

Office of the Health Services Commissioner Report



October - December 2008 Quarter

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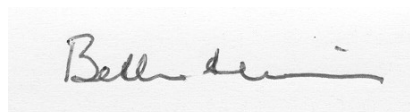
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COMMISSIONER'S REPORT

In the quarter under review, the Health Services Commissioner (HSC) was kept busy dealing with a complaint about an alternative health services provider which related to allegations of a sexual matter. The provider being investigated exhibited some bizarre behaviour akin to "mythomania." The allegations were that he had sexual relations with clients during or arising out of therapy sessions. The report has been finalised and has been sent to the provider awaiting his comments. He has already demonstrated an unwillingness to cooperate with the recommendations and has challenged our jurisdiction. HSC is now negotiating with his solicitor. If the provider fails to cooperate, then the HSC has the option of using, for the first time ever, its naming powers under section 11(5) of the *Health Services (Conciliation and Review) Act 1987*.

This investigation has demonstrated how difficult it can be dealing with alternative/complementary health service providers who are uncooperative. There is no registration board to assist and formal investigations can be very resource intensive. The naming power at least enables HSC to warn the public of the non-cooperative and unethical behaviour by a few of these providers.

Under the *Health Professions Registration Act 2005* provision was made for HSC involvement in reviewing decisions made by registration boards. The investigation review panels are panels set up by the boards which include a nominee of the HSC. In the quarter under review there have been nine investigation review panels, six with the Medical Practitioners Board of Victoria, one each with the Dental Practice Board of Victoria, Physiotherapists Registration Board of Victoria and Psychologists Registration Board of Victoria. The period under review does include Christmas and therefore a reduction in some of the work during the holidays. The HSC has a panel of delegates who have been interviewed and selected and are chosen on an as needs basis.



Beth Wilson
Health Services Commissioner

ANALYSIS OF COMPLAINTS TRENDS

Complaints Lodged this Quarter

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

	Current Quarter					Previous Quarter		Previous Year	
	Oct 2008	Nov 2008	Dec 2008			Jul - Sep 2008		Oct - Dec 2007	
HSC&R	193	162	142	497	88%	592	89%	398	93%
HRA	35	18	13	66	12%	77	11%	32	7%
Total	228	180	155	563		669		430	

Single Contact Complaints this Quarter

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

	Current Quarter					Previous Quarter		Previous Year	
	Oct 2008	Nov 2008	Dec 2008			Jul - Sep 2008		Oct - Dec 2007	
HSC&R	105	65	89	259	91%	231	91%	201	92%
HRA	9	9	7	25	9%	22	9%	17	8%
Total	114	74	96	284		253		218	

Accepted Cases this Quarter

Table 3 Accepted cases
(Complaint Forms received and approved for assessment)

	Current Quarter					Previous Quarter		Previous Year	
	Oct 2008	Nov 2008	Dec 2008			Jul - Sep 2008		Oct - Dec 2007	
HSC&R	117	90	52	259	86%	349	87%	231	95%
HRA	17	14	11	42	14%	52	13%	13	5%
Total	134	104	63	301		402		244	

Although there has been the usual seasonal decrease in complaints this quarter, there has been a substantial increase in the numbers of complaints received by HSC in the first 6 months of 2008/2009.

	2007/2008	2008/2009	% increase
New Complaints Lodged (July to Dec)	814	1098	35%
New Accepted Cases (July to Dec)	480	698	45%

The number of new complaints lodged, and of new accepted cases for the first six months of this year is greater than any experienced since HSC restructured in 2002.

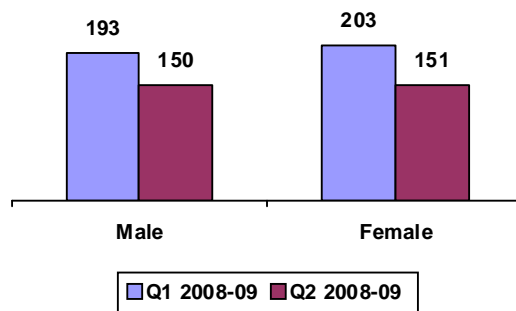
It is difficult to know what to attribute this to, as the complaints are against all providers and about all issues. Informal discussions with other complaints agencies and larger hospitals suggest this is a trend experienced by others as well.

We have noted in the past that world events can exert a temporary impact on complaint numbers, for example the drop in calls after 9/11, and now it is possible that the economic gloom is making us all more concerned about other aspects of our lives resulting in effects on our health and general well being and a greater tendency to complain than we might have done twelve months ago.

Table 4 - Consumer Profile of accepted

Age Range	Female	Male	Total	%
0 To 14	24	55	77	25%
15 to 34	13	15	28	9%
35 to 64	66	32	88	33%
65+	33	37	71	24%
Unknown	15	11	26	9%
Total	151	150	301	100%

Figure 1 Consumer Gender



Although there are similar numbers of complaints for male and female service users there is a clear age difference between these two groups. There are more than twice as many complaints made on behalf of male service users under 14. The pattern reverses in the 35 to 64 age group where there are twice as many female service users.

Primary Issues in Accepted Complaints

Figure 2: HSC Accepted Complaint Issues (n=259)

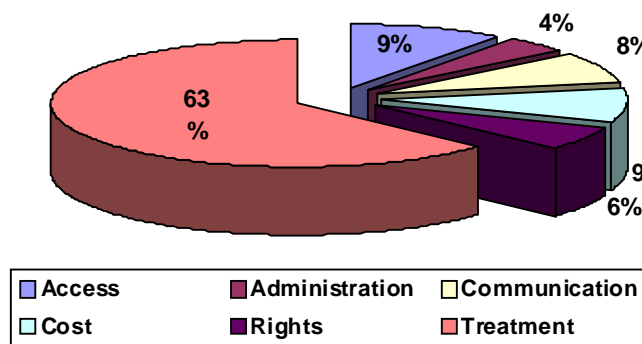


Table 5: HSC Issues

	2 nd Qtr 2008/9	1 st Qtr 2008/9		2 nd Qtr 2008/9	1 st Qtr 2008/9
Access			Cost		
Communication breakdown	0	1	Amount charged	6	15
Delay in admission	0	2	Billing practices	8	9
Delay in treatment	8	3	Information on costs	4	6
Discharge arrangements	1	0	Over servicing	3	0
Discharge/Transfer	1	1	Over servicing - treatment	0	1
Transfer unsuitable	0	1	Other	2	7
No/inadequate service	7	13	9%	23	38
Refused to refer	0	1	Rights		
Refused admission	1	1	Access to records	0	2
Transport	0	1	Accuracy of records	1	0
Waiting list	1	3	Assault	3	6
9%	19	27	Discrimination	2	1
Administration			No/insufficient consent	2	3
Administration	1	2	Other	2	1
Advertising	1	1	Refusal to treat	2	3
Hygiene	1	0	Unprofessional conduct	5	7
No/inadequate response	6	11	7%	17	23
Other	1	2	Treatment		
Policy	1	1	Inadequate diagnosis	11	29
4%	11	17	Inadequate treatment	74	79
Communication			Medication	20	24
Absence of caring	2	3	Negligent treatment	35	34
Failure to consult	3	3	Other	7	14
Inconsiderate/undignified service	3	6	Rough treatment	4	7
Other	3	5	Unskilful/incompetent treatment	13	15
Poor attitude/discourtesy	6	8	Wrong diagnosis	2	5
Wrong/misleading Information	4	7	Wrong treatment	1	4
8%	21	32	63%	167	211
			Not Specified	1	1
			Grand Total	259	349

As usual, treatment issues far outweighed other issues in complaints comprising 63% of all issues raised. Communication is a secondary issue in most complaints.

Figure 3: HRA Accepted Complaint Issues (n=42)

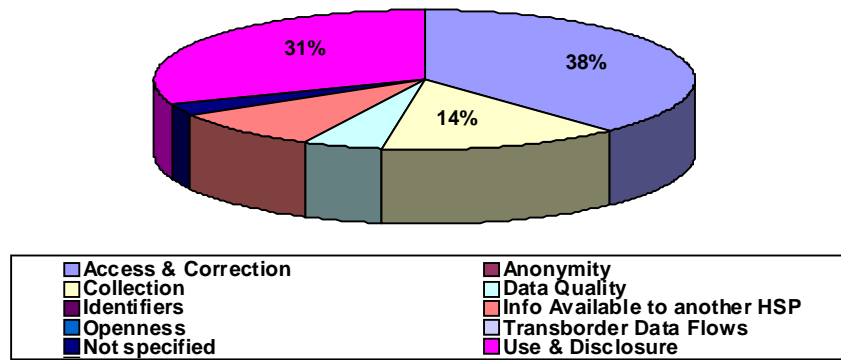


Table 6: HRA Issues

	2 nd Qtr 2008/9	1 st Qtr 2008/9		2 nd Qtr 2008/9	1 st Qtr 2008/9
Access & Correction		Info available to another HSP			
Access refused	13	10	Information refused	4	1
Correction refused	0	5	Unreasonable time in delivery	0	2
No amendment advise	1	0		4	3
No written reason for refusal	2	1	Identifiers		
	16	16	Misuse	0	1
Collection		Use & Disclosure			
Breach of in-confidence details	5	0	Disclosure – Inadequate consent	12	23
Unlawful/Intrusive collection	1	0	Disclosure - Inadequate disclosure	1	3
	6	0		13	26
Data Quality		Not specified			
Data inaccurate, incomplete or out of date	1	3	Total	42	53
Unsatisfactory protection	1	2			
	2	5			

Refusal of access to records was the main reason for complaints under the Health Records Act (HRA) this quarter whereas for the previous quarter it was disclosure of health information without consent.

Refusal of access can often occur because service providers are unaware of their obligations under the HRA, or, occasionally because they may feel resentful of lawyers who use the HRA to access their clients' records instead of requesting and paying for a medico-legal report.

Respondent Analysis by Primary Issue

Table 7 – Respondent Type by Issue Category

	2nd Qtr 2008-9							1st Qtr 2008-9						
	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	8	3	8	0	19	6%	0	9	5	12	1	27	7%
Administration	0	5	3	3	0	11	4%	0	10	4	3	0	17	4%
Communication	1	6	8	5	1	21	7%	2	9	15	5	1	32	8%
Cost	2	6	6	9	0	23	8%	4	5	12	14	3	38	9%
Rights	0	9	7	1	0	17	6%	0	8	6	7	2	23	6%
Treatment	15	63	46	40	3	167	55%	18	92	47	50	4	211	53%
Not Specified	0	1	0	0	0	1	0%	0	0	0	0	1	1	0%
	18	98	73	66	4	259	86%	24	133	89	91	2	349	87%
HRA														
Access & Correction	0	3	9	0	4	16	6%	0	2	5	4	5	16	4%
Collection	0	2	2	2	0	6	2%	0	0	0	0	0	0	0%
Data Quality	0	0	1	1	0	2	1%	0	3	1	0	1	5	2%
Identifiers Info Available to another HSP	0	0	0	0	0	0	0%	0	0	0	1	0	1	0%
Use & Disclosure	2	0	0	0	2	4	1%	1	0	2	0	0	3	1%
Not specified	0	4	1	5	3	13	4%	1	3	5	11	6	26	6%
	0	0	1	0	0	1	0%	0	0	2	0	0	2	13%
	2	9	14	8	9	42	14%	2	8	15	16	2	53	13%
Grand Total	20	107	87	74	13	30		26	141	10	10	2	402	26

The issues identified for each of the respondent types are similar to previous quarters. The largest proportion of complaints (63 or 21%) was about treatment provided in Hospitals.

Example

A woman attended the emergency department of a public hospital as she had severe abdominal pain. The doctor diagnosed an ectopic pregnancy and prescribed medication to resolve the condition. After a few days it became evident that medication had not been successful and she was sent for surgery. She complained she should have been referred to surgery immediately and this would have prevented the extended pain she had endured.

HOW COMPLAINTS ARE MANAGED

Table 8: Comparison by Stage of Closure

Stage of Complaint Process	2nd Qtr 2008-9				1st Qtr 2008-9			
	HRA	HSC	Total	%	HRA	HSC	Total	%
Closed in Enquiry	25	256	281	43%	22	230	252	42%
Closed in Assessment	38	269	307	47%	44	240	284	47%
Closed in Conciliation	5	66	71	10%	7	61	68	11%
Closed in Investigation	0	1	1	0%	0	3	3	0%
Complaints closed	68	592	660	100%	73	534	607	100%

There are similar patterns shown for the past two reporting periods. Approximately 40% of complaints are closed in enquiry because the complainant did not pursue the issue by returning a complaint form to HSC. A further 50% of complaints are resolved informally in the assessment stage and the remaining 10% are resolved in conciliation.

Primary Issue in Complaint By Seriousness Rating At Closure

Table 9: Issue by Seriousness (excluding Enquiry)

	2nd Qtr 2008-9				1st Qtr 2008-9					
	High	Medium	Low	Total	High	Medium	Low	Total		
HSC										
Access	1	10	15	26	7%	3	10	17	30	8%
Administration	0	1	14	15	4%	0	8	8	16	5%
Communication	2	14	16	32	8%	5	15	17	37	10%
Cost	2	9	25	36	9%	0	3	20	23	6%
Rights	5	7	10	22	6%	3	5	3	11	3%
Treatment	32	118	55	205	55%	35	103	49	187	54%
All HSC	42	159	135	336	89%	46	144	114	304	86%
	11%	42%	36%	89%	13%	41%	32%	86%		
HRA										
Access & Correction	0	4	8	12	3%	0	6	18	24	7%
Collection	0	1	2	3	1%	0	1	0	1	0%
Data Quality	0	2	1	3	1%	0	2	2	4	1%
Info Available to another HSP	0	2	2	4	1%	0	1	1	2	1%
Transfer/Closure of HSP	0	0	1	1	0%	0	1	0	1	0%
Use & Disclosure	0	7	13	20	5%	2	5	11	18	5%
All HRA	0	16	27	43	11%	2	16	33	51	14%
	0	4%	7%	11%	0%	5%	9%	14%		
Total Complaints Closed	42	175	162	379		48	160	147	355	
All complaints	11%	46%	43%		14%	45%	41%			

There was no significant variation from the past quarter in the proportion of cases reported as serious. Approximately 90% of complaints were rated as being either medium or low on the scale.

Assessment & Investigation

Table 10 - Outcomes in assessment

	HSC (n=267)	HRA (n=37)	Total (n=304)	
Apology	18	11	29	8%
Compensation	1	0	1	0%
Declined	92	2	94	26%
Explanation	128	7	135	38%
Fees/Cost waived or reduced	17	0	17	5%
Quality change	16	5	21	6%
Referred Out	33	4	37	11%
Service obtained	3	3	6	2%
Withdrawn	2	6	8	2%
HRA - Access to records		7	7	2%
HRA - Dismissed		1	1	0%
Total	310	46	356	
	87%	13%	100%	100%

As a complaint can have more than one outcome the total number of outcomes can be greater than the number of complaints as shown in Table 10 above and Table 12 below. Explanations continue to resolve a large proportion of complaints.

Table 11 – Reason for decline in assessment

HSC	HSC	HRA	Total	%
19 (1) The complaint is frivolous, vexatious or trivial	8			8%
19 (2) The complaint has been determined elsewhere	18			20%
19 (4) (a) The complaint was not confirmed in writing	43			47%
19 (4) (b) The complaint contains insufficient detail	4			3%
19 (7) The complaint has been referred to an external person, organisation or agency	3			3%
19 (8) (a) The complaint was rejected (Outside of jurisdiction)	16			17%
HRA				
s51 1(a) Not an interference with the privacy of an individual		2	2	2%
Total	92	2	94	
	97%	3%	100%	

Almost half of the complaints declined in assessment are declined under s 19(4) (a). This means that although there has been some written correspondence on the complaint, the complainant has not completed the complaint form as requested by the Commissioner.

Conciliation

Table 12 - Resolution in Conciliation

	HSC (n=66)	HRA (n=5)	Total (n=71)	%
Apology	28	2	30	24%
Compensation	12	0	12	10%
Explanation	43	0	43	35%
Fees/Cost waived or reduced	4	1	5	4%
Non-conciliable	7	1	8	7%
Quality change	7	0	7	6%
Referred Out	3	0	3	2%
Service obtained	4	0	4	3%
Withdrawn	9	2	11	9%
Grand Total	117	6	23	
	95%	5%		

During the reporting period members of the conciliation team attended functions hosted by one of the large plaintiff law firms and one of the medical practitioners' insurers. Good working relations with all parties to the disputes that we deal with, along with an understanding on their parts of our role as neutral conciliators, are important reasons for these activities.

Registrar

Table 13 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	5	0	0	0
Chiropractors Registration Board of Victoria	1	1	0	0
Dental Practice Board of Victoria	32	17	5	0
Medical Practitioners Board of Victoria	79	81	15	5
Medical Radiation Technologists Board of Victoria	0	0	0	0
Nurses Board of Victoria	4	5	0	3
Optometrists Registration Board of Victoria	1	2	1	0
Osteopaths Registration Board of Victoria	0	0	0	0
Pharmacy Board of Victoria	12	2	1	0
Physiotherapists Registration Board of Victoria	2	4	3	1
Podiatrists Registration Board of Victoria	2	0	0	0
Psychologists Registration Board of Victoria	7	1	0	0
	145	113	25	9

A comparison with the last quarter revealed a drop in the number of complaints discussed with the Registration Boards during this period. A total of 258 complaints were discussed in the current period as opposed to 313 in the September quarter. While the number of complaints the HSC received in the current period remained similar to that of the previous quarter, the complaints received by the Boards during this quarter were reduced by 55.

Of the 258 complaints discussed during this three month period 160 were about medical practitioners, 49 complaints concerned dental practitioners and 14 were about pharmacists with the remaining 35 complaints relating to seven Boards.

Of the 113 HSC complaints discussed 31 were formally referred to the Boards for consideration, 20 of these being to the Medical Practitioners Board of Victoria. As Table 3 indicates Boards referred a total of nine complaints to the HSC for attention.

Apart from the Registration Boards, the Registrar's interactions with other agencies has continued. Three Freedom of Information requests were received during the period.

Prisoner Complaints

Table 14– breakdown of prisoner complaints

	Oct-08	Nov-08	Dec-08	Total	
Access	2	4	1	8	26%
Administration	0	0	0	1	3%
Communication	0	0	1	1	3%
Cost	0	0	0	0	0%
Rights	0	0	0	0	0%
Treatment	16	7	1	21	68%
Total	18	11	4	33	
	55%	32%	13%		

Psychiatric Services

Table15 Psychiatric Services

	Oct-08	Nov-08	Dec-08	Total	
Medical Practitioner	1	2	1	4	11%
Psychiatric Health Service	8	4	5	17	46%
Public Hospital	4	3	8	15	40%
Corrections Health	0	1	0	1	3%
Total	13	10	14	37	100%
	45%	41%	14%		

Issues in Psychiatric Complaints

Issue		
Treatment	21	57%
Access/other	8	22%
Informed Consent	2	5%
Assault	4	11%
Health Records Act	2	5%
	37	100%

There were 37 complaints about psychiatric services this quarter and they were mostly about treatment and made against hospitals and psychiatric health services (86%). This would suggest that most of the complaints were in relation to involuntary treatment under the Mental Health Act.

Koories, Know Your Rights

Table 16 - Complaints (ATSI)

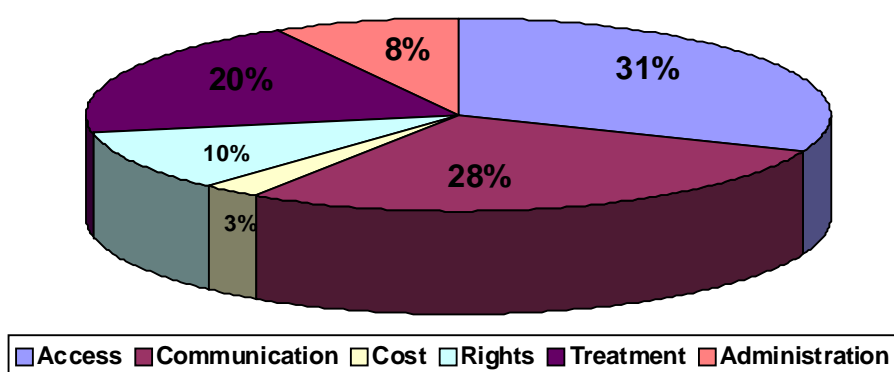
HSC Complaints		HRA Complaints	
Access	0	Access & Correction	0
Administration	0	Anonymity	0
Communication	0	Collection	0
Cost	0	Data Quality	0
Rights	2	Identifiers	0
Treatment	1	Info Available to another HSP	0
None	0	Openness	0
		Transborder data flows	0
		Transfer/Closure of HSP	0
		Use & Disclosure	0
	3		0

HOSPITAL HEALTH COMPLAINTS DATA

During this quarter 20 hospitals/community centres provided complaints data, which showed they received 918 complaints. The major area of concern to people was access making up 31% (285), treatment 28% (184) and communication 20% (259).

Issues in Complaints

Figure 6: Issues in HCIP Complaints (n=918)



Primary Issue in Complaint by Seriousness Rating

Table 17: Issue by Seriousness

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
Minor	188	55	160	14	54	95	566	62%
Routine	96	19	95	9	37	77	333	36%
Substantial	1	0	4	0	2	12	19	2%
Serious	0	0	0	0	0	0	0	0%
Total	285	71	259	23	93	184	918	100%
	31%	8%	28%	3%	10%	20%		

Most complaints (98%) were of a minor nature or considered routine.

Table 18: Site by Issue

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
Admissions	36	1	1	3	2	1	44	5%
Aged Care	3	1	1	0	2	2	8	1%
Day Procedure Unit	8	2	13	0	8	5	36	4%
Emergency department	31	6	30	1	7	39	114	12%
Hospital grounds	14	3	9	12	7	3	48	5%
Intensive care unit	1	1	3	0	1	5	11	2%
Operating theatre	11	1	6	0	1	8	27	3%
Other	74	25	41	4	19	33	169	21%
Outpatient clinic	60	19	76	0	12	28	195	21%
Ward	48	15	79	3	34	60	239	26%
Total	285	74	259	23	96	184	918	100%
	31%	8%	28%	3%	10%	20%	100%	

Table 19: Outcome by Issue

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
CHANGE IN POLICY	6	0	2	0	0	2	10	1%
LAPSED	47	16	26	1	18	33	141	10%
NOT UPHELD	4	3	8	1	12	11	39	3%
REFERRED	13	2	10	3	4	7	39	3%
REMEDIAL	3	5	16	1	3	7	35	2%
RESOLVED	349	83	374	28	104	235	1173	81%
Total	422	109	436	34	141	295	1437	100%
	29%	8%	30%	2%	10%	21%	100%	

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.

Table 20: HRA Requests

Requests	
Published articles	0
Consultation in office	1
Presentation to a group	7
Response to question	1
Telephone inquiries	44
Written inquiries	15
Review policy documents	0

Table21: HRA Contacts

HRA Team Contacts	
HRA brochures sent out	430
HSC brochures sent out	930
Access to records brochures sent out	500
No of posters sent	4
Amount of people attending presentations	70

Budget

The OHSC was only informed in December it was subject to Expenditure Review Council savings to its budget backdated to 1 July 2008 and are to be applied to 2010/2011 financial year. Negotiations are continuing with the Department of Human Services (DHS) on the impact of these reductions on the office.

KPMG Review

In a meeting with the Secretary, DHS on 31 May 2007 it was suggested a review of how the OHSC's budget is derived should be conducted. KPMG were successful in tendering to conduct the review and they have just presented their final report in January 2009. The recommendations are still to be discussed with DHS.

Staff Training and Development

During the quarter staff received a briefing on the National Registration and Accreditation Scheme from Dan Jefferson and Tanya Vogt of DHS. The State Coroner Judge Jennifer Coate presented to the staff on the operations of the Coroner and how it relate to the work of this office.

Conferences

The following conferences were attended by either staff or the Commissioner:

- Health Privacy Futures Conference;
- Health Policy and Indigenous Australians in Social Context: Understanding the Policy Agenda;
- Preparing for Privacy Law Reform Seminar
- CPD Legal and Professional Development
- Australia-New Zealand roundtable on Genetics
- Research Conference of the University of Melbourne School of Rural Health – Chronic Disease Management in Rural Areas

Royal Melbourne Show

Once again the OHSC joined resources with Privacy Victoria in 2008 to provide our message to some of the 500,000 visitors who visit the show each year. We did this by the distribution of a 'Privacy' badge, souvenir Chinese Horoscope and 'Privacy' handprints where children placed their unique handprint on a card. All of these popular handouts had our contact details on them.

Without the support and help of Darryl Rogan, Manager, Community Liaison from Information Victoria this would not have been possible.

APPENDICES

APPENDIX 1 - Providers by Type and Specialities

Grouping	Type of organisation	Speciality	Sub speciality			
Dentists in Private Practice	20	Dental Surgery	2			
		Dentist	18			
Hospitals	107	Hospitals	107			
			<i>Dental</i>	2		
			<i>Private</i>	15		
			<i>Public</i>	70		
			<i>Not specified</i>	10		
			<i>Psychiatric</i>	8		
			<i>Specialist</i>	2		
	<i>Womens</i>	0				
Medical Practitioners	97	Medical Clinic	14			
			<i>24 Hour Clinic</i>	0		
			<i>Group Practice</i>	2		
			<i>Laser Eye Clinic</i>	0		
			<i>Men's Health</i>	0		
			<i>Not specified</i>	7		
			Medical Practitioner	83	<i>Anaesthetist</i>	5
					<i>Cardiologist</i>	0
					<i>Dermatologist</i>	0
					<i>Ear, Nose and Throat</i>	0
					<i>Gastroenterologist</i>	1
					<i>General Practitioner</i>	39
					<i>Locum</i>	0
					<i>Medico-legal Examiner</i>	0
	<i>Neurologist</i>	0				
	<i>Not specified</i>	3				
	<i>Obstetrician/Gynaecologist</i>	6				
	<i>Oncologist</i>	0				
	<i>Ophthalmologist</i>	3				
	<i>Paediatrician</i>	0				
	<i>Psychiatrist</i>	5				
	<i>Radiologist</i>	0				
	<i>Rehabilitation medicine</i>	1				
	<i>Respiratory Medicine</i>	1				
	<i>Rheumatologist</i>	1				
	<i>Urologist</i>	2				
	<i>Surgeon</i>	15				
		General	2			
		Neurological	0			
		Not specified	1			
		Orthopaedic	5			
		Plastic	6			
	Vascular	1				

Remaining Providers	74			
		Alcohol & Drug Service	1	
		Allied Health	3	
		Alternative therapist	5	
				Clinic 1
				Masseur 1
				Other 2
				Holistic retreats 1
				Not specified 24
		Ambulance Service	1	
		Beauty Therapy Clinic	2	
		Chiropractic Service	2	
		Community Health Centre	1	
		Corrections Health	32	
		Counsellor	3	
		Diagnostic Service	5	
				Diagnostic Imaging 3
				Pathology 2
		Education	1	
		Government	1	
		Health/Insurance	2	
		Mental Health	2	
		Not a health service provider (organisation)	2	
		Nurse	1	
		Nursing service	1	
		Optical dispenser	1	
		Optometrist	1	
		Pharmaceutical supplier	1	
		Pharmacist	1	
		Physiotherapist	4	
		Police	1	
		Psychiatric Health Service	2	
		Psychologist	2	
		Radiographer	1	
		Statutory Authority	1	
Grand Total	301			

Health Services Commissioner

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