

OFFICIAL



**Government
of South Australia**

The Office of the HEALTH AND COMMUNITY
SERVICES COMPLAINTS COMMISSIONER
2024-25 Annual Report



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To:

The Hon. Chris Picton MP

Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of Health and Community Services Complaints Act 2004, and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

This report is verified to be accurate for the purposes of annual reporting to the Parliament of South Australia.

Submitted on behalf of the HEALTH AND COMMUNITY SERVICES COMPLAINTS COMMISSIONER by:

Debbie Martin

Interim Health and Community Services Complaints Commissioner

Date 19 September 2025

Signature



From the Interim Commissioner

Foreword

I acknowledge the First Nations Peoples as the Traditional Custodians of Country throughout South Australia. I acknowledge and respect their ongoing and deep spiritual connection and relationship to land, air, sea, waters, community and Country. I pay my respects to Elders past, present and future.

It is a privilege to be Interim Commissioner and have the opportunity to develop a deeper understanding of the important role the office plays in improving the quality and safety of health and community services in SA. Starting in the role on 30 June 2025, following the departure of Associate Professor Grant Davies, I reflect on the year and work of the team in hindsight.

Complaints and enquiries to the Health and Community Complaints Commissioner (HCSCC) have remained consistent with previous years. Complaints about health services, both public and private, continue to represent well over ninety percent of complaints received. The treatment provided and access to services continue to be the primary reason for complaints.

The HCSCC team remained depleted throughout the year, at times the office was working below fifty percent staffing. The team started the year with a backlog of complaints from the previous year due to staffing challenges, this backlog increased throughout the year. At times due to lack of staffing the office where not able to attend to all phone calls. The HCSCC apologises to people whose complaint has not been addressed in a timely manner.

Timely access to complaints resolution is fundamental to achieving the objects of the *Health and Community Services Complaints Act 2004 (SA)*. The 2025/26 year will see a renewed focus on attraction, training and retention of staff and a planned approach to addressing the backlog of complaints.

The HCSCC is supported to undertake its work by Crown Solicitor Office and the Department for Health and Wellbeing and I thank them for the support provided.

The HCSCC team, led by Grant Davies, have focused on providing a fair and just complaints resolution service with the resources they have had and I thank them for their work in challenging circumstances.

Debbie Martin

**Interim Health and Community Services
Complaints Commissioner**



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Overview: about the agency

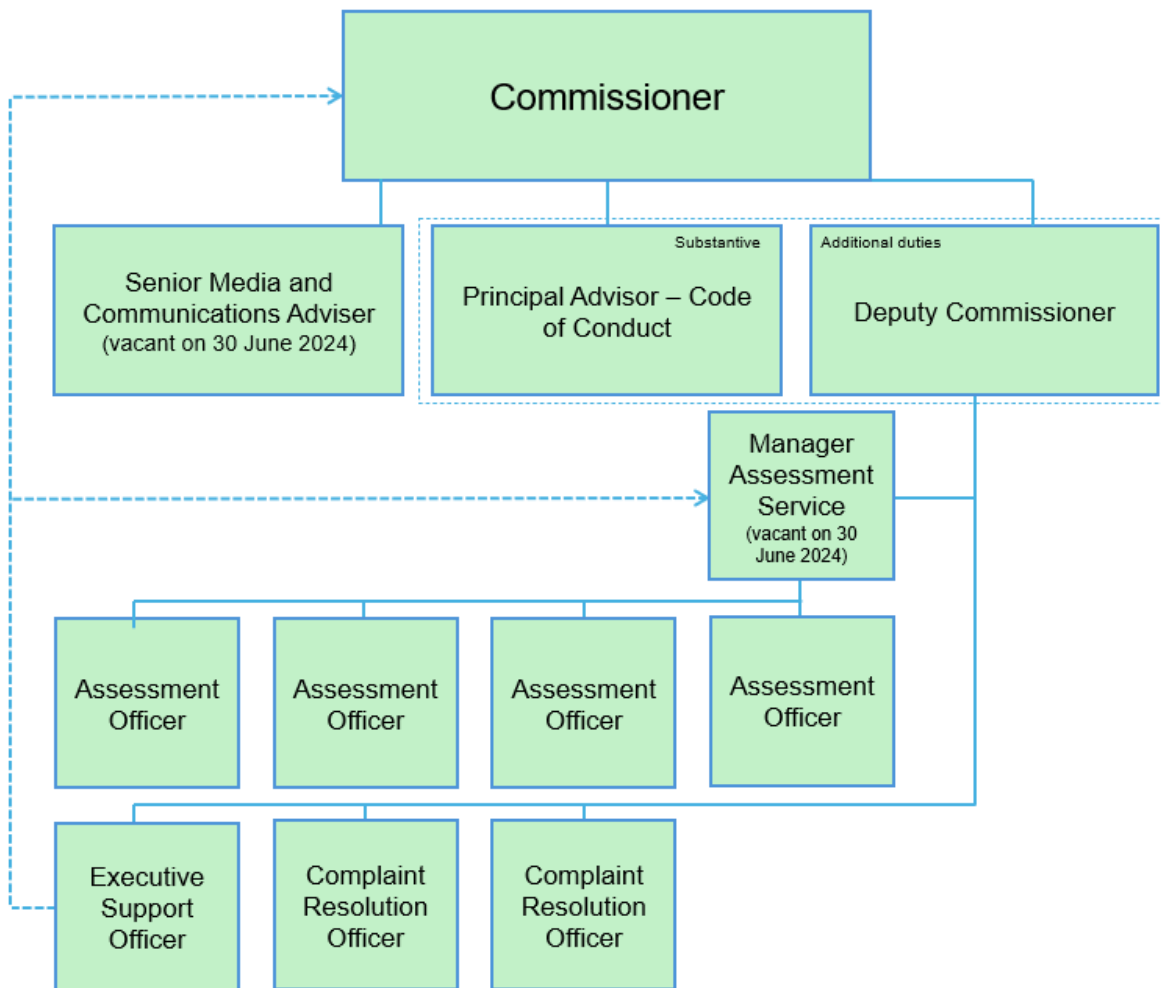
Our strategic focus

The HCSCC’s vision is for improved quality, safety and confidence in health and community services received in South Australia.

The 2022-27 Strategic Plan can be [viewed here](#).

Our organisational structure

HCSCC organisation structure on 30 June 2025:



Note: A majority of positions were vacant on 30 June 2024. The Senior Communications and Media Adviser commenced early July 2025, and the Business Manager commenced early August 2025.

Executive

Our Minister

The HCSCC is an independent, statutory office established by the Health and Community Services Complaints Act 2004.

The Hon. Chris Picton MP is the Minister for Health and Wellbeing.

He is the Minister to whom the administration of this Act has been committed.

The Minister oversees health, wellbeing, mental health, substance abuse and suicide prevention.

Our Executive team

Debbie Martin commenced as Interim Commissioner on 30 June 2025.

Debbie has led health services in metropolitan and country South Australia for thirty-five years. Her most recent role was Executive Director, Rural Support Service.

She has been privileged to work alongside and learn from many people in her career.

The lived experiences of people using health and community services has shaped her thinking about what it means to deliver a good service.

As Interim Commissioner, Debbie is committed to continuously improving the safety and quality of the care people receive.

Debbie has a strong commitment to reconciliation and justice and is committed to voice, truth telling and treaty.

Debbie started her career as a youth worker, working as a community development worker and social worker prior to moving into leadership roles.

She holds a Bachelor of Social Work (UniSA), Masters in Primary Health Care (Flinders University), and is a Graduate of the Australian Institute of Company Directors.

Legislation administered by the agency

Health and Community Services Complaints Act (SA) 2004.

The agency's performance

Performance overview 2024-25:

Below is a summary of the performance of the HCSCC in 2024-25:

The number of health related contacts remained stable compared to the previous financial year with a 0.5% increase.

11 investigations were closed in the financial year, a decrease of 39% compared to the previous year.

The overall number of conciliation and investigation numbers are also down this year. The decreases are a result of a decrease in complaint processing throughput due to staffing shortages, which have been addressed early in the 2025-26 financial year.

Two interim prohibition orders were issued.

No prohibition orders were issued.

3032 contacts were closed (an average of 12 a day).

The number of contacts from people with special needs remained relatively stable, at 2014 compared to 2018 in the previous year. The number of contacts from people living with a disability was 249, compared with 213 in the year prior.

Agency specific objectives and performance

Agency objectives	Indicators	Performance
<p>An accessible, fair and responsive complaints resolution service to South Australian consumers and service providers.</p>	<p>Using data collection, analysis and reporting to improve services.</p> <p>Building on our customer service focus.</p> <p>Increasing and sharing knowledge amongst staff to continually build our expertise.</p> <p>Having an evidence base for our work.</p>	<p>In FY24-25 there was a delay in response due to staff shortages.</p> <p>FY24-25 ended with a backlog of unresolved complaints.</p>
<p>Protect the health and safety of the public.</p>	<p>Provide information to allow consumers and service providers to make informed decisions.</p> <p>Promote the Code of Conduct for Unregistered Healthcare Workers.</p> <p>Rigorously apply the Code of Conduct.</p> <p>Partner with other regulatory bodies.</p>	<p>2 interim prohibition orders were issued.</p>
<p>Actively engage with community.</p>	<p>Increasing the visibility of the Office with the community.</p> <p>Increasing visibility and awareness of the work we do.</p> <p>Advise customers and stakeholders on effective complaints management.</p> <p>Reflect on feedback received.</p> <p>Develop strategies to engage with diverse communities.</p>	<p>Staff shortages limited capacity to actively engage with the community.</p> <p>However, During FY24-25 the Commissioner presented at 16 South Australian seminars and events.</p>
<p>Continuously improve the quality of our services.</p>	<p>Process Improvements</p> <p>Continuously review our policies and procedures to ensure best practice</p>	<p>Staff shortages limited capacity to improve quality.</p>

	<p>guidelines, protocols and processes are applied.</p> <p>Continuously review underpinning processes to our work to ensure efficient workflow and compliance with legislation.</p> <p>Establish and monitor KPIs to track performance.</p> <p>Evaluate our service.</p> <p>Monitor service provider implementation of recommendations and undertakings.</p> <p>Establish a stakeholder advisory forum.</p> <p>Collaborative work</p> <p>Undertake reflective practice across the Office.</p> <p>Engage in regular peer discussion and review.</p> <p>Seek out opportunities to work with, and learn from, other organisations.</p> <p>Skilling staff</p> <p>Engage in ongoing professional development.</p> <p>Share relevant learnings with other staff.</p> <p>Undertake learning opportunities across teams and functions.</p> <p>Commit to continuous personal development and learning</p>	
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Corporate performance summary

Number and type of contacts in 2024-25

Service Provider Type	23-24 Total [^]	24-25 Complaints/Own Motion	24-25 Enquiries	24-25 Incoming AHPRA Notifications	24-25 Incoming Prohibition Orders	24-25 Total	Increase Decrease %
Health	3378	1197	1794	406	22	3419	1.21%
Community Services	283	38	159	1	0	198	-30.04%
Child Protection*	1	1	4	0	0	5	400.00%
Total contacts	3662	1236	1957	407	22	3622	-1.09%

Resolution data 2024-25

In 2024-25, 3,032 contacts were closed, of which:

- 2,147 were closed between 0 and 21 days (70.8%)
- 120 were closed between 22 and 45 days (4.0%)
- 321 were closed between 46 and 100 days (10.6%)
- 258 were closed between 101 and 365 days (8.5%)
- 186 were closed after 366 days or more (6.1%)

At close of business 30 June 2024, the HCSCC had 622 open matters.

Employment opportunity programs

Employment Opportunity Programs	Program details
<p>HCSCC staff have the opportunity to participate in the Department for Health and Wellbeing employment opportunity programs, and programs offered by the Office of Public Sector Employment. (put link in right column)</p> <p>Staff can also participate in mediation training with the Resolution Institute.</p>	<p>Program details can be found in the links below.</p> <ul style="list-style-type: none"> • The agency's performance (DHW 2023-24 Annual Report) SA Health • Leadership Development Office of the Commissioner for Public Sector Employment • Mediation training (Resolution Institute)

Agency performance management and development systems

Performance management and development system	Process details
<p>HCSCC staff performance is reviewed and developed through the Department for Health and Wellbeing performance management and development system process.</p>	<p>DHW performance review and development process details can be found in the link below.</p> <p>The agency's performance (DHW 2023-24 Annual Report) SA Health</p>

Work health, safety and return to work programs

Work, health, safety and return to work programs	Process details
<p>When required, HCSCC staff have the opportunity to benefit from the Department for Health and Wellbeing work health, safety and return to work programs.</p> <p>These include:</p> <ul style="list-style-type: none"> • The employee assistance program (EAP) • Psychosocial safety, wellbeing and fatigue policy training • Influenza vaccinations • Manual task risk management • Injury management • Respectful behaviour (in DHW’s learning management system) 	<p>Program details can be found in the link below.</p> <p>The agency's performance (DHW 2023-24 Annual Report) SA Health</p>

Workplace injury claims

Workplace injury claims	2024-25	2023-24	% Change (+ / -)
Total new workplace injury claims	2	1	+100.0%
Fatalities	0	0	0.0%
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	252.63	0	-

**number of claimants assessed during the reporting period as having a whole person impairment of 30% or more under the Return to Work Act 2014 (Part 2 Division 5)*

Work Health and safety regulations

Work health and safety regulations	2024-25	2023-24	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	0	0	0.0%
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	0	0	0.0%

Return to work costs

Return to work costs**	2024-25	2023-24	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$248,743	\$27,126	+817.0%
Income support payments – gross (\$)	\$183,617	\$7,682	+2290.2%

**before third party recovery

*number of claimants assessed during the reporting period as having a whole person impairment meeting the relevant threshold under the Return to Work Act 2014 (Part 2 Division 5)

Data for this annual report and previous years is available at:

[Health and Community Services Complaints Commissioner \(HCSCC\) - Dataset - data.sa.gov.au](https://data.sa.gov.au)

Executive employment in the agency

Executive classification	Number of executives
Statutory appointment (EXEC0A)	1

Data for this annual report and previous years is available at:

[Health and Community Services Complaints Commissioner \(HCSCC\) - Dataset - data.sa.gov.au](https://data.sa.gov.au)

The [Office of the Commissioner for Public Sector Employment](#) has a [workforce information](#) page that provides further information on the breakdown of executive gender, salary and tenure by agency.

Financial performance

Financial performance at a glance

The following is a brief summary of the overall financial position of the agency.

Statement of Comprehensive Income	2024-25 Budget \$000s	2024-25 Actual \$000s	Variation \$000s	Past year 2023-24 Actual \$000s
Total Income	0	0	0	0
Total Expenses	2,189	1,898	0	1,758
Net Result	2,189	1,898	291	1,758
Total Comprehensive Result	2,189	1,898	291	1,758

The HCSCC’s financial transactions are consolidated in the audited financial statements of the Department for Health and Wellbeing (DHW) Annual Report.

For this reason, the ‘Statement of Financial Position’ table is omitted in this report.

Consultants disclosure

The following is a summary of external consultants that have been engaged by the agency, the nature of work undertaken, and the actual payments made for the work undertaken during the financial year.

Consultancies with a contract value below \$10,000 each

Consultancies	Purpose	\$ Actual payment
Nil	Nil	Nil

Consultancies with a contract value above \$10,000 each

Consultancies	Purpose	\$ Actual payment
Nil	Nil	Nil
	Total	\$ 0

Data for this annual report and previous years is available at:

[Health and Community Services Complaints Commissioner \(HCSCC\) - Dataset - data.sa.gov.au](https://data.sa.gov.au)

See also the [Consolidated Financial Report of the Department of Treasury and Finance](#) for total value of consultancy contracts across the South Australian Public Sector.

Contractors disclosure

The following is a summary of external contractors that have been engaged by the agency, the nature of work undertaken, and the actual payments made for work undertaken during the financial year.

Contractors with a contract value below \$10,000

Contractors	Purpose	\$ Actual payment
Stillwell Management Consultants	Psychological appraisal	\$950

Contractors with a contract value above \$10,000 each

Nil

Data for this annual report and previous years is available at:

[Health and Community Services Complaints Commissioner \(HCSCC\) - Dataset - data.sa.gov.au](https://data.sa.gov.au)

Risk management

Risk and audit at a glance

Fraud detected in the agency

Category/nature of fraud	Number of instances
None to report	0

NB: Fraud reported includes actual and reasonably suspected incidents of fraud.

Strategies implemented to control and prevent fraud

The HCSCC is an independent statutory office of the Crown and is subject to relevant Treasurer’s Instructions.

HCSCC staff are employed by the Department for Health and Wellbeing which identifies the actions to be undertaken in the event of a conflict of interest.

All declared conflicts of interest are recorded on the HCSCC Conflict of Interest Register and reported to the Minister for Health.

Data for this annual report and previous years is available at:

[Health and Community Services Complaints Commissioner \(HCSCC\) - Dataset - data.sa.gov.au](https://data.sa.gov.au)

Public interest disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Public Interest Disclosure Act 2018*:

Nil

Data for this annual report and previous years is available at:

[Health and Community Services Complaints Commissioner \(HCSCC\) - Dataset - data.sa.gov.au](https://data.sa.gov.au)

Note: Disclosure of public interest information was previously reported under the *Whistleblowers Protection Act 1993* and repealed by the *Public Interest Disclosure Act 2018* on 1/7/2019.

Reporting required under any other act or regulation

Act or Regulation: Health and Community Services Complaints Act 2004

Requirement

Division 5 – Other matters

16—Annual report

(1) The Commissioner must, on or before 30 September in every year, forward a report to the Minister on the work of the Commissioner under this Act during the financial year ending on the preceding 30 June.

(1a) Without limiting matters that may be included in a report of the Commissioner under subsection (1), each report—

(a) must include the following information relating to the relevant financial year:

- (i) the number, type and sources of complaints made;
- (ii) a summary of all assessments and determinations made under section 29 in relation to a complaint;
- (iii) a summary of all determinations under section 33 to take no further action in relation to a complaint;
- (iv) if a complaint was referred for conciliation—the outcome of the conciliation;
- (v) if a complaint was dealt with under Part 7—the outcome of any action taken by a registration authority;
- (vi) a summary of all investigations conducted by the Commissioner under Part 6, including the outcomes of those investigations;
- (vii) a summary of the time taken for complaints to be dealt with under the Act;
- (viii) a summary of all complaints not finally dealt with by the Commissioner; and

(b) may include the following information relating to the relevant financial year:

- (i) such information relating to complaints (other than that required to be included under paragraph (a)) as the Commissioner thinks fit;

- (ii) any report made to the Minister under section 54;
- (iii) if a complaint was dealt with under Part 7—a summary of any advice, notification or information provided to the Commissioner in relation to the complaint by a registration authority.

(1b) Matters included in a report under subsection (1)—

- (a) are to be reported, as far as practicable, according to professional groupings (as determined by the Commissioner); and
- (b) must not identify a person who has made a complaint, a person in relation to whom a complaint has been made or a person who has been subject to an investigation under this Act, unless the identity of the person has already been lawfully made public.

Internal Reviews conducted by the Commissioner

During 2024-25, the HCSCC received 14 requests from complainants of an internal review by the Commissioner because they were not satisfied with the outcome of their complaint.

This is 12 less than 2023-24.

Total reviews requested	Reviews conducted	Decisions upheld	Decision varied	Re-opened for further action	Incomplete as of 30/6/25
14	5	5	-	-	8

Reviews of HCSCC decisions by Ombudsman SA

A complainant can ask Ombudsman SA to review HCSCC outcomes if they are dissatisfied with HCSCC processes or there were administrative errors.

Number of Ombudsman SA contacts/queries	Number of formal requests	Number of informal information requests	Number of NFAs or no concerns	Number of concerns raised	Number awaiting finalisation following information provision
10	1	9	9	0	1

Public Complaints

The following table quantifies and categorises complaints the Ombudsman received about HCSCC in 2024-25 (one was reported to the Department of Correctional Services, noted in table).

Complaint category	Sub-category	Example	Number of complaints, 2024-25
Communication	Communication quality	Inadequate, delayed or absent communication with customer	10
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information	2 (one lodged with Department of

		provided; poor system design	Correctional Services)
Service Delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	5
Total			17

Data for this annual report and previous years is available at:

[Health and Community Services Complaints Commissioner \(HCSCC\) - Dataset - data.sa.gov.au](https://data.sa.gov.au)

Service Improvements

The HCSCC proposed or agreed to action suggested by the Ombudsman to address the issues of each complaint.

Compliance Statement

HCSCC is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	Y
HCSCC has communicated the content of PC 039 and the agency’s related complaints policies and procedures to employees.	Y

Definitions to assist understanding data

Complaint

A contact that satisfies section 25 of the Act. An assessment of the complaint is made in accordance with section 29 subsection (1) of the Act. Please note, a complaint can be closed without any further action under the reasons provided in section 33 of the Act.

A complaint may be managed by conciliation, investigation, or own motion investigation.

Enquiry

A contact from the public (which could be via email, phone, or correspondence) which may be seeking information, or providing information but that does not lead to a complaint, or the person decides not to proceed with a complaint. Enquiry data has been included in the data set to fully demonstrate how many contacts this HCSCC has received. A total picture cannot be gained without this data.

Own motion

Section 9 subsection (1)(h) and section 43 subsection (1)(d) of the Act allow the Commissioner to inquire into, report or investigate on any matter relating to health or community services. This means an investigation initiated by the Commissioner based on intelligence received may not necessarily be a complaint received from a consumer.

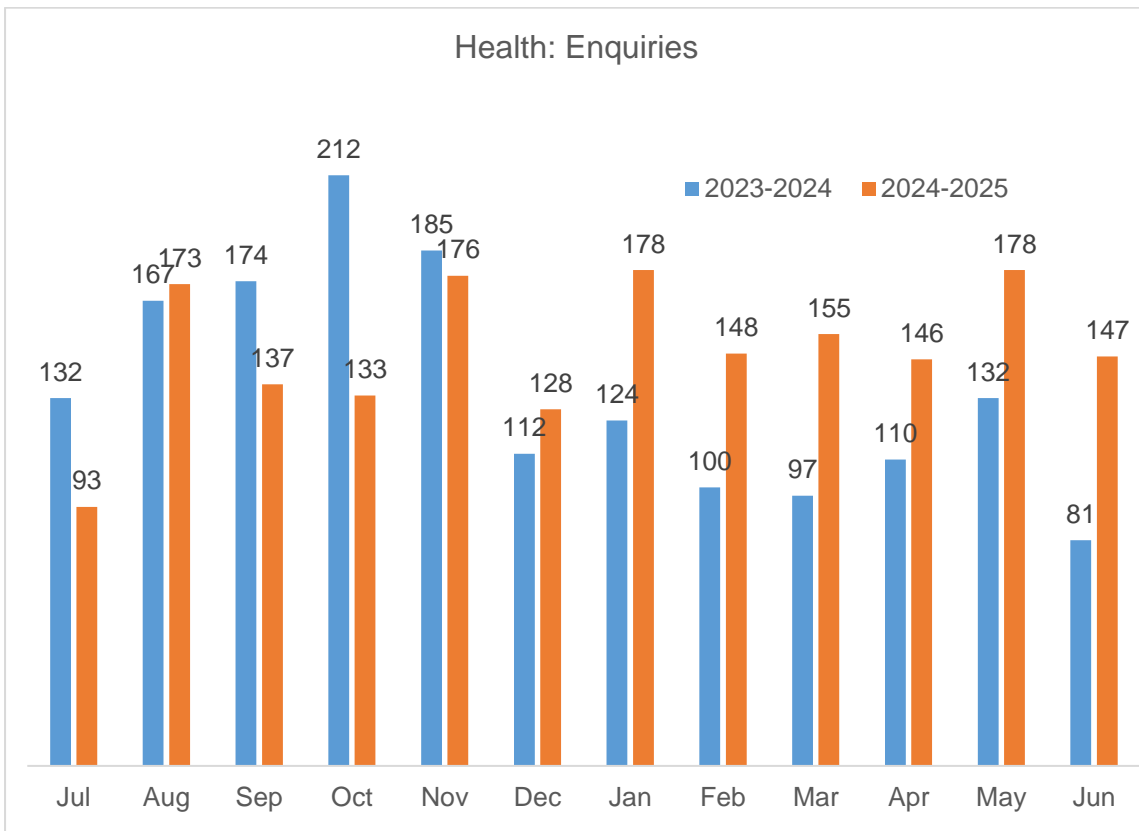
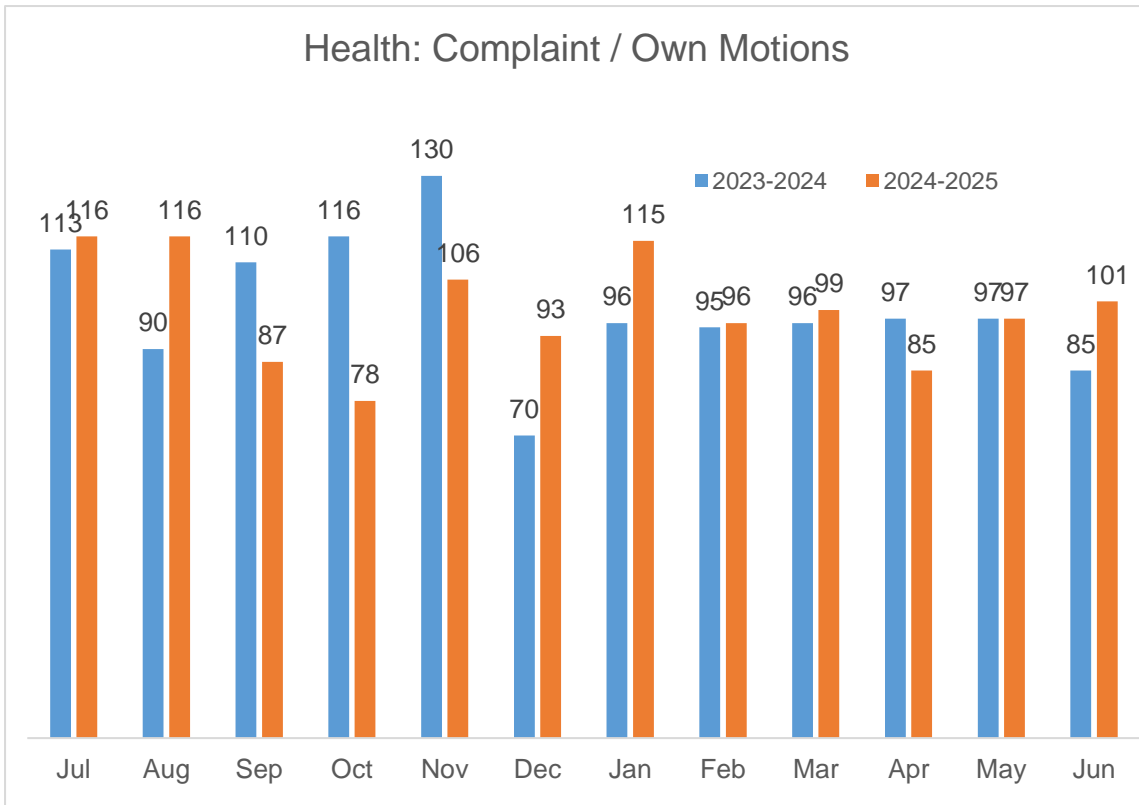
Disclaimer

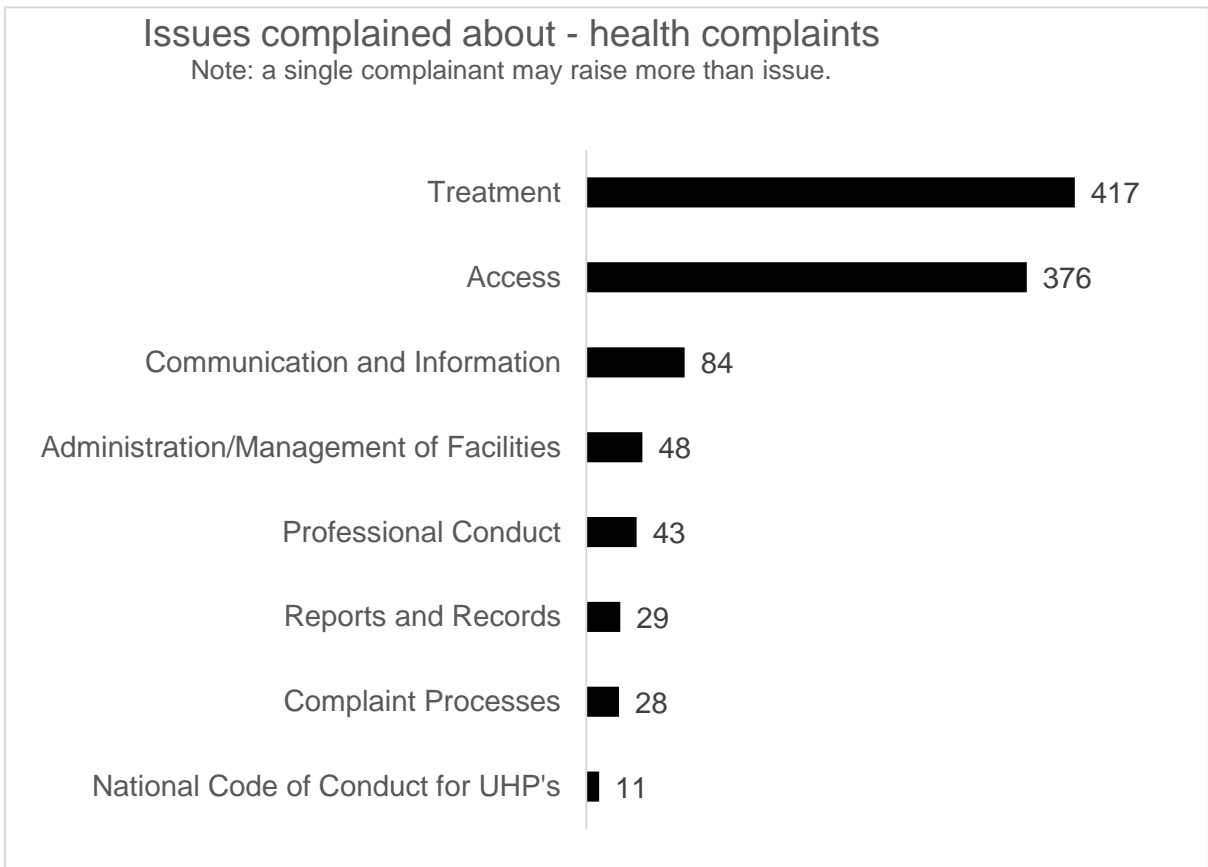
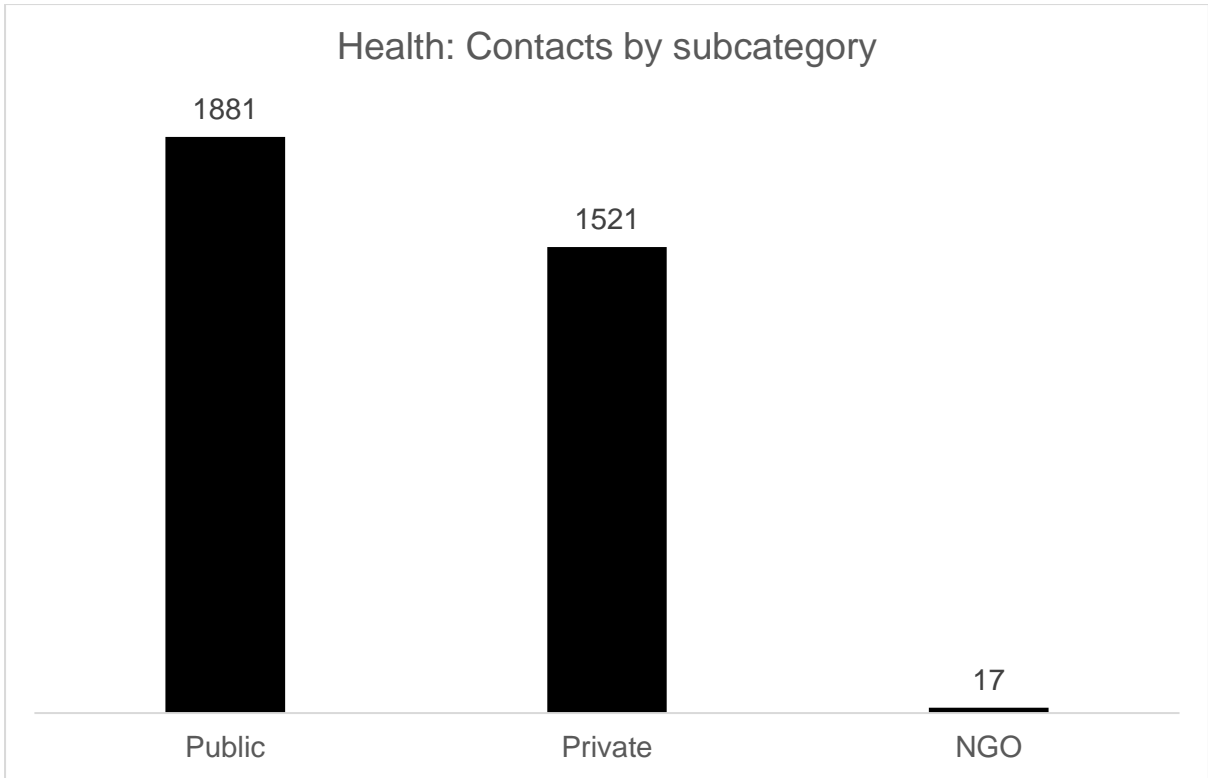
The HCSCC takes the collation of data seriously and has made significant improvements on how contacts are recorded in our records management system.

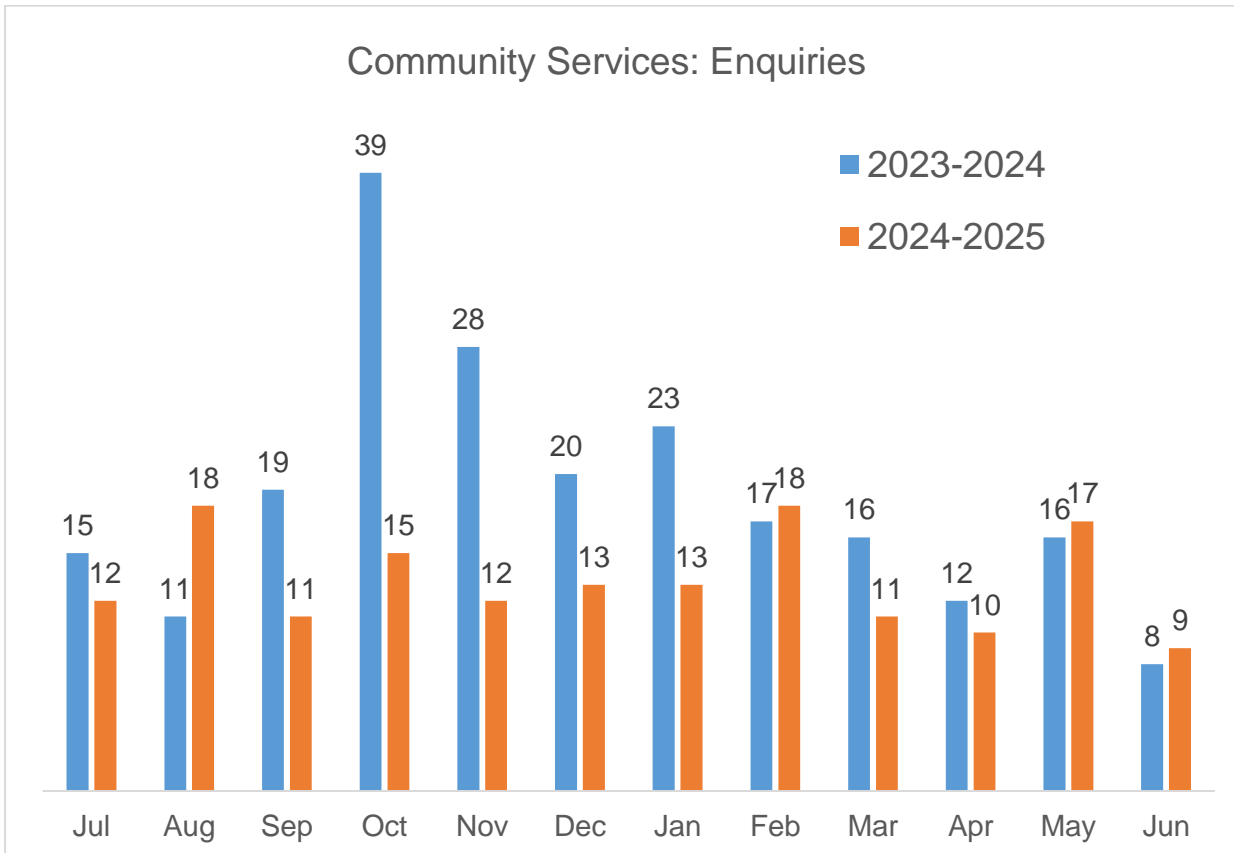
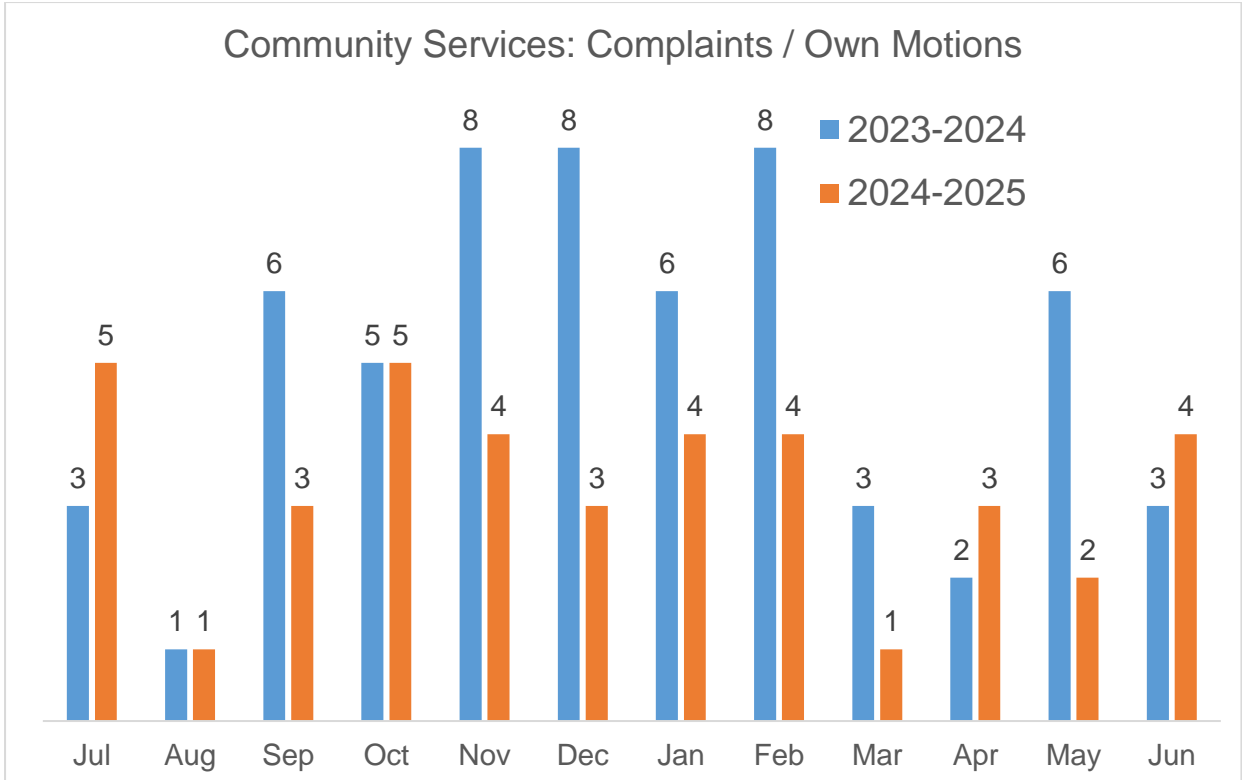
The data contained within this report is collated after the financial year ends, and represent statistics taken at a point-in-time. On occasion, these statistics can change based on multiple factors in the HCSCC's work practices like the re-opening of files, splitting files between the Australian Health Practitioners Regulation Agency (AHPRA) and the HCSCC or one complainant making multiple reflections about a variety of service providers.

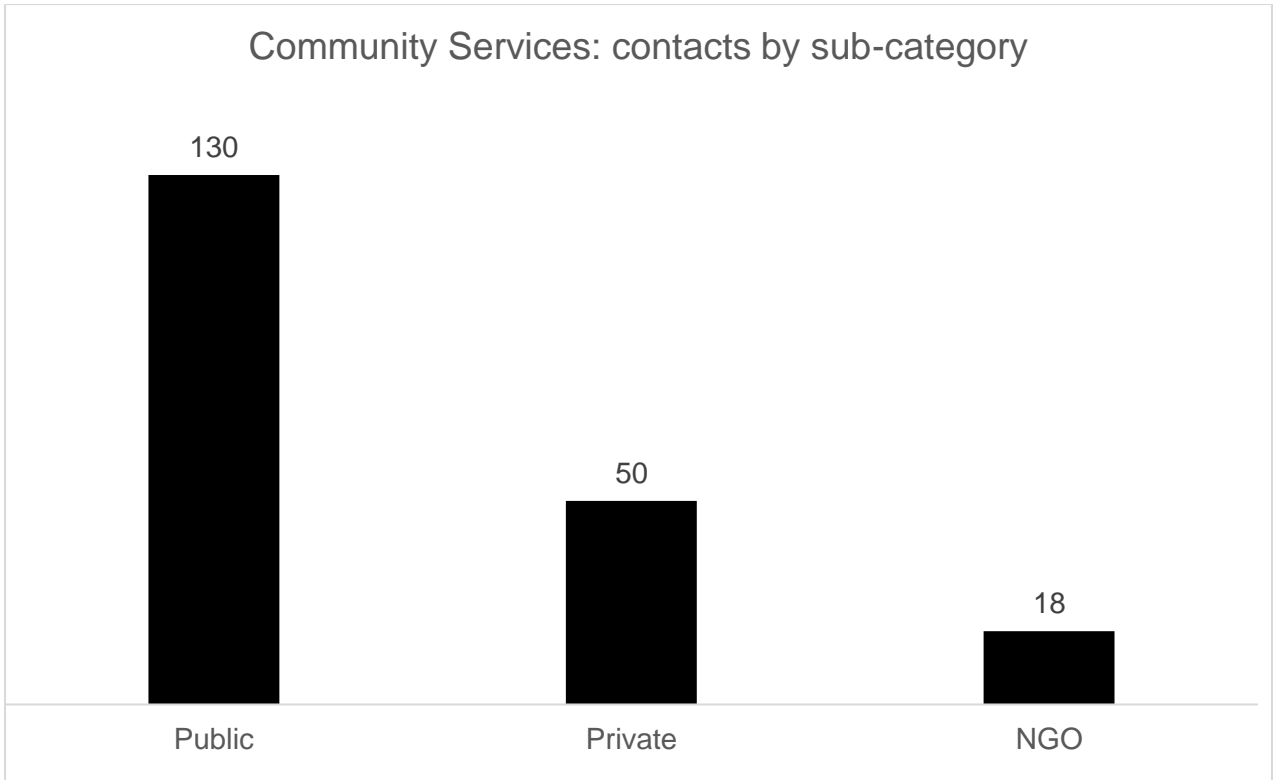
Therefore, there may be discrepancies between the statistics from one Annual Report to the next. These are not errors but rather a reflection of the changing nature of the work done by the HCSCC

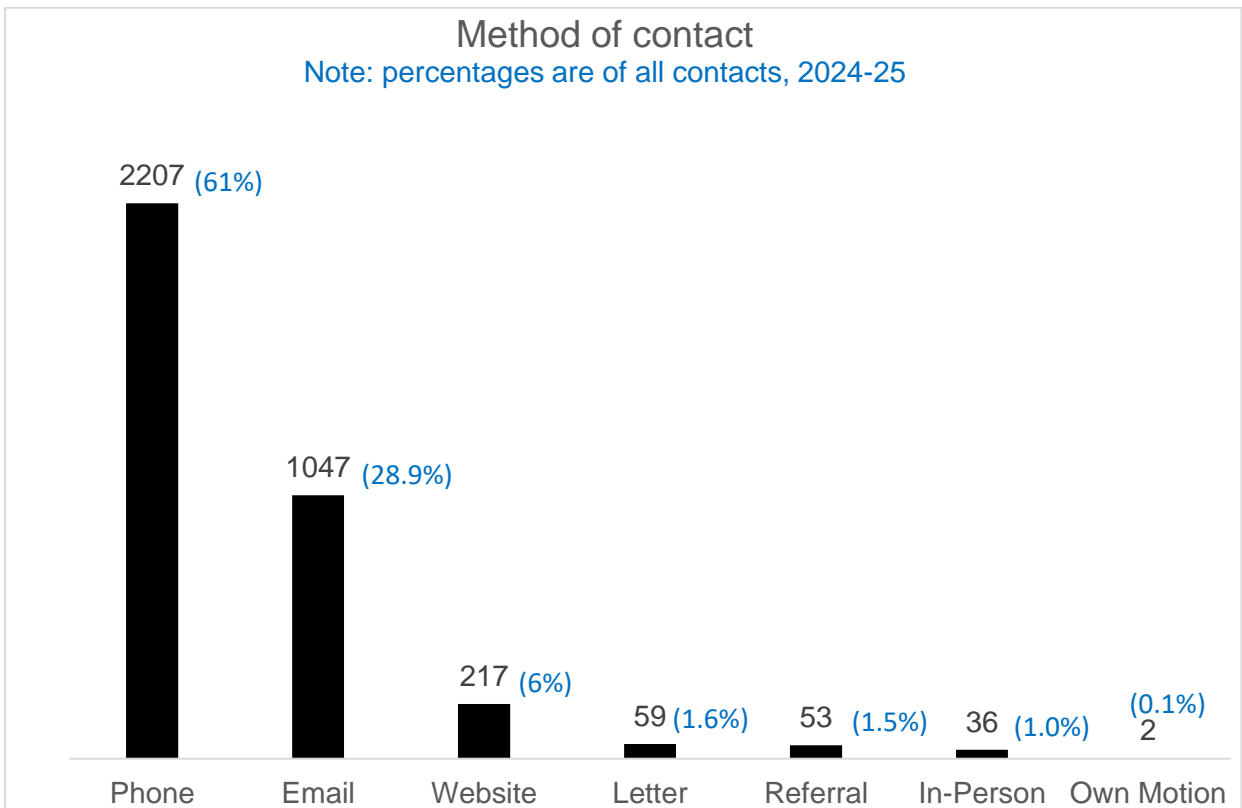
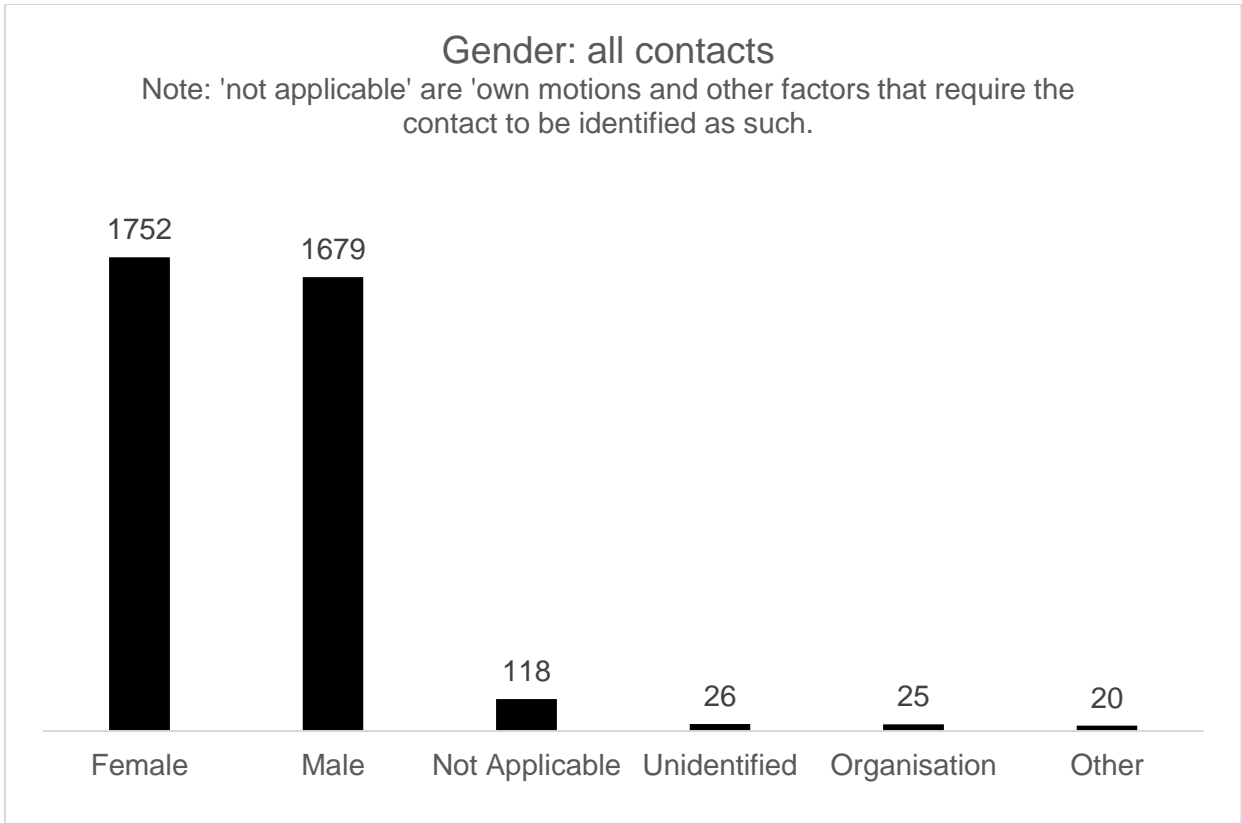
Data, 2024-25

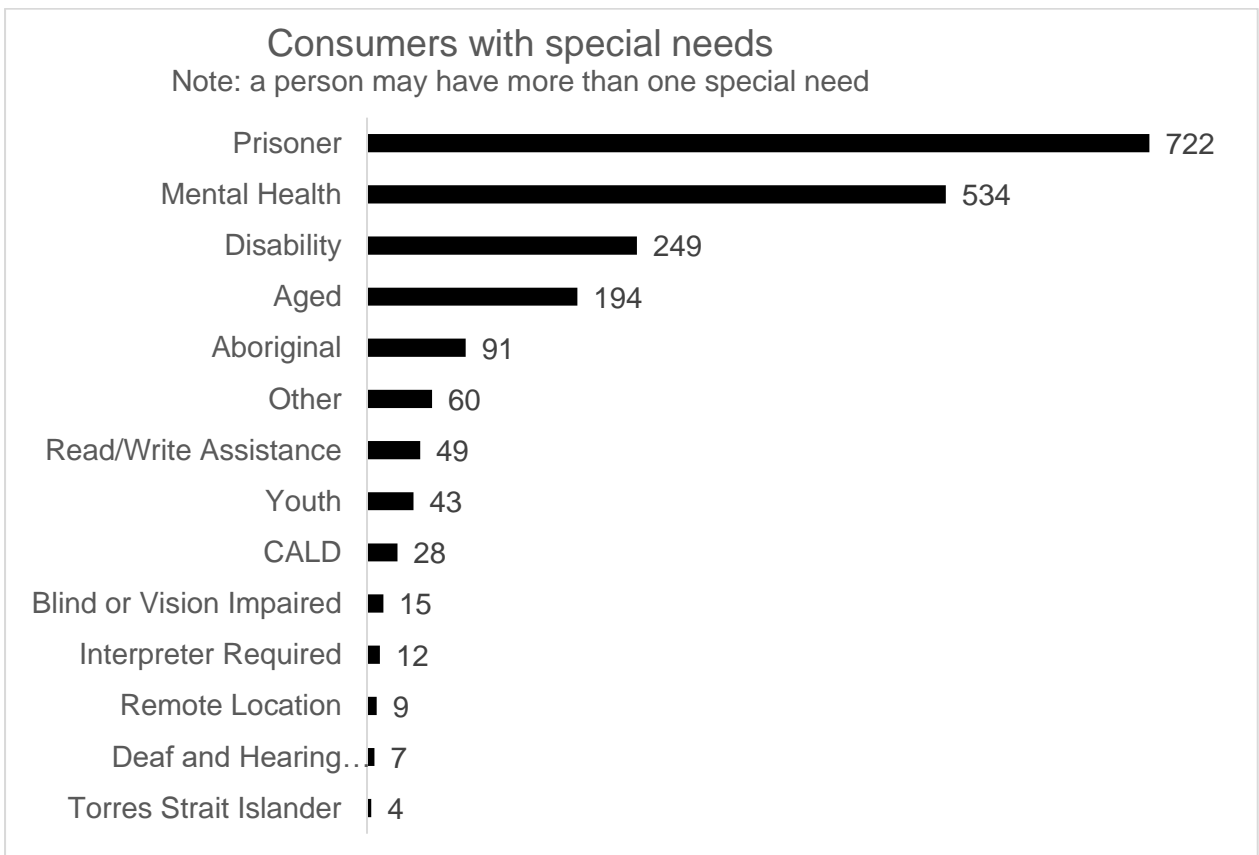
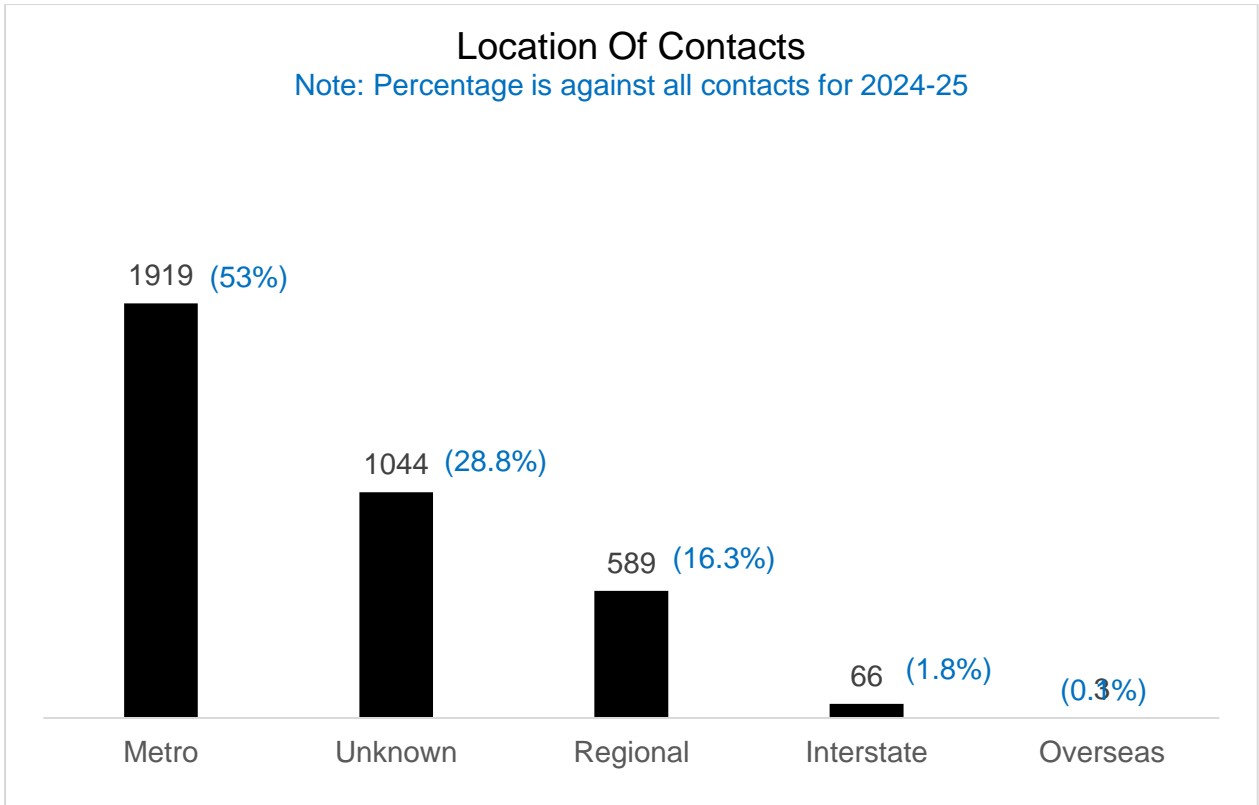


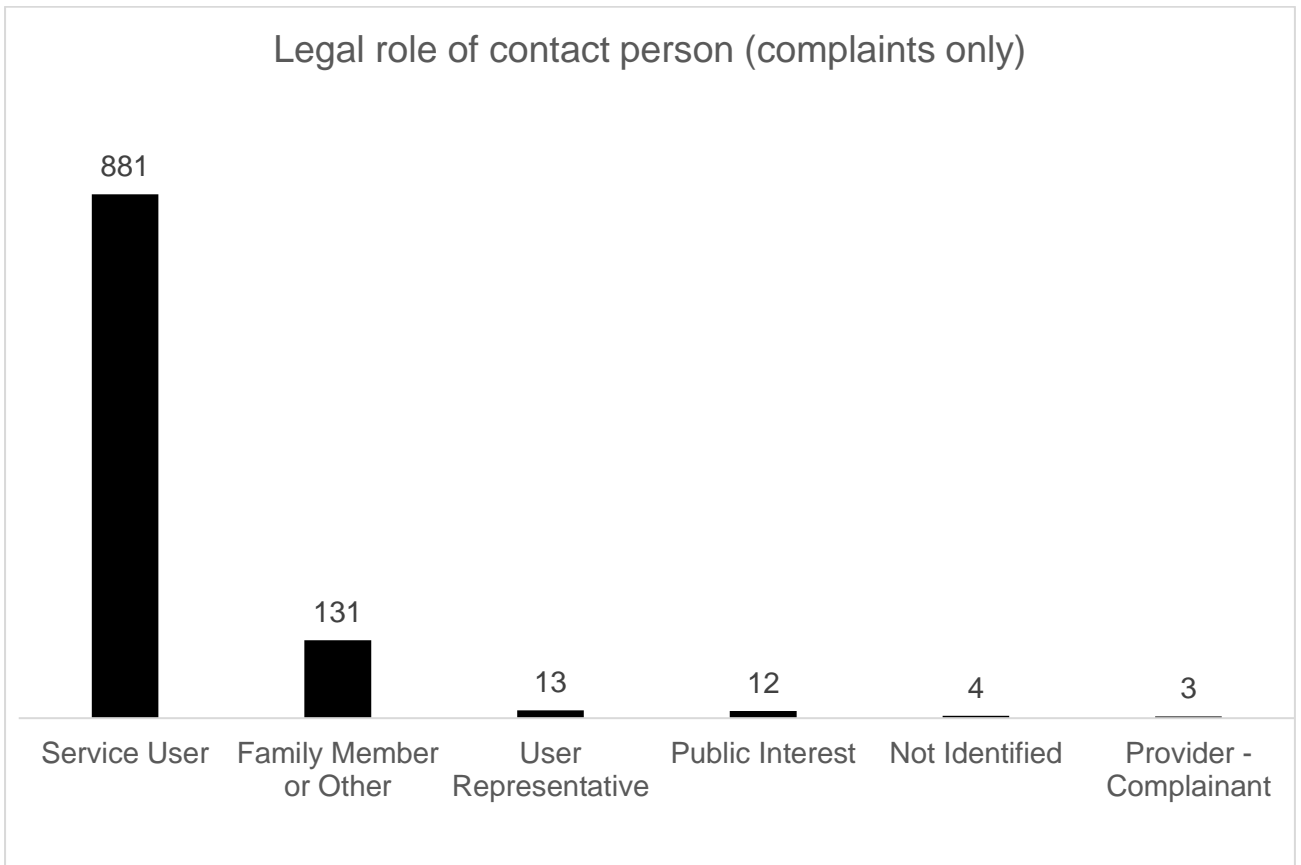
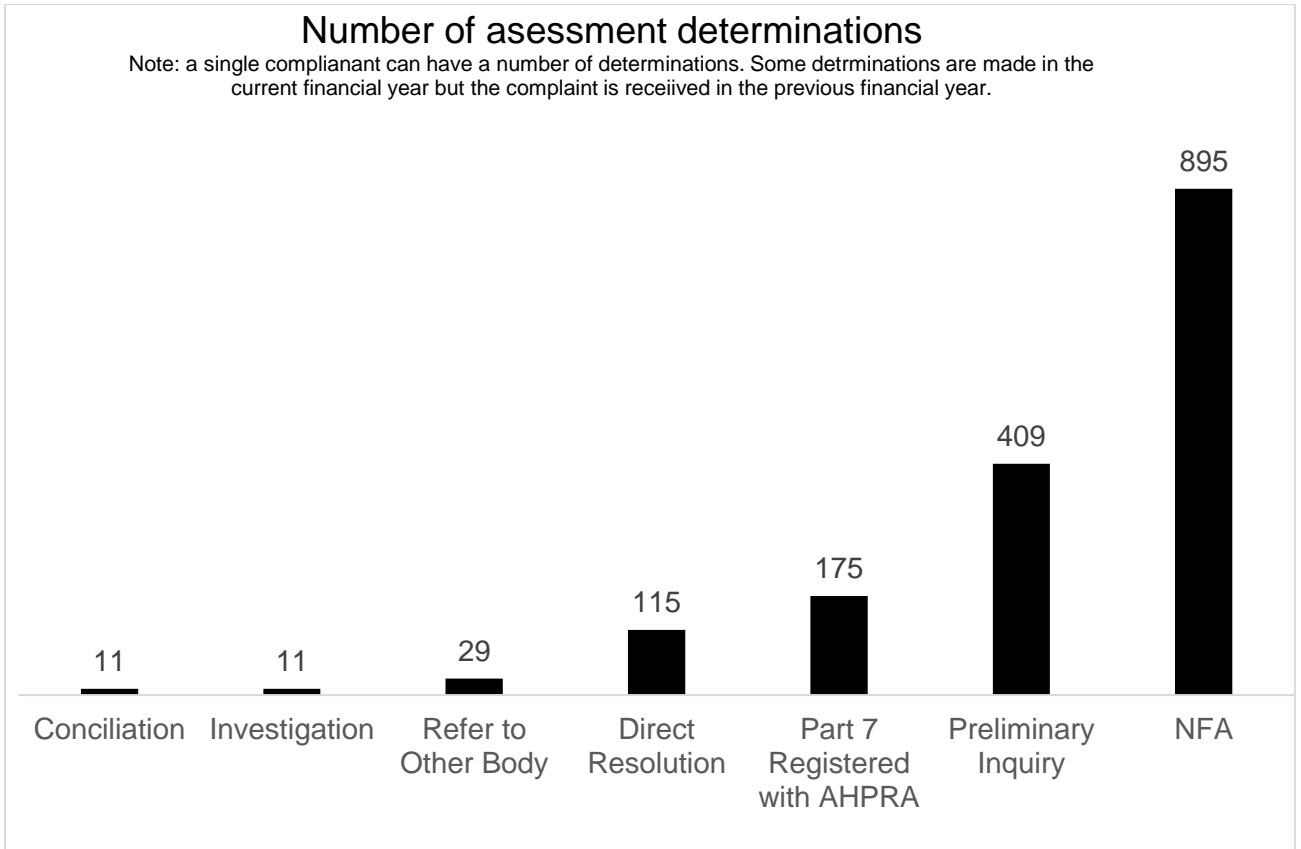






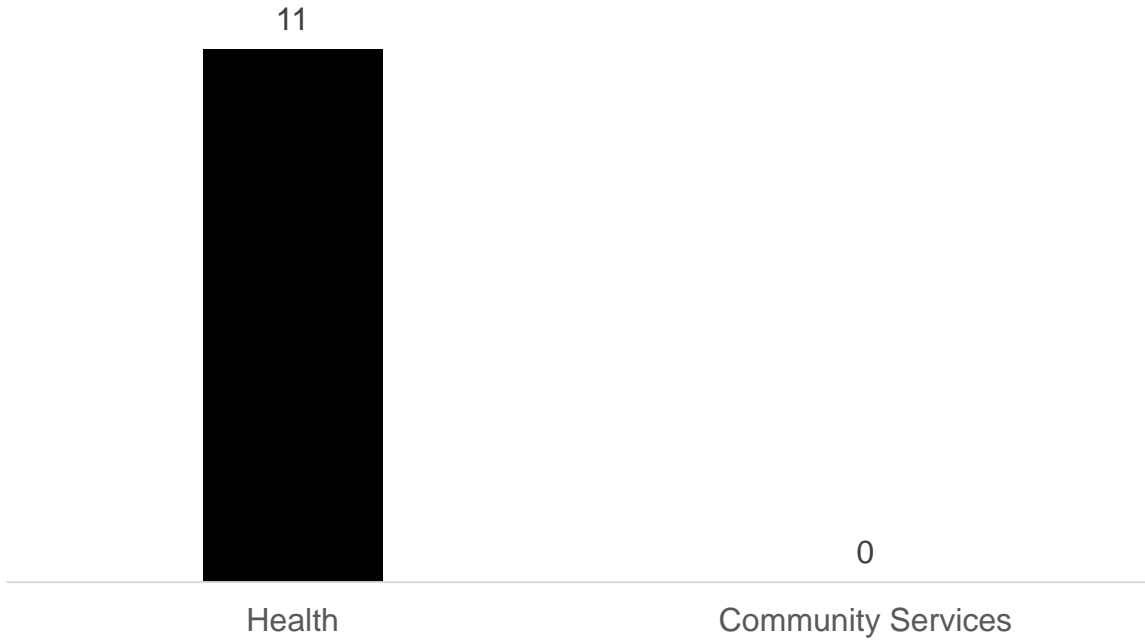




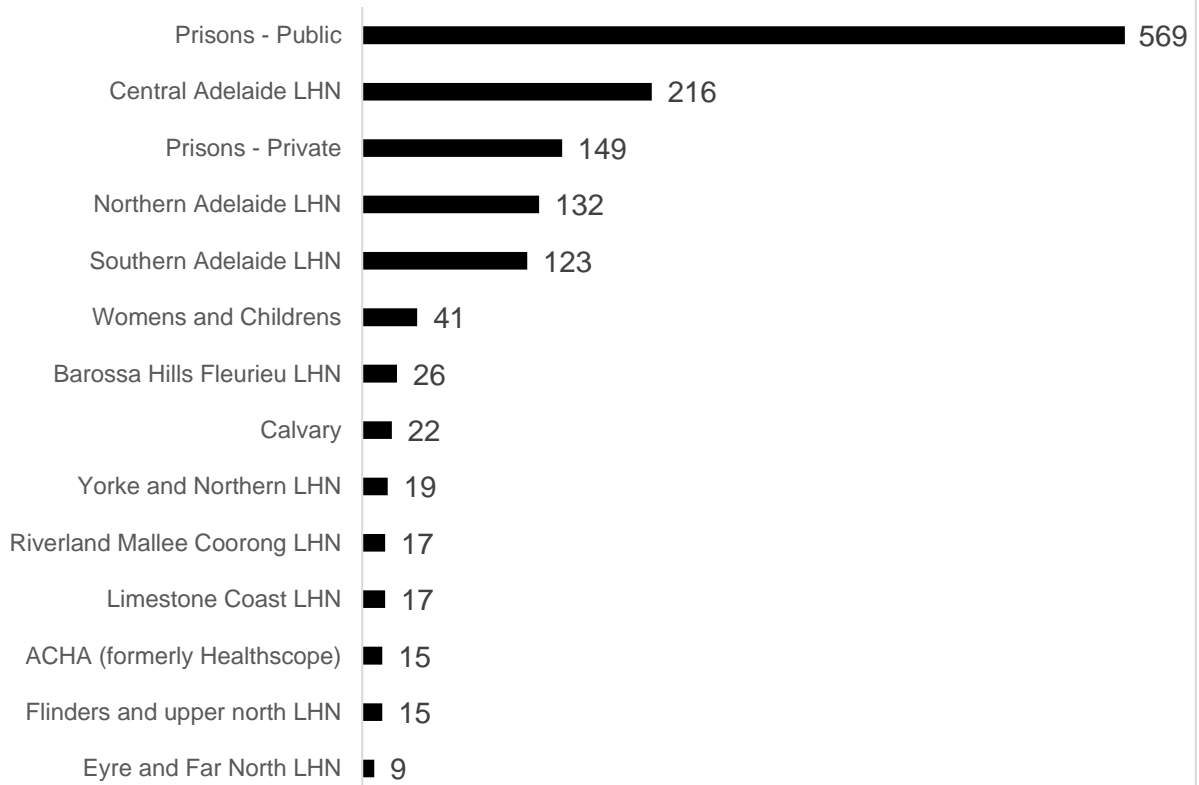


Summary of investigations by type of provider

Note: Data relates to new investigations in 2024-25. The HCSCC may complete an investigation that crosses over financial years



Contacts about major health services



Reasons for Closure of Complaints 2024-25

Note: This includes complaints that were opened in previous financial years.

s33 Determination (Closure Reasons)	
Advice and information provided	9
Outside of Jurisdiction	55
Part 6 - s54 Report	3
Part 6 - s55 Notice of Action to Provider	4
s33(1)(a) not entitled to make complaint	5
s33(1)(b) does not disclose ground of complaint	16
s33(1)(c) should be determined by legal proceedings	2
s33(1)(d) proceedings have commenced before a tribunal authority or other	7
s33(1)(e) reasonable explanation(s) or information earlier	575
s33(1)(g) complaint lacks substance	1
s33(1)(h) the complainant has failed to comply with a requirement	8
s33(1)(j) the complaint is abandoned	39
s33(1)(j) the complaint is resolved	96
s33(1)(k) reasonable cause - agreement to take reasonable steps to resolve complaint and/or prevent recurrence	29
s33(1)(k) reasonable cause - differing versions of events - unable to prefer one over the other	21
s33(1)(k) reasonable cause - other	87
s33(1)(k) reasonable cause - s27 outside of time limit	11
s33(1)(k) reasonable cause - s29(2)(d) referral to another agency	19
s33(1)(k) reasonable cause - s29(3) referral to ACQ&SC	5
s33(1)(k) reasonable cause - s29(5) attempting direct resolution	4
s33(1)(k) reasonable cause - service provider met reasonable standards	6
s33(1)(k) reasonable cause - service provider resources are limited and equitably provided	1
s33(2) complaint has been adjudicated by a court tribunal authority or other	3
s34(1) - complaint withdrawn	14
s57(2)(b) referred to registration authority	42
Grand Total	1062

Grounds for Complaint 2024-25

Note: a single complaint may raise more than one ground

Charter of Health and Community Services Rights grounds

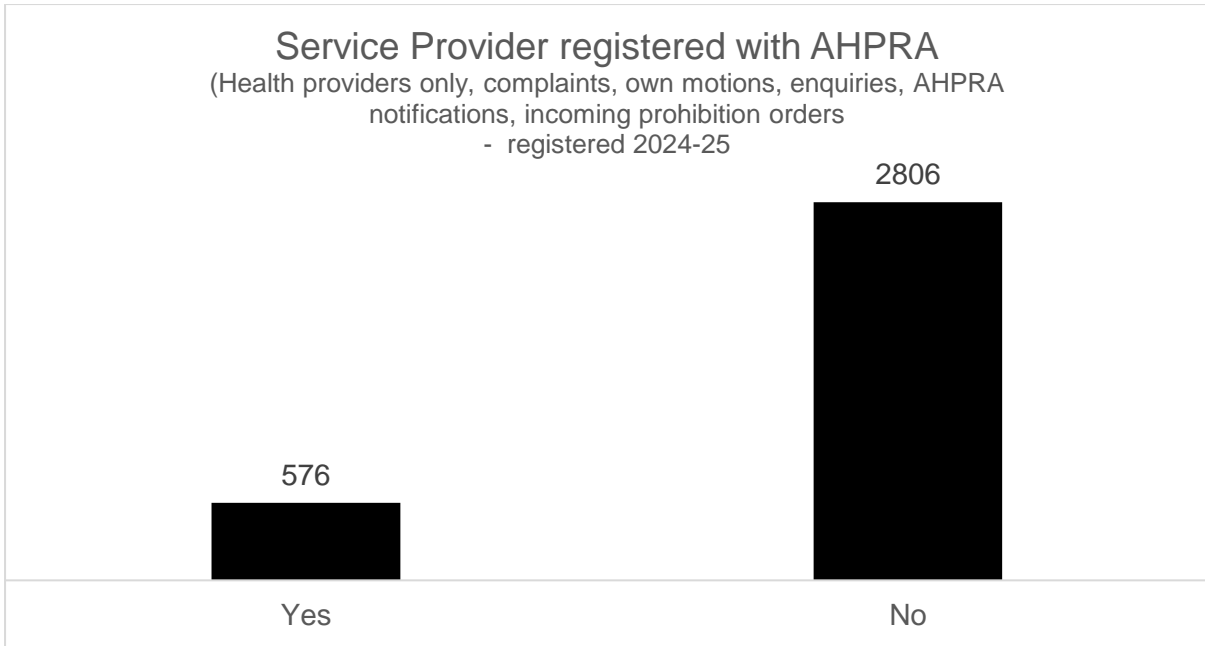
(Refer to About the HCSCC Charter - HCSCC)

Charter 1 – Access	491
Charter 2 – Safety	98
Charter 3 – Quality	360
Charter 4 – Respect	44
Charter 5 – Information	177
Charter 6 – Participation	8
Charter 7- Privacy	11
Charter 8 - Comment	-
TOTAL	1,187

Health and Community Services Complaints Act 2004

Section 25 – Grounds on which a complaint may be made

S25 (a) – service not provided or discontinued	222
S25 1 (b) – service provision not necessary/inappropriate	24
S25 1 (c) – unreasonable manner in providing service	26
S25 1 (d) – lacked due skill	23
S25 1 (e) – unprofessional manner	42
S25 1 (f) – lack of privacy / dignity	10
S25 1 (g) – quality of information	16
S25 1 (h) – unreasonable action – lack of information / access to records	34
S25 1 (i) – unreasonable disclosure to a third party	1
S25 1 (j) – improper action on a complainant	1
S25 1 (k) – inconsistent with the Charter	0
S25 1 (l) – did not meet expected standard of service delivery	121
TOTAL	714



HCSCC consultations with AHPRA

Referral of complaints to AHPRA from HCSCC

HCSCC complaint consultations with AHPRA	Matters referred to AHPRA	Matters split with AHPRA *	HCSCC matters retained
200	80	11	100

* - part of the complaint involving a registered health practitioner is referred to AHPRA and part of the complaint is dealt with by HCSCC.

Referral of complaints to HCSCC from AHPRA

	AHPRA complaint consultations with HCSCC	AHPRA complaints referred to HCSCC	AHPRA complaints split * with AHPRA	AHPRA complaints retained by AHPRA
	629	83	5	541

AHPRA investigation outcomes resulting from referral of complaints by HCSCC to AHPRA, and retained by AHPRA

	Number of outcomes notified by AHPRA of action taken from HCSCC complaint referrals or retained by them	AHPRA notified outcome
Medical	12	No further action
	3	Caution
	13	Conditions imposed
	3	Refer to Tribunal
Dental	1	No further action
	1	Conditions imposed
Nursing & Midwifery	3	No further action
	6	Caution
	11	Conditions Imposed
	4	Refer to Tribunal
Pharmacy	1	Refer to Tribunal
	1	Conditions Imposed
	2	Caution
Chiropractic		No outcomes received as at 30.06.25
Physiotherapy	1	Refer to Tribunal
	1	Conditions Imposed
Optometry		No outcomes received as at 30.06.25
Osteopathy		No outcomes received as at 30.06.25
Psychology	1	No further action
	1	Caution
	3	Conditions imposed

	1	Undertaking from practitioner
Podiatry		No outcomes received as at 30.06.25
Chinese Medicine	1	Conditions imposed
Medical Radiation Practice	1	Conditions imposed
Occupational Therapy	1	Conditions Imposed
Aboriginal and Torres Strait Islander Health Practice	-	No outcomes received as at 30.06.25
Paramedicine	-	No outcomes received as at 30.06.25
Total	72	

Contacts about unregistered healthcare workers 2024-25

Number of complaints made and assessed under Schedule 2 Health and Community Services Complaints Act Regulations 2005	13
Number of enquiries about unregistered health care workers	18
Number of Own Motions about unregistered health care workers	3
Total	24

At the end of the 2024-25 financial year, there were 24 matters about Unregistered Health Care Workers remaining open.

During the 2024-25 financial year, the HCSCC were advised of 62 prohibition orders issued in other States and Territories.

Investigation outcomes

11 new complaints received during 2024-2025 were moved into investigation.

The HCSCC finalised a further 5 investigations during the year which had been opened in a previous financial year.

Conciliation outcomes

In 2024-2025, 25 matters were moved into conciliation. Of these, 20, were finalised within the financial year. A further 10 matters were finalised which had commenced in the previous financial year.

The table below outlines the outcomes of complaints that were conciliated.

Note a conciliation can have multiple outcomes (ie. Total does not add up to 25).

OFFICIAL

2024-25 ANNUAL REPORT for the Health and Community Services Complaints Commissioner

Conciliation Outcome	Number
Resolved	14
Unresolved / Did not proceed	11
Apology	2
Information / Explanation provided	6
Refund / Waive fee / compensation	16
Service Improvement	3