly Report.

HSC is pleased to welcome back from maternity leave Melanie Fraser, our Aboriginal Liaison Officer. I thank Sonja Martens for filling in for Melanie and Melanie will continue the important outreach work that the Aboriginal Liaison Officer position engages in. I am also pleased to welcome Lisa Graham to the Office in the position of Conciliator. Lisa has had a wealth of experience in the law and brings excellent negotiation skills to the position. Maree Wilson, who has previously worked at the Queensland Commission, has joined our Assessment Team and is also most welcome. The Commission also welcomes Dianne Rutkowski who has joined our Executive Team to assist Michael McDonald.

Important policy initiatives, which took place during the last quarter, included the publication and distribution of the report advising the Minister for Health on the Newborn Screening Programme. The Commissioner has also participated in the consultation process being carried out by the Australian Law Reform Commission on the privacy legislation. As well, the HSC was consulted by the Consumer and Privacy Taskforce, which has published its Report Number One on the Health and Social Services Access Card.

In the quarter under review complaint numbers began to rise by comparison with the previous year, however they are still not back at the same levels as was the case in 2004 - 2005. The reasons for this are unclear but it is certainly not uncommon with many agencies of accountability reporting similar trends.



Beth Wilson
Health Services Commissioner

ANALYSIS OF COMPLAINTS TRENDS

This year we have decided to change the way we report data to clarify the differences in these categories.

When complaints are received in writing or by telephone and they appear to be within the jurisdiction of this Office, the details of the complaint are recorded on the database and a file number assigned. These complaints are shown in Table 1 as Complaints Lodged.

Complaint forms are then sent to the complainant for completion and return. If these are not returned within one month, the file is closed on the database. These complaints are shown in Table 2 as Single Contact Complaints.

When a complaint form is returned and the matter is within the jurisdiction of this Office the case becomes an accepted complaint and is assigned to an assessment officer for management. These complaints are shown in Table 3 as Accepted Cases.

Because a complaint form may be returned and complaint accepted several months after it was first lodged, not all complaints are recorded and accepted in the same month or even the same quarter. For this reason it is not necessarily an accurate representation of workload to add single contact complaints to accepted complaints as in previous reports. It is intended that this revised method of reporting will provide a more accurate record of workflows.

It can be seen in tables 1 to 3 that the downward trend in complaint numbers has continued somewhat and may be reflecting a decrease in the number of complaints being made under the *Health Record Act 2001* as the Act becomes better understood.

Complaints Lodged this Quarter

Table 1: New Complaints lodged with OHSC
(Complaints received complaint forms sent out)

	Current Quarter					Previous Quarter		Previous Year	
	July 2006	Aug 2006	Sep 2006			Apr - Jun 2006		Jul - Sep 2005	
HSC&R	159	166	179	504	90%	496	92%	505	88%
HRA	11	18	25	54	10%	44	8%	68	12%
Total	170	184	204	558		540		573	

Complaint numbers began to rise again this quarter in comparison to earlier this year but are not yet in line with the previous year.

Single Contact Complaints this Quarter

Table 2: Single Contact complaints
(Complaints closed because no complaint form returned)

	Current Quarter					Previous Quarter		Previous Year	
	July 2006	Aug 2006	Sep 2006			Apr - Jun 2006		Jul - Sep 2005	
HSC&R	74	85	74	233	91%	219	91%	214	90%
HRA	8	7	7	22	9%	21	9%	25	10%
Total	82	92	81	255		240		239	

As in previous reports, approximately half of all complaints are not confirmed by the return of a completed complaint form and authority.

Accepted Cases this Quarter

Table 3 Accepted cases
(Complaint_Forms received and approved for assessment)

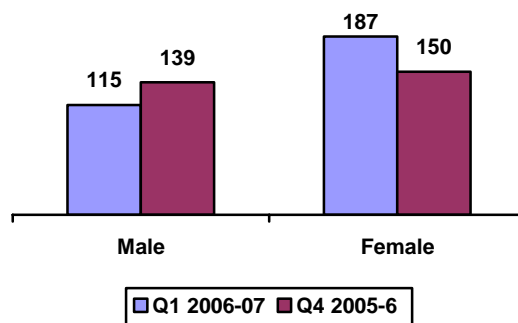
	Current Quarter					Previous Quarter		Previous Year	
	July 2006	Aug 2006	Sep 2006			Apr - Jun 2006		Jul - Sep 2005	
HSC&R	83	105	92	280	93%	263	91%	289	89%
HRA	3	9	10	22	7%	26	9%	38	11%
Total	86	114	102	302		289		327	

While overall there were slightly more cases for this quarter the number of HRA complaints was considerably less than for the same time last year. This may be a trend and will need to be monitored.

Table 4 - Consumer Profile of accepted

Age Range	Female	Male	Total	%
0 To 01	0	2	2	1%
01 to 04	4	3	7	2%
05 to 14	5	3	8	3%
15 to 24	6	3	9	3%
25 to 34	18	7	25	8%
35 to 44	26	9	35	12%
45 to 54	30	14	44	14%
55 to 64	16	12	28	9%
65 to 74	9	11	20	7%
75 +	19	8	27	9%
Unknown	54	43	97	32%
Total	187	115	302	100%

Figure 1 Consumer Gender



Gender of consumers was recorded as females 62% to males 38%.

Primary Issues in Accepted Complaints

Figure 2: HSC Accepted Complaint Issues (n=280)

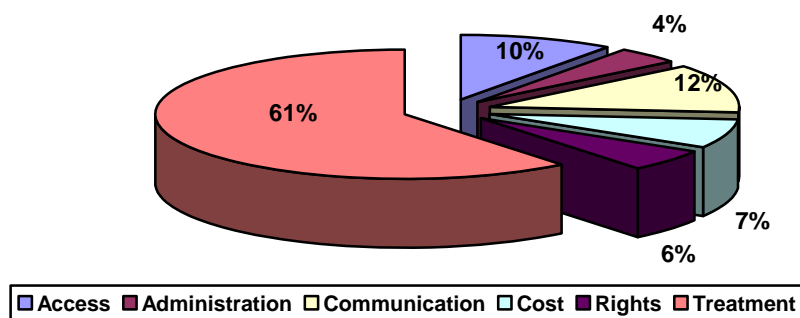


Table 5: HSC Issues

	1 st Qtr 2006/7	4 th Qtr 2005/6		1 st Qtr 2006/7	4 th Qtr 2006/7
Access			Cost		
Communication breakdown	0	1	Amount charged	8	3
Delay in admission	0	3	Billing practices	6	10
Delay in treatment	5	5	Information on costs	4	2
Discharge arrangements	1	1	Fraud	0	0
Discharge/Transfer	0	0	Over servicing	1	0
Transfer unsuitable	0	0	Over servicing - treatment	0	2
No/inadequate service	15	25	Public/Private election	0	0
Non attendance	0	0	Private health insurance	0	0
Non attendance - service busy	0	0	Public health insurance	0	0
Refused to refer	0	0	Unnecessary treatment	0	0
Other	1	3	Other	1	0
Refused admission	3	1			
Transport	1	0			
Waiting list	2	0			
	28	39		20	17
Administration			Rights		
Management practices	0	0	Access to records	0	0
Administration	5	11	Accuracy of records	0	0
Advertising	0	0	Assault	2	3
Failure to provide certificate	1	1	Discrimination	2	1
Hygiene	1	1	No/insufficient consent	3	2
No/inadequate response	3	3	Other	1	1
Other	2	1	Privacy/confidentiality	1	1
Policy	0	1	Refusal to treat	2	1
Quackery/legality	0	0	Unprofessional conduct	5	3
Retaliation	0	0			
	12	18		16	15
Communication			Treatment		
Absence of caring	3	1	Inadequate diagnosis	21	21
Failure to consult	8	1	Inadequate treatment	69	72
Inconsiderate/undignified service	8	5	Medication	11	10
Other	3	0	Negligent treatment	45	24
Poor attitude/discourtesy	4	8	Other	3	1
Wrong/misleading Information	8	12	Rough treatment	4	4
			Unskilful/incompetent treatment	11	15
			Wrong diagnosis	5	0
			Wrong treatment	0	3
	34	27		169	150
			Not Specified	1	0
			Grand Total	280	263

This table reflects the issues raised by complainants rather than those identified in the assessment of the complaint. There are only minimal changes from one quarter to the next with treatment issues highest at 61%.

Figure 3: HRA Accepted Complaint Issues (n=22)

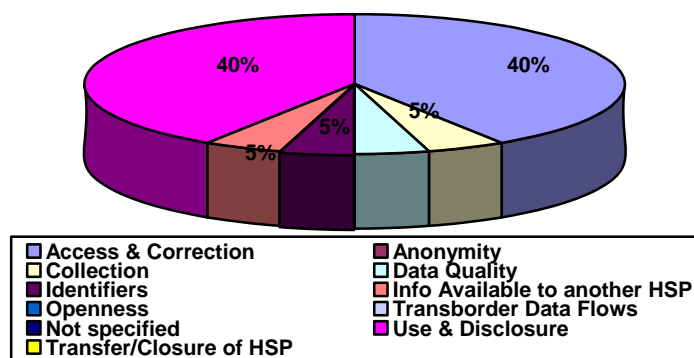


Table 6: HRA Issues

	1 st Qtr 2006/7	4 th Qtr 2005/6		1 st Qtr 2006/7	4 th Qtr 2005/6
Access & Correction			Info available to another HSP		
Access refused	5	9	Information refused	1	2
Amended statement not appended	0	0	Unreasonable time in delivery	0	0
Correction refused	1	0	Excessive fee	0	0
Inaccurate information not concealed	0	2		1	2
No amendment advise	0	0	Identifiers		
No written reason for refusal	3	1	Misuse	1	0
9	12	Openness			
Anonymity			Policies unavailable, unclear or inadequate	0	0
Refusal of anonymity	0	0	Insufficient details given	0	0
Collection				0	0
Breach of in-confidence details	0	0	Transborder data flows		
Unlawful/Intrusive collection	0	0	Unauthorised Transborder transfer	0	0
Third party collection	0	0	Transborder dataflow unreasonable	0	0
Third party collection - Notification	0	0		0	0
Inadequate collection statement	0	0	Transfer/Closure of HSP		
Unnecessary collection	1	1	Inadequate notification	0	1
1	1		Unsafe storage of records	0	0
Data Quality				0	1
Data inaccurate, incomplete or out of date	1	1	Use & Disclosure		
Deleted without notation	0	0	Disclosure – Inadequate consent	9	7
Destruction of information of non HSP	0	0	Disclosure - Inadequate disclosure	0	0
Transferred without notation	0	0	Use - Insufficient information	2	2
Unlawful deletion	0	0		9	9
Unsatisfactory protection	0	0	Not specified	0	0
1	1		Total	22	26

The primary issues for HRA were disclosure of information - inadequate consent (36%) and refusal of access (40%) This is similar to the previous quarter.

Respondent Analysis by Primary Issue

Table 7 – Respondent Type by Issue Category

	1st Qtr 2006-7							4th Qtr 2005-6						
	Dentists in Private Practice	Hospitals	Medical Practitioners	Remaining Providers	Not specified			Dentists in Private Practice	Hospitals	Medical Practitioners	Remaining Providers	Not specified		
HSC														
Access	0	12	3	11	2	28	9%	1	9	6	22	1	39	13%
Administration	0	5	2	4	1	12	4%	0	6	7	5	0	18	6%
Communication	0	13	12	8	1	34	11%	1	7	11	7	1	27	9%
Cost	1	4	6	8	1	20	7%	1	3	6	7	0	17	6%
Rights	2	9	3	1	1	16	5%	0	3	5	2	2	12	5%
Treatment	19	64	49	30	7	9	57%	14	47	41	44	4	150	52%
Not Specified	0	0	0	0	1	1	0%	0	0	0	0	0	0	0%
	22	107	75	62	14	280	93%	17	75	76	87	8	263	91%
HRA														
Access & Correction	2	1	3	2	1	9	3%	0	1	9	1	1	12	5%
Anonymity	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%
Collection	1	0	0	0	0	1	1%	0	1	0	0	0	1	0%
Data Quality	0	1	0	0	0	1	1%	0	0	1	0	0	1	0%
Identifiers Available to another HSP	0	0	0	1	0	1	0%	0	0	0	0	0	0	0%
Info Available to another HSP	0	0	1	0	0	1	0%	1	0	1	0	0	2	1%
Openness Transborder data flows	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%
Transfer/Closure of HSP	0	0	0	0	0	0	0%	0	0	1	0	0	1	0%
Use & Disclosure	0	3	3	2	1	9	3%	0	1	4	3	1	9	3%
Not specified	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%
	3	5	7	5	2	22	7%	1	3	16	4	2	26	9%
Grand Total	25	112	82	67	16	302	100 %	18	78	92	91	10	289	100 %
	8 %	37 %	28 %	23 %	4 %	100 %		6 %	27 %	32 %	31 %	4 %	100 %	

The overall numbers are marginally higher than last quarter. There was continuing decrease in HRA complaints.

HOW COMPLAINTS ARE MANAGED

Table 8: Comparison by Stage of Closure

Stage of Complaint Process	1st Qtr 2006-7				4th Qtr 2005-6			
	HRA	HSC	Total	%	HRA	HSC	Total	%
Closed in Assessment	17	190	207	81%	28	223	251	80%
Closed in Conciliation	7	42	49	19%	7	55	62	20%
Closed in Investigation	0	0	0	0%	0	0	0	0%
Complaints closed	24	232	256	100%	35	258	313	100%

Most complaints closed this quarter were closed at the assessment stage (81%), with the remaining 19% closed in conciliation. This continues the pattern of the previous quarter.

Primary Issue In Complaint By Seriousness Rating At Closure

Table 9: Issue by Seriousness

	1st Qtr 2006-7				4th Qtr 2005-6					
	High	Medium	Low	Total	High	Medium	Low	Total		
HSC										
Access	1	6	21	28	11%	0	13	31	44	15%
Administration	1	5	6	12	5%	0	2	11	13	4%
Communication	1	13	14	28	11%	0	6	20	26	8%
Cost	0	5	17	22	9%	1	3	11	15	5%
Rights	3	4	10	17	7%	2	2	12	16	5%
Treatment	15	72	37	124	48%	12	90	61	163	52%
Not specified	0	0	1	1	0%	0	1	0	1	0%
	21	105	106	232	91%	15	117	146	278	89%
	8%	41%	41%			5%	37%	47%		
HRA										
Access & Correction	0	4	4	8	3%	0	4	5	9	3%
Anonymity	0	0	0	0	0%	0	0	0	0	0%
Collection	0	2	1	3	1%	0	0	1	1	0%
Data Quality	0	0	0	0	0%	0	1	1	2	1%
Identifiers	0	1	0	1	0%	0	0	0	0	0%
Info Available to another HSP	0	1	0	1	0%	0	2	1	3	1%
Openness	0	0	0	0	0%	0	0	0	0	0%
Trans border data flow	0	0	0	0	0%	0	0	0	0	0%
Transfer/Closure of HSP	0	0	0	0	0%	0	1	0	1	0%
Use & Disclosure	2	6	3	11	5%	1	13	5	19	6%
Not specified	0	0	0	0	0%	0	0	0	0	0%
	2	14	8	24	9%	1	21	13	35	11%
	1%	5%	3%			0%	7%	4%		
Total Complaints Closed	23	119	114	256	100%	16	138	159	313	100%
	9%	46%	45%			5%	44%	51%		

There was no significant variation in the proportion of cases reported as serious.

Assessment & Investigation

Under the relevant legislation the Commissioner has the power to decline a complaint if certain criteria apply. An example of this is where the issues outlined in the complaint have been determined elsewhere. When this is not apparent until the complaint form and other documents have been received, a proportion of accepted complaints will subsequently be declined in assessment. For this quarter this occurred in approximately 30% of cases. While this may seem high it reflects the complexities that can occur in assessment and, for some complainants, the misunderstanding of the role of this Office.

Table 10 - Resolution in assessment

Outcomes for confirmed complaints closed 01/07/2006 to 30/09/2006

Outcome	Health Services (Conciliation & Review) Act 1987 Closed in Assessment
Apology	4
Refund/ Reduced fee	8
Explanation	39
Other objective	21
Declined	58
Referred elsewhere	20
Referred to Board	21
Not resolved	18
	189 (74%)
Outcome	Closed in Assessment
Apology	2
Access Records	4
Amend Records	1
Explanation	2
Other objective	5
Declined	2
	16 (6%)
All cases	205 (80%)

Conciliation

During the third quarter of 2006 the conciliators met with the individual parties or stakeholders on 34 occasions, including 6 meetings in regional Victoria. There were 10 conciliation meetings (ie. Meetings between the parties, chaired by the conciliator) including 3 in regional Victoria. In addition the conciliators gave 11 lectures or talks, including 3 in regional Victoria, and attended 10 seminars or conferences.

Table 11 - Resolution in Conciliation

Type of Resolution	2ndQtr 2005/06			%
	HRA	HSC		
Apology given	1	2	3	6%
Change in procedure/policy	0	0	0	0%
Compensation	4	8	12	24%
Explanation/Information provided	0	13	12	27%
Objective or Service obtained	2	13	15	31%
Total resolved	7	36	43	88%

Referred to Board or VCAT	0	0	0	0%
Non-conciliable	0	6	6	12%
	0	6	3	12%
Total	7	42	49	100%
	14%	86%		

Of the 256 complaints closed this quarter 49 (19%) were in conciliation. The number of closures was similar to the previous quarter.

Registrar

An increase in complaints exchanged between the Registration Boards and the HSC was noted in comparison with the last quarter. Information was exchanged on a total of 280 complaints during this period. Of this 152 were HSC complaints whilst 128 complaints were lodged with nine Registration Boards. A total of 172 complaints were about medical practitioners, 45 dentists were complained about and 20 complaints were lodged about pharmacists while 43 complaints were about practitioners covering seven Registration Boards as outlined below. HSC formally referred 26 complaints to four Registration Boards and there was just one formal referral to HSC during this period. One Freedom of Information request was processed.

Table 12 Registration Board Contacts

Registration Boards	Board Complaints discussed with HSC	HSC Complaints discussed with Boards	HSC Complaints formally referred to Boards	Board Complaints formally referred to HSC
Chinese Medicine Registration Board	0	2	0	0
Chiropractors Registration Board of Victoria	2	1	0	0
Dental Practice Board of Victoria	23	22	6	0
Medical Practitioners Board of Victoria	89	83	16	1
Medical Radiation Technologists Board of Victoria	0	0	0	0
Nurses Board of Victoria	1	12	0	0
Optometrists Registration Board of Victoria	1	1	0	0
Osteopaths Registration Board of Victoria	3	1	0	0
Pharmacy Board of Victoria	3	17	3	0
Physiotherapists Registration Board of Victoria	3	5	1	0
Podiatrists Registration Board of Victoria	0	0	0	0
Psychologists Registration Board of Victoria	3	8	0	0
	128	152	26	1

Prisoner Complaints

Table 13 – breakdown of prisoner complaints

	Jul-06	Aug-06	Sep-06	Total	
Access	1	4	2	7	26%
Administration	0	0	0	0	0%
Communication	0	0	1	1	4%
Cost	1	1	1	3	11%
Rights	0	0	0	0	0%
Treatment	4	2	10	16	59%
Total	6	7	14	27	100%
	22%	26%	52%	100%	

The number of prisoner complaints increased in the last month in line as HSC visited one of the larger prisons. Again treatment was the dominant issue (64%).

Psychiatric Services

Table14: Psychiatric Services

	Jul-06	Aug-06	Sep-06	Total	
Hospitals	1	3	2	6	30%
Medical Practitioner	2	4	3	9	45%
Psychiatric Health Service	0	2	2	4	20%
Psychologist	0	0	1	1	5%
Total	3	9	8	20	100%
	15%	45%	40%	100%	

Figure 4: Types of Service

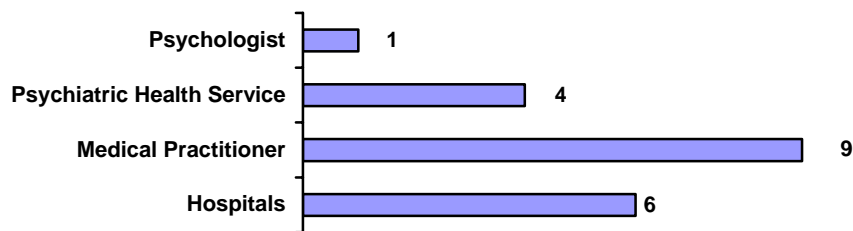
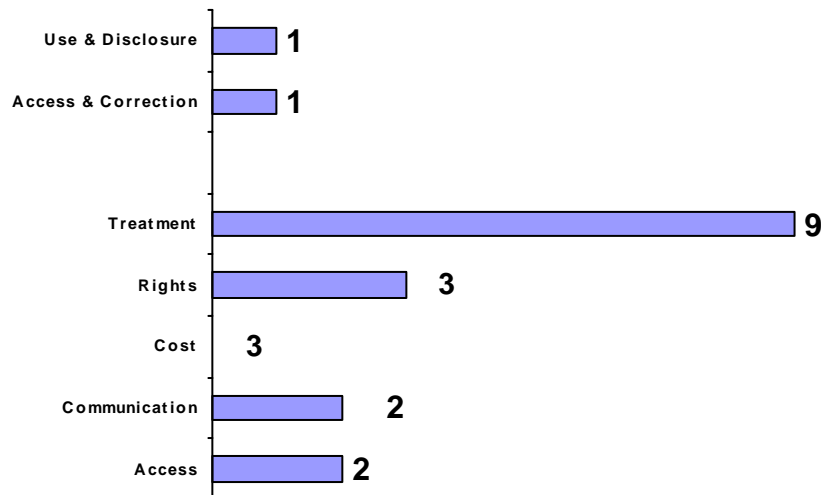


Figure 5: Issues in Psychiatric Complaints



There were 20 complaints about psychiatric services this quarter and they were mostly against hospitals and medical practitioners (65%).

Aboriginal Outreach Program

Melanie Fraser returned from maternity leave during this quarter (31 July 2006) after a leave period of 12 months.

Outreach

For the following 2 months of the quarter she re-initiated contact with a number of organisations and individuals including:

- Koori Unit, DHS
- Indigenous Issues Unit, DOJ
- Various Koori Hospital Liaison Officers
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian Aboriginal Health Service
- Dispute Settlement Service
- Consumer Affairs Victoria
- Aboriginal Affairs Victoria
- Privacy Victoria

Partnership

A partnership was re-established with Privacy Victoria to promote the privacy message in Indigenous communities. This led to the Office of the Health Services Commissioner joining the Victorian Koori Roadshow – an initiative of Consumer Affairs Victoria.

Committee Membership

During this quarter, the Aboriginal Liaison officer joined the Participation Advisory Committee to the Department of Human Services, which was established to *monitor and advise the department on the implementation of the consumer, carer and community participation policy, 'Doing it with us not for us'*.

Advice & Referral

ATSI Reports/Brochures	38
Request for Speaking Engagement	8
Food or Environmental Health	1
Health Insurance	0
Referral to Legal Service	3
Referral to other dispute settlement service	2
Refer elsewhere	9
Other	36
TOTAL	97

Provision of information (ATSI)

Table 16 Complaints (ATSI)

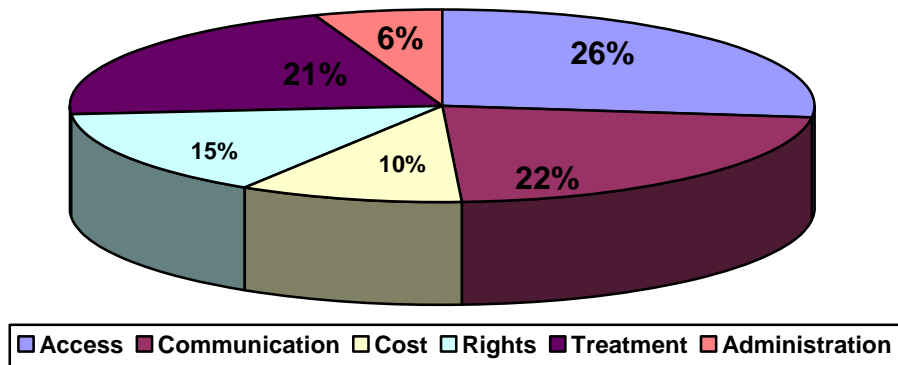
HSC Complaints		HRA Complaints	
Access	4	Access & Correction	0
Administration	0	Anonymity	0
Communication	0	Collection	0
Cost	0	Data Quality	1
Rights	0	Identifiers	0
Treatment	3	Info Available to another HSP	0
None	0	Openness	0
		Transborder data flows	0
		Transfer/Closure of HSP	0
		Use & Disclosure	0
	7		1

HOSPITAL HEALTH COMPLAINTS DATA

During this quarter 27 hospitals/community centres provided complaints data, which showed they received 2166 complaints. The major area of concern to people was access making up 26% (586), treatment 21%(451) and communication 22% (477).

Issues in Complaints

Figure 6: Issues in HCIP Complaints (n=2166)



Primary Issue in Complaint by Seriousness Rating

Table 17: Issue by Seriousness

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
Trivial	0	0	0	0	0	0	0	0%
Minor	260	37	224	38	84	143	786	37%
Routine	223	55	212	146	168	196	1000	46%
Substantial	5	0	1	0	11	10	27	1%
Serious	98	28	40	28	57	102	353	16%
Total	586	120	477	212	320	451	2166	100%
	27%	6%	22%	10%	15%	20%	100%	

Most complaints (82%) were of a minor nature or considered routine.

Table 18: Site by Issue

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
Admissions	61	9	5	6	5	6	92	4%
Aged Care		4	3	2	2	3	14	1%
Day Procedure Unit	15	2	16	3	7	7	50	2%
Emergency department	92	11	61	54	76	102	396	19%
Hospital grounds	78	2	10	14	4	21	129	6%
Intensive care unit	4	4	6	7	10	8	39	2%
Operating theatre	24	16	10	10	14	24	98	5%
Other	106	33	89	29	52	48	357	16%
Outpatient clinic	95	15	137	23	34	50	354	16%
Ward	111	24	140	64	116	182	637	29%
Total	586	120	477	212	320	451	2166	100%
	27%	6%	22%	10%	15%	20%	100%	

Nearly 1/3rd of all complaint happen in the wards with another third split between the emergency department and the outpatient clinic.

Table 19: Outcome by Issue

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
CHANGE IN POLICY	1	3	4		7	10	25	1%
LAPSED	92	9	48	23	30	40	242	10%
NOT UPHELD	12	4	12	17	21	15	81	3%
REFERRED	10	4	7	3	11	12	47	2%
REMEDIAL	14	11	27	23	15	29	119	5%
RESOLVED	529	81	441	184	256	405	1896	79%
Total	658	112	539	250	340	511	2410	100%
	27%	6%	22%	10%	14%	21%	100%	

Seventy nine percent of all complaints were resolved while another 10% lapsed.

EXECUTIVE SERVICES

The Executive Services Unit comprises two staffing streams and provides corporate support services for the office including Finance, Human Resources, Information Technology, Purchasing, Vehicle Management, Building Services and Reception Services. It is also responsible for the operation of the *Health Records Act 2001*(Vic) (HRA) and the provision of legal advice to the Commissioner and staff.

Health Records Act 2001

The office continues to offer training, education and support to holders of health information and consumers on their respective responsibilities and rights under the legislation. These organisations include health services providers, government departments and agencies, local government, employers and many other holders of health information. Over 15 presentations were provided in the July-September quarter. We also had a stand at the Deafness Expo held at the Melbourne Town Hall on 2 September 2006 to inform the deaf community of their rights under the HRA and advise them of the OHSC.

Table 20: HRA Requests

Requests	
Published articles	0
Consultation in office	1
Presentation to a group	15
Response to question	2
Telephone inquiries	102
Review policy documents	14

Table21: HRA Contacts

HRA Team Contacts	
HRA brochures sent out	1201
HSC brochures sent out	2636
Access to records brochures sent out	325
No of posters sent	0
Amount of people attending presentations	494

Website

The office website (www.health.vic.gov.au/hsc) is featured prominently in all of the office promotional material. It is a source of information for the community on the role of the OHSC and includes publications produced by the office, appropriate links and the latest information.

The following table is for the period 1 July to 30 September 2006.

Table 22: Website Statistics

Month	Pages Viewed	Sessions	Visitors
July	5,142	1,284	1,510
Aug	5,933	1,467	1,706
Sep	5,655	1,408	1,654
Average	5577	1386	1623
Totals	16730	4159	4870

Staff Training and Development

During the quarter various staff attended training and development opportunities including: Recent developments in privacy law, Practical ethics for lawyers, CPD compliance and a forum titled Strictly Confidential.

Conferences

The office was represented at two conferences held during the quarter. They were the Health Informatics Conference held in Sydney and a seminar held by the Health Information Management Assoc. of Australia.

APPENDICES

APPENDIX 1 - Providers by Type and Specialities

Grouping	Type of organisation	Speciality	Sub speciality		
Dentists in Private Practice	25	Dental Surgery	0		
		Dentist	25		
Hospitals	112	Hospitals	112		
			<i>Dental</i>	2	
			<i>Private</i>	3	
			<i>Public</i>	79	
			<i>Not specified</i>	16	
			<i>Psychiatric</i>	6	
			<i>Specialist</i>	5	
	<i>Womens</i>	1			
Medical Practitioners	82	Medical Clinic	13		
			<i>24 Hour Clinic</i>	0	
				<i>Group Practice</i>	4
			<i>Mens Health</i>	6	
			<i>Not specified</i>	3	
		Medical Practitioner	69	<i>Anaesthetist</i>	4
				<i>Cardiologist</i>	1
				<i>Dermatologist</i>	2
				<i>Ear, Nose and Throat</i>	0
				<i>Gastroenterologist</i>	2
				<i>General Practitioner</i>	16
				<i>Locum</i>	0
				<i>Medico-legal Examiner</i>	0
				<i>Neurologist</i>	1
				<i>Not specified</i>	9
				<i>Obstetrician/Gynaecologist</i>	5
				<i>Oncologist</i>	0
				<i>Ophthalmologist</i>	3
				<i>Paediatrician</i>	1
				<i>Psychiatrist</i>	9
				<i>Radiologist</i>	0
				<i>Rehabilitation medicine</i>	0
		<i>Respiratory Medicine</i>	0		
		<i>Rheumatologist</i>	0		
			<i>Surgeon</i>	16	
				General	4
				Neurological	1
		Not specified	5		
		Orthopaedic	2		
		Plastic	4		
		Vascular	0		
Not specified	16				
Remaining Providers	67	Age Care	0		
		Alcohol & Drug Service	0		

Allied Health	0		
Alternative therapist	5	Acupuncture	0
		Masseur	2
		Naturopath	1
		Other	2
Alternative Therapist Clinic	0		
Ambulance Service	3		
Audiologist	0		
Beauty Therapy Clinic	1		
Chiropractic Service	1		
Community Health Centre	5		
Complementary Health	0		
Corrections Health	27	Not specified	21
		Private	2
		Public	4
Counsellor	0		
Dental Prosthetist	1		
Diagnostic Service	1	Diagnostic Imaging	1
		Not specified	0
		Pathology	0
Education	0		
Infant Welfare Centre	0		
Law Firms	0		
Locum Service	0	Emergency medicine	
Mental Health	0		
Not a health service provider (individual)	0		
Not a health service provider (organisation)	6	Educational institution	0
		Employer	1
		Govt Dept/Agency	5
		Not specified	0
		Other	0
Nurse	0		
Nursing Home	2	Not specified	2
		Private	0
Nursing service	1		
Occupational therapist	0		
Optical dispenser	1		
Optometrist	2		
Osteopath	3		
Pharmaceutical supplier	0		
Pharmacist	2		
Podiatrist	0		
Podiatry Service	0		
Police	0		
Psychiatric Health Service	4		
Psychologist	1		
Radiographer	1		
Rehabilitation Service	0		
Statutory Authority	0		
Grand Total	302		

Health Services Commissioner

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