



PARLIAMENT OF NEW SOUTH WALES

Committee on the Health Care Complaints Commission

Benchmarks and performance measures

1. Under section 22 (a) of the *Health Care Complaints Act 1993*, the HCCC must carry out its assessment of complaints within 60 days after receiving the complaint.

- Is 60 days an appropriate timeframe for assessing complaints?
- In your experience, has the HCCC consistently assessed complaints within its 60-day timeframe?

This is consistent with the requirements placed upon Ahpra and the National Boards by the Health Practitioner Regulation National Law as in force in each state and territory, and it is appropriate for both entities to be subject to the same timeframes.

2. The HCCC aims to complete reviews of assessment decisions **within 60 days**.

- Is 60 days an appropriate timeframe for completing reviews of assessment decisions?
- In your experience, has the HCCC consistently completed reviews of assessment decisions within its 60-day timeframe?

Ahpra does not have a response to this question.

3. Complaints are referred for investigation by the HCCC in situations where an initial assessment raises a potentially significant issue of public health or safety; significant departures from clinical treatment and professional conduct standards; and/or where there may be grounds for disciplinary action. The HCCC aims to complete all investigations **within 12 months**.

- Is 12 months an appropriate timeframe for completing of investigations?
- In your experience, has the HCCC consistently completed investigations within its 12-month timeframe?

Ahpra believes 12 months is appropriate where investigations aren't affected by related external proceedings, such as criminal prosecutions.

4. In its 2020-21 annual report, the HCCC assessed its performance against a number of key indicators.¹ Some examples of indicators and targets listed in the report are contained in the box below.

- Should the HCCC report on additional performance measures? If so, what additional performance indicators are important to capture?

Additional performance measures could involve measuring the volume and outcomes of complaints received.

¹ The use of key indicators was discontinued in the reports of 2021-22 and 2022-23.

Statutory indicators

- 100% of complaints assessed within 60 days (86.6% achieved)
- 100% of decision letters sent within 14 days (84.3% achieved)

Non-statutory indicators

- <10% of finalised assessments subject to review (6.5% achieved)
- 90% of reviews completed within 6 weeks (37.7% achieved)
- 70% of resolutions completed within four months (59.3% achieved)
- 90% of investigations finalised within 12 months (80.3% achieved)
- <5% of requests for review of investigation outcome (0% achieved)
- 80% compliance with deadlines - courts, NCAT and Professional Standards Committees (68.4% achieved)

Indicators without targets

- Complaints resolved during assessment of complaint
- Complaints acknowledged within 7 days of receipt
- Publishing of disciplinary decisions

Stakeholder engagement

The HCCC reports that it is developing resources and expanding outreach to improve accessibility and awareness of its functions, in particular among First Nations and culturally and linguistically diverse (CALD) communities.

5. Is the HCCC and the services it provides accessible to the community, including First Nations and CALD communities?

Ahpra's experience is that there are ongoing challenges in effective engagement with Aboriginal and Torres Strait Islander Peoples as well as multicultural communities, as services are designed for the dominant culture for most service providers. These challenges are shared by health practitioner regulators and Ahpra has identified these groups as among those requiring attention to increase their understanding of, and access to, the National Scheme.

The notion of health literacy and health care rights can be poorly understood by some in these community groups. Language barriers and cultural differences can have an impact on how services are delivered and received. For some communities discrimination and stigma towards marginalised communities can affect their willingness to engage with service providers. Limited access to resources such as healthcare, education and employment also contribute to this.

These factors are not unique to the HCCC environment and highlight the importance of working at both an organisational and systems level in addressing these barriers.

Aboriginal and Torres Strait Islander complainants/notifiers have provided feedback to Ahpra that they would prefer to speak to an Aboriginal and/or Torres Strait Islander officer when lodging a complaint to the HCCC, however there isn't a service offering/resource to accommodate that request. We have also received feedback that the HCCC website isn't as user friendly as it could be for Aboriginal and Torres Strait Islander Peoples to navigate, challenging their understanding of how to lodge a complaint/notification.

Ahpra has recently recruited Aboriginal and Torres Strait Islander Process Navigators (Identified) to provide a culturally safe and accessible service for Aboriginal and Torres Strait Islander Peoples lodging a complaint or practitioners subject to a complaint. They will support the client from the beginning to end of the process.

It should be noted that the HCCC provides on its website multicultural health communication resources and a telephone interpreter service. It is understood that the HCCC has also conducted engagement outreach with some multicultural communities.

6. Do you believe there is wide and strong community awareness of the role and functions of the Commission?

Ahpra has been working in collaboration with the HCCC as well as the Health Professional Councils Authority (HPCA) to increase community awareness of health practitioner regulation in NSW. There appears to be a strong community understanding of the role of the HCCC and its complaints and resolution functions. However, there is a need to improve broader understanding about the role of all the health practitioner regulatory bodies operating in NSW. The National Scheme is complex, and particularly so in NSW, where the complaints function is managed differently compared with other jurisdictions. The great collaboration between Ahpra, the HCCC and the HPCA is a very positive move in increasing community awareness.

There seems to be more brand recognition and understanding of the role of Ahpra as the national regulator in the Aboriginal and Torres Strait Islander communities, particularly when it comes to action towards and correlation with culturally safe practice, than the HCCC. Reasons for this include:

- Seven years of organisational strategic, legislative and operational commitment to prioritising cultural safety and eliminating racism from healthcare for Aboriginal and Torres Strait Islander Peoples.
- Self-determined, collective governance approaches such as the Aboriginal and Torres Strait Islander Health Strategy Group which is a partnership between the National Scheme and National Health Leadership Forum.
- Implementation of the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 and Ahpra's Aboriginal and Torres Strait Islander Employment Strategy 2020-2025.
- Intentional organisation-wide resourcing of an Aboriginal and Torres Strait Islander Health Strategy Unit (managing the strategic direction), the Aboriginal and Torres Strait Islander Engagement and Support team (Registrations), and the building of an Aboriginal and Torres Strait Islander notifications and employment team.
- Promotion of our services and strategic projects at Indigenous peak health practitioner and regulatory conferences, local community events, through Indigenous media and regular media releases/communication with Indigenous stakeholder groups.
- The Landmark Medical Board of Australia vs CDA tribunal case of anti-Indigenous racism against Prof Rallah-Baker post-legislative amendments to include the elimination of racism.



7. How can the HCCC improve engagement with, and provision of services to, First Nations and CALD communities?

It is important when working with Aboriginal and Torres Strait Islander Peoples and communities that a self-determined approach to governance is adopted – ‘nothing about us, without us’ – which aligns with our definition of cultural safety. Establishing collectives with majority Aboriginal and Torres Strait Islander membership to direct policy, strategies, projects and operations is the key to working safely and respectfully with Indigenous Peoples.

We support increasing the representation of Aboriginal and Torres Strait Islander Peoples into the commission as staff at all levels, and onto Boards and Committees. It’s critical that Indigenous ways of knowing, being and doing are integrated into leadership, design and implementation of projects, policies and legislation reform. Ahpra understands that recruiting and retaining identified staff is central to success, and that requires an ongoing budget to support increased engagement and culturally safe services.

The Culturally Safe Notifications Project has been underway since 2022, a deliverable of the Cultural Safety Strategy, and is led by a working group of Aboriginal and Torres Strait Islander community and National Scheme members. The project aims to improve the cultural safety of the notifications process for Indigenous parties, consumers and practitioners. Project milestones to date include:

- Establishment of the Aboriginal and Torres Strait Islander National Special Issues Committees for medicine and nursing and midwifery (delegated decision-making committees of the National Boards) where all matters involving an Indigenous party are sent to for decision-making. Aboriginal and Torres Strait Islander Peoples make up at least 50% of the membership of the committee, employing principles of self-determination and in recognition of the need for peoples with lived experience of culturally unsafe and racist experiences to be decision-makers on matters involving Indigenous consumers and practitioners.
- The engagement of ANU’s Yardhura Walani to conduct focus groups with Aboriginal and Torres Strait Islander Peoples who have previously gone through our complaints process to determine what quality improvements can be made to improve the cultural safety of our service provision.
- Recruitment of Aboriginal and Torres Strait Islander Process Navigators and Aboriginal and Torres Strait Islander Cultural Advisors to provide advice to non-Indigenous regulatory administrators investigating and providing recommendations for decision-makers.

Should you wish to learn more about the work Ahpra is leading to improve culturally safe service provision for Aboriginal and Torres Strait Islander Peoples please see the [National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#).

Ahpra is currently working on its own plan to engage with multicultural communities, recognising that this is a priority group. A partnership approach with multicultural community organisations and community leaders facilitates a safe and respectful way of engaging with multicultural communities. Engagement with multicultural communities should be reciprocal, build trust and strive to identify and address the barriers to accessing the National Scheme.

