

2025

**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

ELEVENTH ASSEMBLY

**National Health Practitioner Ombudsman (NHPO)
2024-25 Annual Report**

**Presented by
Rachel Stephen-Smith MLA
Minister for Health
December 2025**

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National Health
Practitioner
Ombudsman



Annual report 2024–25



Acknowledgement of Country

The office of the National Health Practitioner Ombudsman acknowledges the Wurundjeri Woi Wurrung people as the Traditional Custodians of the land on which our office is located. We also acknowledge the First Nations Custodians of Country across Australia where our services extend.

We pay our respect to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples. We honour all First Nations peoples of the beautiful lands on which we live and the waters in which we swim. We celebrate their enduring knowledge and connections to Country.

To receive this document in another format phone 1300 795 265, using the National Relay Service 13 36 77 if required, or [email our media team](mailto:media@nhpo.gov.au) <media@nhpo.gov.au>.

Authorised and published by the National Health Practitioner Ombudsman.

GPO Box 2630
Melbourne VIC 3001
Phone 1300 795 265

[Email](mailto:complaints@nhpo.gov.au) <complaints@nhpo.gov.au>

[Website](http://www.nhpo.gov.au) <www.nhpo.gov.au>

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Our impact at a glance

In 2024-25 we received



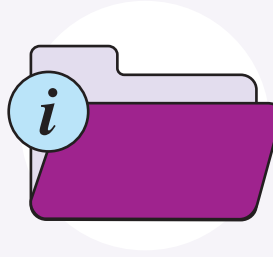
980

complaints to the Ombudsman **up from 691** complaints in 2023-24



16

privacy complaints, **up from 12** complaints in 2023-24



22

freedom of information matters, **down from 40** matters in 2023-24



2,218

approaches, **up from 1,787** approaches in 2023-24

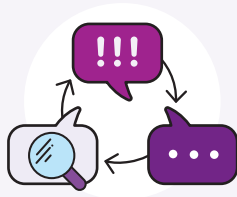
Ombudsman complaints



We made

164

early resolution transfers



We made

122

preliminary inquiries



We began

15

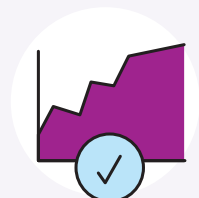
investigations

In 2024-25 we finalised



981

complaints to the Ombudsman, **up from 660** complaints in 2023-24



16

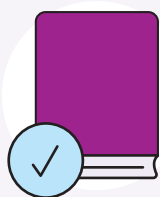
privacy complaints, **up from 14** complaints in 2023-24



25

freedom of information matters, **down from 29** matters in 2023-24

Milestones



We published our *Review of Ahpra's framework for identifying and managing vexatious notifications*, with Health Chief Executives Forum endorsement and Ahpra's acceptance of all recommendations.



We undertook public consultation on the Ombudsman's investigation into delay and procedural safeguards for practitioners subject to immediate action.



We contributed to public consultations on important health practitioner regulatory issues including Sue Dawson's Independent Review of Complexity in the National Registration and Accreditation Scheme.

Letter of transmittal



The Hon Chris Picton MP
Chair
Health Ministers Meeting

Dear Minister

I am pleased to present you with the joint National Health Practitioner Ombudsman's and National Health Practitioner Privacy Commissioner's annual report for the period 1 July 2024 to 30 June 2025.

The report has been prepared in line with ss 10 and 29 of the Health Practitioner Regulation National Law Regulation 2018.

I am satisfied that the office of the National Health Practitioner Ombudsman's financial and governance processes meet our specific needs and comply with the requirements of ss 9 and 28 of the Health Practitioner Regulation National Law Regulation.

Yours sincerely

A handwritten signature in black ink, appearing to read "Richelle McCausland".

Richelle McCausland
National Health Practitioner Ombudsman
National Health Practitioner Privacy Commissioner

Ombudsman and Commissioner's message



This financial year has seen the National Registration and Accreditation Scheme (the National Scheme) respond to emerging challenges and reform opportunities. This included the Australian Health Practitioner Regulation Agency (Ahpra) and the National Health Practitioner Boards implementing a new operating system and acting to improve overseas-qualified practitioner assessment processes. Notably, this included the Medical Board of Australia creating an expedited pathway to registration in some medical specialties via a previously unused legislative provision.

My office's role in ensuring decision-making processes are fair, transparent and align with relevant legislative requirements is particularly important during times of transition. In 2024–25 we effectively responded to a significant increase in complaints, finalising a record 981 Ombudsman complaints (up from 660 complaints in 2023–24). This increase in demand for our services was in part driven by health practitioners experiencing issues when accessing Ahpra's new operating system for the first time. The system's privacy, functionality and accessibility improvements are likely to help prevent complaints in the future. However, many nurses and midwives needed Ahpra's assistance to use the new system to renew their registration, which Ahpra struggled for some time to provide. My office assisted practitioners to find Ahpra's troubleshooting resources and put them in touch with Ahpra when they could not contact Ahpra staff to resolve their concerns.

“

My office's role in ensuring decision-making processes are fair, transparent and align with relevant legislative requirements is particularly important during times of transition

In 2024–25 I also welcomed positive changes made through the collaboration of the Australian Medical Council, the Health Workforce Taskforce and the specialist medical colleges to address the recommendations in my report on specialist medical training site accreditation processes. This included developing model standards and procedures for college accreditation of training settings and a joint effort to identify opportunities to better respond to trainees' concerns about bullying, harassment and discrimination, and other issues that may arise at an accredited training setting.

Within my office, we reinforced our commitment to continuous improvement, including in response to legislative changes related to ensuring a safe workplace. In 2024–25 we increased our efforts to identify and appropriately respond to potential psychosocial hazards in our workplace. The services my office provides are greatly enhanced by the compassionate approach to complaint handling I see my staff deliver daily. But responding to oftentimes complex and sensitive complaints can be demanding, and this year we focused our efforts on enhancing how we safely support staff to undertake this important work. I thank my hardworking team for their ongoing commitment to championing fairness in the National Scheme.

The National Scheme will continue to transform in the next financial year, including in response to the opportunities for reform identified in Sue Dawson's Independent Review of the National Registration and Accreditation Scheme.

I also welcome Ahpra's new chief executive officer (CEO), Justin Untersteiner, and acknowledge the efforts of former Ahpra CEO, Martin Fletcher, in ensuring patient safety in Australia. I look forward to continuing to work with Ahpra, and all the organisations my office oversees, to support sound administrative processes as the National Scheme transforms in the years to come.



Richelle McCausland

National Health Practitioner Ombudsman

National Health Practitioner Privacy Commissioner

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Who we are

The office of the National Health Practitioner Ombudsman champions fairness and ensures accountability in health practitioner regulation. We shine a light on systemic issues to effect positive change. It's only fair.

What we do

We provide a free and independent complaint handling service that is open to all, including the public, health practitioners, education providers, students and specialist medical trainees.

We assist with complaints about bodies in the National Registration and Accreditation Scheme (the National Scheme). This includes the Australian Health Practitioner Regulation Agency (Ahpra), the 15 National Health Practitioner Boards (the National Boards), accreditation authorities and specialist medical colleges (Figure 1).¹ This can include complaints about decision-making processes related to:

- a notification
- a registration matter
- the accreditation of an education provider or program of study
- the assessment of an overseas-qualified practitioner or a specialist international medical graduate.

We help ensure fair and transparent decisions that comply with relevant laws. We work closely with individuals and organisations to address complaints as early and informally as possible.

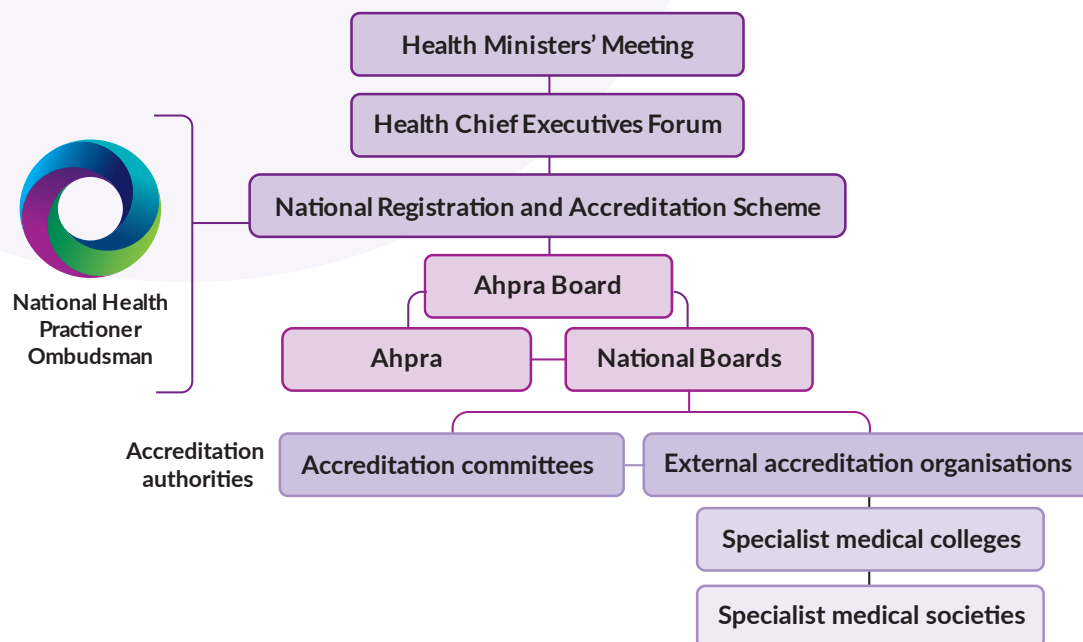
Our involvement in a complaint can help explain a decision, address an error and lead to improvements in policies and processes.

We also accept complaints to the National Health Practitioner Privacy Commissioner about how personal information is collected, used or shared by the organisations we oversee.

Our office can also consider applications for a review of a freedom of information (FOI) decision made by Ahpra.

¹ The Boards currently include the: Aboriginal and Torres Strait Islander Health Practice Board of Australia, Chinese Medicine Board of Australia, Chiropractic Board of Australia, Dental Board of Australia, Medical Board of Australia, Medical Radiation Practice Board of Australia, Nursing and Midwifery Board of Australia, Occupational Therapy Board of Australia, Optometry Board of Australia, Osteopathy Board of Australia, Paramedicine Board of Australia, Pharmacy Board of Australia, Physiotherapy Board of Australia, Podiatry Board of Australia and Psychology Board of Australia. Appendix 1 outlines our oversight role in relation to each of the accreditation authorities and specialist medical colleges.

Figure 1: Our role in the National Scheme

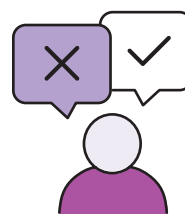


Our values



Independent

We make decisions and recommendations based on evidence and without taking sides.



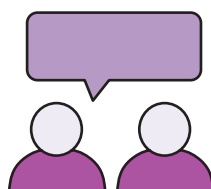
Fair

We are open and follow impartial processes to make sure everyone is treated equally.



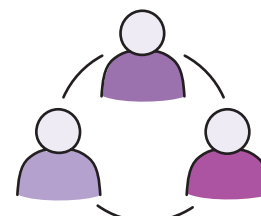
Courageous

We do what is in the public interest even if it is challenging.



Respectful

We listen to and seek to understand the unique perspectives of everyone we engage with.



Collaborative

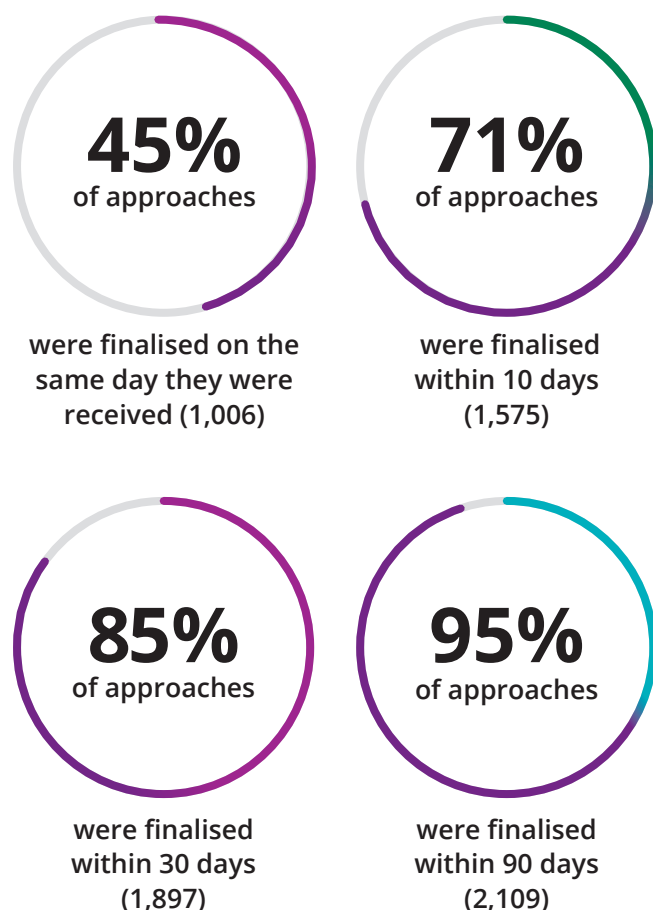
We work with others to resolve issues and identify opportunities to improve.

Our Service Charter

Our Service Charter sets out what people can expect when they engage with us. This is one way we keep ourselves accountable for providing a high-quality service to the Australian community. Our values shape how we interact with each person and how we expect people to engage with us.

In 2024–25 we closed 95% of approaches within 90 days, which is mostly consistent with our performance last financial year.

Approaches finalised in line with our Service Charter



A fairer future for registration and assessment processes

We're helping to keep the public safe by continuously improving the regulation of health practitioners. We use 3 strategic pillars to help ensure accountable, fair and responsive regulation of health practitioners in Australia.

Strategic pillar 1: A fair, transparent and just process

We provide fair, impartial and proportionate responses to complaints, and support people to navigate the system and access resolutions where possible.

Strategic pillar 2: Actively creating a better system

We work proactively to identify broader issues in the administration of the National Scheme and bring about system improvements.

Strategic pillar 3: A future-ready office where people thrive

We foster an environment that supports our people to grow and perform while continuing to evolve our practices and systems.



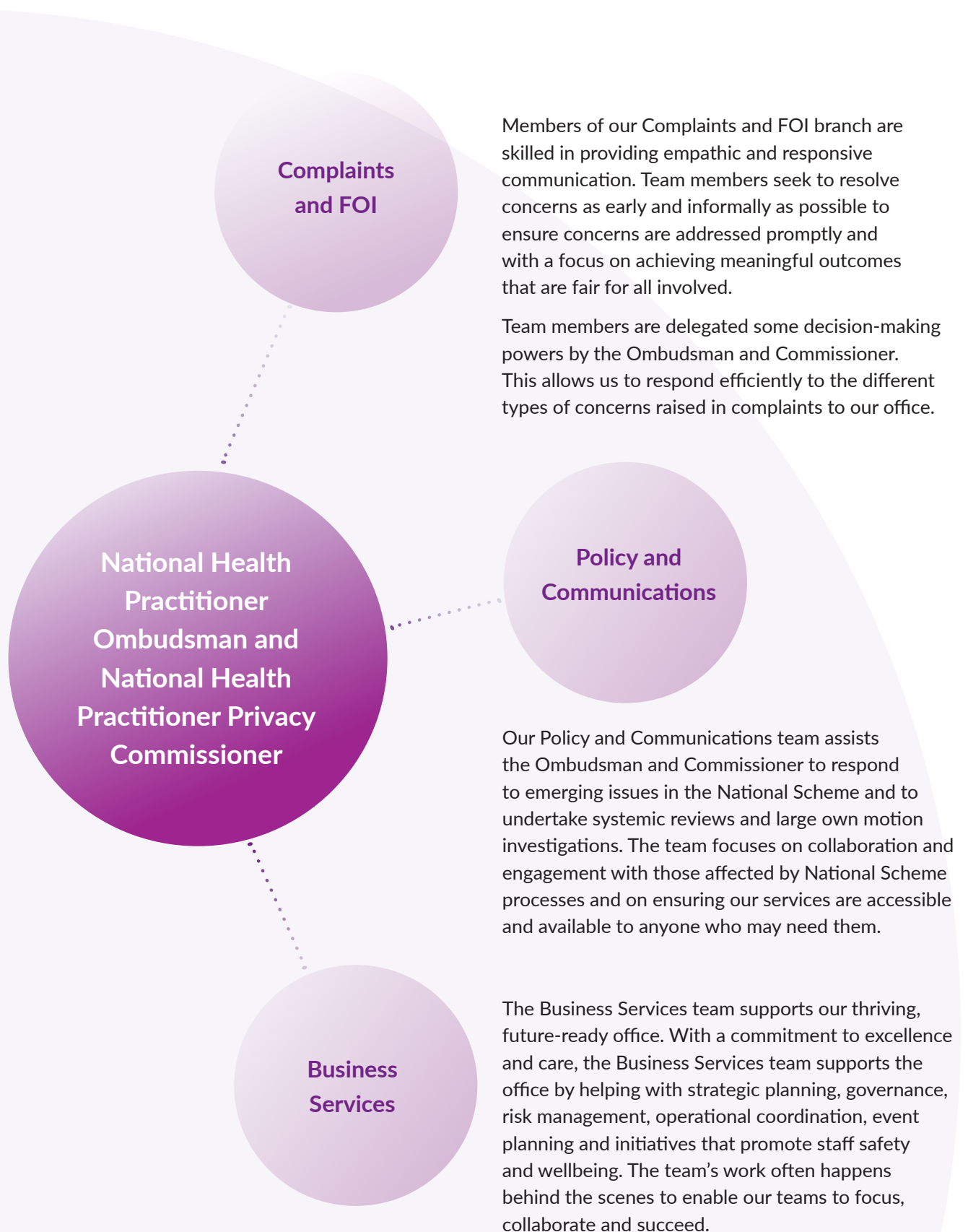
Our team

Richelle McCausland is the National Health Practitioner Ombudsman and the National Health Practitioner Privacy Commissioner (Ombudsman and Commissioner).

She is currently serving her third term as Ombudsman and Commissioner after she was first appointed by Australian health ministers to the roles in May 2018.

The Ombudsman and Commissioner's roles are established by the Health Practitioner Regulation National Law, in effect in each state and territory of Australia (the National Law). The Ombudsman and Commissioner's powers come from the *Ombudsman Act 1976* (Cth), the *Privacy Act 1988* (Cth) (the Privacy Act) and the *Freedom of Information Act 1982* (Cth) (the FOI Act).

Our office has 3 work areas that support the Ombudsman and Commissioner to ensure sound administration of the National Scheme and to highlight opportunities for improvement. Our Governance Committee supports the Ombudsman and Commissioner's decision-making and management of the office's operations.



A fair, transparent and just process

We provide fair, impartial and proportionate responses to complaints, and support people to navigate the health practitioner regulatory system and access resolutions where possible.

How we assisted with complaints to the Ombudsman in 2024–25

In 2024–25 we received 980 complaints to the Ombudsman, up from 691 in 2023–24. We finalised 981 complaints, up from 660 in 2023–24. This means we addressed more complaints this financial year than ever before.

When someone makes a complaint to us, our empathetic staff hear their concerns and consider the most appropriate way to address them. This may include either asking the person or the organisation being complained about for more information, suggesting an early resolution process or deciding to investigate.

If we decide there is an organisation better suited to considering the concerns, we will provide the person with information about other ways to have their complaint heard.

Consistent with previous reporting trends, most complaints received in 2024–25 were about Ahpra and the National Boards' process for receiving and managing concerns about a registered health practitioner (a 'notification') (508 complaints in 2024–25, up from 435 in 2023–24).

The top 5 issues² raised in notification-related complaints were mostly consistent with last financial year. These included:

- a notifier's concern that a National Board's decision to take no further action at the assessment stage of the notifications process was unfair or unreasonable
- a notifier's concern that the reasons for a National Board's decision to take no further action at the assessment stage of the notifications process were not adequately explained
- a practitioner's concern that there had been delay in Ahpra managing an active notification about them
- a notifier's concern that information was not appropriately considered when a National Board decided to take no further action at the assessment stage of the notifications process
- a practitioner's concern that a National Board's decision to take immediate action was unfair or unreasonable.

This financial year we also received significantly more complaints about a registration matter (355 complaints, up from 123 complaints in 2023–24). This included receiving more complaints about how medical registration fees were charged (refer to 'Responding to the increase in complaints about registration fees'). We also saw more nurses and midwives making complaints about accessing Ahpra's new practitioner portal when seeking to renew their registration (refer to 'Spotlight: Early resolution of complaints related to Ahpra's new operating system and practitioner portal').

² Note that we can record multiple issues raised in relation to a complaint.

We try to resolve complaints as informally and quickly as we can. This is why we generally finalise most complaints we receive without the need for a formal investigation. This financial year, most complaints were finalised through the early resolution stages of our complaint process. This includes:



Assessment stage

(705 complaints at the assessment stage)



Early resolution transfer stage

(130 complaints at the early resolution transfer stage)



Preliminary inquiry stage

(119 complaints at the preliminary inquiry stage)

We also finalised 27 complaints following an investigation. The most common investigation outcome was our office providing a further explanation to the complainant about the decision, action or process that was the subject of the complaint.³ This outcome was recorded 19 times on investigated complaints. We provided feedback to the organisation involved in the complaint 11 times after an investigation. Reading 'Atsumi's story', for example, shows how we shone a light on Ahpra's protocol for drug testing, which was based on a 10-year-old report, and made tangible recommendations to improve the drug testing process.

Each year we highlight in our annual report how our work has brought about positive outcomes for individuals and the system that regulates health practitioners through sharing the 'story' of complaints we assisted with.⁴ For privacy reasons, we remove identifying information from the stories we share and use false names. This means we can share the meaningful outcomes that can be achieved from complaints while safeguarding privacy.

Making a complaint often requires courage, and we thank complainants who took the time to contact us. We acknowledge their contribution to helping make processes fairer for others.

We also acknowledge that it can be confronting for the organisations in our jurisdiction to receive a complaint about their work. We thank the bodies we oversee for their commitment to the National Scheme's objectives and for their openness to continuous improvement.

³ Note that we can record up to 3 outcomes on each complaint.

⁴ References to 'a National Board' relate to any of the 15 National Health Practitioner Boards.

Rose's story

Rose complained to our office about a National Board's decision to caution her after receiving notifications about her. In particular, she felt the Board had not considered a key definitional issue she had raised in the submissions she made before the Board decided to caution her.

Rose complained directly to Ahpra about her concerns and gave us a copy of Ahpra's response. She felt Ahpra's response did not adequately address her concerns.

Our office decided to investigate Rose's complaint after making preliminary inquiries. Following our review of the information the Board considered when deciding to caution Rose, and Ahpra's responses to specific questions we asked, we identified administrative deficiencies in Ahpra and in the Board's handling of the notification.

We confirmed Rose's concerns that the Board had not adequately considered a key definitional issue when deciding to caution her. The Board's decision was phrased around its assessment of a particular issue that had been raised about Rose's conduct. However, the issue had not been clearly defined, leaving room for uncertainty as to the grounds for the Board's decision. We considered that the Board had not provided clear enough reasons for its decision.



To address the administrative issues we identified, we suggested that the Board reconsider its decision to caution Rose and provide clearer reasons for its decision.

The Board reconsidered Rose's matter and decided to affirm its earlier decision. However, the Board provided updated reasons for its decision and Rose was given an opportunity to make a submission before the Board finalised its decision.

Spotlight: Early resolution of complaints related to Ahpra's new operating system and practitioner portal

In March 2025 Ahpra launched a new operating system, including a new practitioner portal.⁵ This was the result of a multi-year business transformation project to replace an operating system that had been in place since Ahpra's inception in 2010.

The new practitioner portal aims to offer a one-stop shop for practitioners to engage with Ahpra. This includes when applying for, renewing and managing their registration. The system includes a raft of new features such as digital smart forms and increased privacy protection (for example, through introducing multifactor authentication).

We anticipated an increase in complaints with the rollout of the new system, particularly while practitioners adjusted to the new portal. Initially, we received a small trickle of complaints. However, we received significantly more complaints when nursing and midwifery practitioners began to renew their registration before the deadline of 31 May 2025. This led to more than 500,000 nurses and midwives needing to use the new practitioner portal for the first time.

Between March and June 2025, we recorded 112 complaints about Ahpra's new operating system. May 2025 was one of our busiest months in 2024–25 as we managed the increase in complaints alongside the usual demand for our services (141 complaints received compared with 56 complaints in May 2024).

The 112 complaints our office received about Ahpra's new system came from 104 people, most of whom identified themselves as nurses (76 complaints). Most of these complaints were registration-related (105 complaints), though we also recorded some notification-related complaints (7 complaints).

We recorded 459 distinct issues across the 112 complaints related to Ahpra's new system. As expected, most of the issues recorded were registration-related (139 issues) and specifically related to registration renewal (82 issues). Most renewal issues were associated with the nursing profession (70 of 82 issues).

Practitioners raised concerns about Ahpra's new system along the following themes:

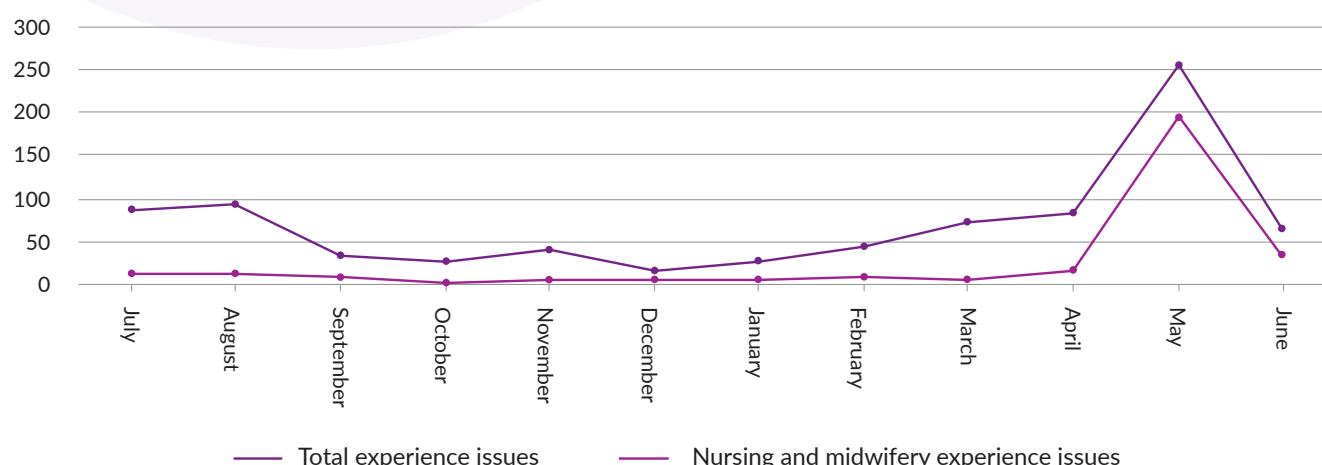
- technical problems, such as being unable to reset passwords or receive emails to verify an email address
- accessibility barriers, such as a practitioner not having access to a smartphone for multifactor authentication, or access to a computer or the internet at their home (we also received complaints from practitioners – including those overseas – who struggled to contact Ahpra for help during business hours)
- privacy concerns, such as a practitioner not wanting to share their personal information with a third-party provider of an authentication app and Ahpra not allowing a practitioner to identify themselves in another way (for example, in person)
- time-related pressures, including a practitioner's fear that their registration would lapse or they would need to pay a late fee if they could not renew their registration by the deadline due to problems with the new portal.

Many of the issues raised with us about Ahpra's new system related to people's experience when engaging with Ahpra (310 issues). Where complaints were not related to registration renewal, most complainants got in touch with us because they could not contact Ahpra for help as they normally would. For example, we received complaints about a notifier not being able to get an update from Ahpra about their active notification and a registered practitioner not being able to obtain a certificate of registration status from Ahpra to share with their employer or international regulator.

⁵ Ahpra, 'New operating system' <www.ahpra.gov.au/News/2025-03-26-New-operating-system.aspx>. Accessed 8 August 2025.

Across the 112 complaints relating to Ahpra's new system, we recorded 292 issues about Ahpra's customer service (refer to the increase in experience-related issues between April and June 2025, as shown in Figure 2). These concerns often related to practitioners not being able to contact Ahpra to resolve their issue (for example, due to long call wait times). The 'Customer service' section of this report has more information.

Figure 2: Experience-related issues recorded in 2024–25, with a focus on the impact of Ahpra's new operating system on experience issues from March 2025, particularly in relation to the nursing and midwifery professions



In response to practitioners' growing need for support, Ahpra increased staff numbers in its Customer Service team and extended its support hours.⁶ Ahpra also updated public-facing information with extra guidance and issued news releases directly addressing the concerns being raised. This included Ahpra's chief executive officer (CEO) assuring practitioners that they would not lose their registration due to issues with the new practitioner portal, and Ahpra waiving late fees.⁷

We found that complainants' concerns were generally being resolved quickly and efficiently once the complainant could contact Ahpra. In response, we focused on taking steps to reconnect complainants with Ahpra to get the support they needed wherever possible.

This led to our office facilitating more early resolution transfers (59 transfers across May and June 2025 compared with 23 transfers across May and June 2024), representing 36% of all early resolution transfers made in 2024–25. More information about our early resolution transfer process can be found later in this report (refer to 'Early resolution transfers'). We also focused on supporting complainants to find the right troubleshooting advice wherever possible.⁸

Many practitioners were understandably concerned that their issues with Ahpra's portal could affect their registration. We informed these practitioners about Ahpra's assurance that they would not lose their registration due to issues associated with accessing the portal and its decision to waive late fees.

⁶ Ahpra, 'Nursing and midwifery renewal late fee waived until 15 June'

<www.ahpra.gov.au/News/2025-05-16-Nursing-and-midwifery-renewal-late-fee-waived-until-15-June.aspx>. Accessed 8 August 2025.

⁷ Ahpra, 'Statement from Ahpra CEO NMBA renewal'

<www.ahpra.gov.au/News/2025-05-01-Statement-from-Ahpra-CEO-NMBA-renewal.aspx>. Accessed 8 August 2025.

⁸ Ahpra, 'Ahpra portal help centre' <www.ahpra.gov.au/Support/Ahpra-portal-help-centre.aspx>. Accessed 8 August 2025.

By the end of June 2025 we were receiving significantly fewer complaints about Ahpra's new system and practitioner portal. This was likely due to Ahpra successfully addressing teething issues with its new system, as well as the peak registration renewal period for nurses and midwives passing.

In the new financial year, we will continue to monitor trends and work closely with Ahpra to support upcoming phases of registration renewal for medical practitioners and allied health practitioners, as well as any new functionality updates Ahpra implements.

How we assisted with privacy complaints

In 2024–25 we received:

- 16 privacy complaints to the Commissioner, up from 12 in 2023–24
- 3 notifications of eligible data breaches, down from 7 in 2023–24.

In 2024–25 we saw a small increase in privacy complaints to the Commissioner. Most complaints related to the inappropriate use or disclosure of personal information (such as sending an email to the wrong person). This is consistent with previous complaint trends.

We finalised more privacy complaints in 2024–25 than we have in the office's history (16 complaints, up from 14 in 2023–24 and 8 in 2022–23). Refer to the 'Privacy' section of this report for more information.

Our work in freedom of information

We received 22 applications to review an Ahpra decision under the FOI Act in 2024–25, down from 40 applications in 2023–24. While we received fewer review applications, the number of people who applied for an FOI review remained mostly consistent with the previous financial year (19 applicants, down from 21 applicants in 2023–24).

All applications for a review related to a decision by Ahpra to refuse access to requested documents.⁹

We finalised 25 FOI matters in 2024–25, including 8 matters where the Commissioner made a final decision. These decisions are published on our [website](http://www.nhpo.gov.au/foi-review) <www.nhpo.gov.au/foi-review>. Refer to the 'Freedom of information' section of this report for more information.

We're here to help. It's only fair.

We want to ensure it is easy for people to make a complaint to us and that people know how to contact us when needed. We accept complaints by phone, email and post, or through our webform (available on our website).

As in previous years, people mostly contacted us by phone in 2024–25. However, we saw increased contact via our webform and email this year.



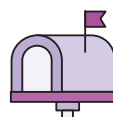
1,152 approaches by phone
(up from 987 in 2023–24)



611 approaches via email
(up from 381 in 2023–24)



437 approaches via our webform
(up from 392 in 2023–24)



18 approaches via post
(down from 27 in 2023–24)

⁹ The FOI Act does not apply to external accreditation organisations and specialist medical colleges. This means our FOI review function does not apply to these entities.

Our website continued to provide a central source of information for people seeking to understand our role and how we can help. We continued to see many people accessing our website (29,144 users), including new visitors (28,585). Our website received 43,880 interactions (called 'sessions')¹⁰ and 68,491 page views. This is relatively consistent with last financial year (with a variance of approximately 5%).

Ensuring greater awareness about our role

We know it can be challenging for people to navigate how to make a health-related complaint in Australia. There are many ways that concerns can be raised and many organisations with different roles and responsibilities to respond to health-related complaints. That's why in 2024–25 we focused on more effectively:

- increasing awareness about our role, particularly our newer role in overseeing processes related to assessing overseas-qualified practitioners, accrediting programs of study and delivering specialist medical colleges' training programs
- informing the public and health practitioners about when and how to access our services
- engaging with the organisations we oversee to ensure those who need our services are informed about how to access them.

Our campaign to raise awareness about our role was based on our belief that fairness isn't just an idea; it's a fundamental right. This is why the tagline for the campaign is: 'It's only fair'. One of the most engaging elements of the campaign is a series of videos about how and when we can help. This included, for example, sharing videos on our website and social media about:

- common complaints we assist with
- how we can assist overseas-qualified practitioners
- our role in assisting with program of study accreditation-related complaints

- frequently asked questions, including that we accept anonymous complaints.

You can see the suite of videos on our [Vimeo platform](https://www.vimeo.com/user196077410) <www.vimeo.com/user196077410>.

The campaign was multifaceted, but some of the other highlights included:

- providing a stakeholder kit to the organisations we oversee, such as accreditation authorities and specialist medical colleges, with information about how to refer to our office when needed, including at the end of a complaint process
- developing a range of posters that can be downloaded from our website about our role and how to make a complaint.

It was pleasing to see that engagement with our office has increased, particularly the discoverability of our website. We will continue our efforts to increase awareness about our services and to ensure those who need to make a complaint know when and how to contact us.

Helping people navigate making a health-related complaint

As an office, we are committed to a 'no wrong door' approach. In practice, this means we recognise that all health-related complaints are important and that we have a role in helping people find the best place to raise their concerns.

The organisation that is best placed to help with a health-related concern depends on the type of issue being raised and from which state or territory a person is making a complaint. We have an important role in assisting with complaints about how the National Scheme's processes are working, but sometimes we are contacted about concerns we cannot assist with. We generally call these types of matters 'enquiries'. Enquiries can also include someone requesting general information or media enquiries.

¹⁰ A session is a period of time during which someone interacts with our website.

We received more enquiries in 2024–25 than in the previous financial year (1,197 enquiries, up from 1,037 enquiries in 2023–24). This marked a return to our office receiving a similar number of enquiries to that received in 2022–23 (1,183).

Similarly to previous trends, most enquiries in 2024–25 were about matters our office could not consider (1,121 enquiries were recorded as out-of-jurisdiction enquiries in 2024–25, up from 998 in 2023–24). In 2024–25 these enquiries generally related to:

- health services (628, up from 486 in 2023–24), of which most related to concerns about the safety and quality of care (282), fees and rebates (115), service refusal or delay (71) or access to or the transfer of records (67)
- the health, conduct or performance of a registered health practitioner (302, down from 343 in 2023–24)
- handling of concerns by state or territory health complaints entities (41, down from 46 in 2023–24).

We also received 73 general enquiries (up from 38 in 2023–24) and 3 media enquiries (up from 1 in 2023–24).

Ensuring health-related complaints are heard

People often contact us with concerns about the health care they received. These concerns are important to the person raising them and can also help identify concerns that may affect public safety. For this reason, we always aim to provide tailored information wherever possible about the best organisation to assist someone.

In 2024–25 we referred people making enquiries to:



a state or territory health complaints entity
(702, up from 601 in 2023–24)



Ahpra to make a notification about a practitioner
(150, up from 125 in 2023–24)



another suitable entity
(127, up from 126 in 2023–24)

Atsumi's story

Atsumi, a practitioner, was required by a National Board to undergo a health assessment.

This led to the Board imposing conditions on her registration that required her to undergo drug testing. She contacted our office because she was concerned about Ahpra's initial phone call to her, the information Ahpra included in its brief to the health assessor and several aspects of Ahpra's protocol for drug testing.

We decided to investigate Atsumi's complaint. During our investigation, we obtained information related to Atsumi's regulatory matter. We also obtained information and documents related to Ahpra and the Board's health assessment process and Ahpra's drug testing protocol more generally.

Our investigation found that Ahpra did not follow its internal guide on making initial phone calls to practitioners who are subject to an investigation when it first contacted Atsumi. This guide requires staff to advise practitioners that information they provide during a phone call with an Ahpra investigator may be used in relation to the investigation. Ahpra's record of its initial phone call with Atsumi indicated that this did not occur. We provided feedback to Ahpra about this issue and Ahpra undertook to take steps to remind its staff to comply with the requirements of the guide.

Our investigation also found that Ahpra has an internal guide that provides information to its staff about how to prepare health assessment briefs. However, Ahpra's brief regarding Atsumi's health assessment was inconsistent with this guide. We considered that Ahpra's brief included more information than was necessary for the health assessor to complete their assessment. We also found that the brief included information that could be seen to have biased the health assessor.

Ahpra informed our office that since the time Atsumi's matter had been handled, it had introduced a specific team to prepare its health assessment briefs. We recognised that this would likely improve Ahpra staff's adherence to its health assessment guide. Nevertheless, we provided feedback to Ahpra that it should ensure its staff are following the guide. We highlighted that this could be achieved by organising staff training on how to brief a health assessor.

We also found that Ahpra's protocol for drug testing was based on a 10-year-old report. Although the protocol had since been updated based on advice from an expert panel, we found that there had not been a comprehensive review of the protocol since it was first implemented. There was also a lack of transparency about changes to the protocol.

Following our investigation, we provided feedback to Ahpra about its drug testing protocol. We suggested Ahpra should consider:

- whether to commission an updated report
- adding a standing agenda item for the relevant expert panel's annual meeting to review whether the protocol remains adequate and suitable, or advise on any changes required
- maintaining clear records of its decisions to change the protocol, including any supporting evidence
- whether the protocol could include more information to enhance its transparency.

Ahpra's senior leadership and the relevant expert panel considered our investigation report. The expert panel decided to add a standing agenda item to review Ahpra's protocol at each of its regular meetings. It also commenced a substance use disorder and professional regulation rapid response literature review.

The review is considering the protocols and parameters used to identify and manage high risk professionals with a substance use disorder, including the regulatory approaches and substance detection limits used in professions such as aviation, mining and construction. This includes the regulatory approaches taken in Australian jurisdictions and in other countries.

Our work in numbers

For Ombudsman
complaints in
2024–25 we



made

164

early resolution transfers,
down from 166 in 2023–24



initiated

122

preliminary inquiries,
down from 183 in 2023–24



launched

15

investigations, down
from 42 in 2023–24

We finalised **981 Ombudsman complaints**, up from 660 in 2023–24.

The stage in which complaints were finalised included



705

at assessment,
up from 418
in 2023–24



130

through early resolution
transfers, up from
103 in 2023–24



119

through preliminary
inquiries, down from
127 in 2023–24



27

through an
investigation, up
from 12 in 2023–24

In 2024–25 we also



finalised

16

privacy complaints to
the Commissioner, up
from 14 in 2023–24



assessed and confirmed

3

eligible data breach
notifications, down
from 7 in 2023–24



finalised

25

FOI review matters,
down from 29
in 2023–24



published

8

FOI review decisions,
up from 3
in 2023–24

Actively creating a better system

We work proactively to identify broader issues in the administration of the National Scheme and bring about system improvements.

Significant legislative changes came into effect in 2024–25, including greater protections for notifiers recommended by the Ombudsman

Several amendments to the National Law came into effect during 2024–25. Significantly, in April 2025, a number of amendments to the National Law were passed, including an amendment that aims to better protect notifiers from reprisals, harm, threats, intimidation, harassment or coercion. Australian health ministers agreed to amend the National Law to strengthen how people are protected when they decide to make a notification.

The explanatory notes for the bill that introduced the *Health Practitioner Regulation National Law and Other Legislation Amendment Act 2025* (Qld) (the 2025 Amendment Act) recognised:

The only protection available to notifiers who raise concerns in good faith under the National Law is protection from civil, criminal, or administrative liability. In effect, notifiers are not currently protected from reprisals, harm, threats, intimidation, harassment, or coercion.

While some jurisdictions do provide for some of these protections in their own health complaints legislation, in circumstances where the National Law imposes a legal obligation for some notifiers to make a notification or provide information to the regulators, the current protections are inadequate or inconsistently applied.

The Ombudsman previously recommended this amendment in her *Review of Confidentiality Safeguards for People Making Notifications about Health Practitioners*. For context, in late 2018 Ahpra requested that the Ombudsman and Commissioner conduct this review after a general practitioner was convicted for the attempted murder of a pharmacist. The pharmacist had made a notification to Ahpra about the general practitioner's prescribing practices, and it is thought that the notification was the motive for the crime. The Ombudsman and Commissioner's review recognised that while acts of violence against notifiers are rare, this experience threw a necessary spotlight on whether Ahpra's handling of notifications adequately safeguards the confidentiality of notifiers.

Broadly speaking, the Ombudsman and Commissioner's review found that Ahpra's approach offered reasonable safeguards for notifiers. In particular, the review concluded that Ahpra's acceptance of confidential and anonymous notifications serves an important purpose.

However, the Ombudsman and Commissioner also identified that the way notifications are handled could be improved to better safeguard the confidentiality of notifiers. One of the areas the review considered in more depth was how Ahpra should respond to practitioners who harm, threaten, intimidate, harass or coerce notifiers. As a result, the Ombudsman and Commissioner recommended that Ahpra:

- develops guidance for staff about how to deal with information that suggests a practitioner has sought to harm, threaten, intimidate, harass or coerce a notifier
- seeks an amendment to the National Law to make it an offence for a registered health practitioner to harm, threaten, intimidate, harass or coerce a notifier.

The Ombudsman and Commissioner welcomed this amendment to the National Law in 2025. It is vitally important that people can raise concerns with Ahpra without fearing retribution.

Other significant amendments to the National Law as part of the 2025 Amendment Act included:

- requiring cancelled and disqualified practitioners to seek a reinstatement order from a responsible tribunal before applying to a National Board for re-registration
- providing more information to the public about practitioners who have been found to have engaged in professional misconduct involving sexual misconduct by expanding the information required to be included on the national public register.

Although this legislation has been passed, its commencement date will be set by proclamation. Our office will monitor the implementation of these legislative amendments.

Ahpra accepted the Ombudsman's recommendations following her review of its framework for identifying and managing vexatious notifications

On 9 December 2024 the Ombudsman published her report: *Review of Ahpra's framework for identifying and managing vexatious notifications*.

The report outlines the Ombudsman's 17 recommendations to improve the framework and its application and to strengthen how Ahpra manages notifications in cases involving domestic and family violence allegations and unreasonably persistent notifiers.

The Ombudsman welcomed Ahpra's acceptance of her review's recommendations and its agreement to develop an implementation plan. Ahpra's response is available on its website.

The Health Chief Executives Forum also endorsed the report. Recommendations for potential legislative reform have been referred to the Health Workforce Taskforce for consideration.

The Ombudsman's recommendations aim to ensure the notifications process remains open and accessible while also ensuring health practitioners are treated fairly and are better protected from groundless notifications made with the intent to cause them harm.

About the review

In December 2020 Ahpra published its framework in response to growing concerns and to recommendations made by both a federal Senate inquiry¹¹ and our office.¹² The framework is the first of its kind in Australia's health regulatory landscape and provides end-to-end guidance for identifying and managing a notification that may be, or is determined to be, vexatious. It defines a vexatious notification as a notification that is both without substance and intended to cause distress, detriment or harassment to the practitioner named in the notification.

11 The Senate, Community Affairs References Committee, Complaints Mechanisms Administered under the Health Practitioner Regulation National Law, May 2017.

12 National Health Practitioner Ombudsman, Review of Confidentiality Safeguards for People Making Notifications about Health Practitioners, March 2020.

Recognising the importance of ensuring it is operating as intended, Ahpra and the Ombudsman agreed that an independent review of the framework would be undertaken after its implementation. In 2022 the Ombudsman began the review to consider, and where necessary make recommendations on, Ahpra's approach to identifying and managing vexatious notifications. A key consideration for the review was whether the framework adequately reflected the findings of an Ahpra-commissioned report from the University of Melbourne in 2017, which set out key principles to effectively prevent and manage vexatious notifications.

Many of the tensions the review examined stem from the balancing act Ahpra and the National Boards must perform to ensure public safety concerns are received and managed appropriately while also ensuring practitioners who are the subject of a notification are treated fairly and not placed under undue stress. The review's recommendations are therefore intended to ensure the notifications process remains open and accessible while increasing efficiency and minimising potential negative impacts on practitioners.

What we found

The review made findings and recommendations in 8 areas. This included opportunities to:

- improve understanding about vexatious notifications
- better identify vexatious notifications
- improve how potentially vexatious notifications are assessed
- support improved recommendations and decision-making about vexatious notifications
- determine appropriate consequences for making a vexatious notification
- strengthen guidance and training for Ahpra staff about vexatious notifications
- address notifications in cases involving domestic and family violence allegations
- address unreasonably persistent notifier conduct.

The review supported existing evidence that truly vexatious notifications are rare. It found, however, that Ahpra did not always record allegations that a notification was vexatious, meaning the number of times the framework should or could have been applied is likely higher than Ahpra reported. The review found that Ahpra should be more transparent about how and when the framework is applied.

The review also found that sometimes the term 'vexatious' is used to describe any type of suboptimal notification, including notifications that lack substance. The review also heard from Ahpra staff that it can be challenging to handle notifications where they reasonably believe a notifier intended to harm a practitioner but there is substance to the notification. These circumstances are problematic because the notification does not satisfy the 'vexatious' definition but can still lead to distress and feelings of injustice for the practitioner.

The report outlines that Ahpra staff received comprehensive guidance on the framework when it was introduced. However, the review found that Ahpra does not have a specific process to manage allegations that a notification was made in the context of domestic and family violence.

The review also did not find a consistent approach to dealing with unreasonable conduct by notifiers and patterns of repetitive notifications. The Ombudsman recommended that Ahpra strengthens how it manages these types of notifications to help reduce the negative impacts of the notifications process on health practitioners.

Overall, the Ombudsman acknowledged that each notification about a health practitioner needs to be carefully considered to determine if it is necessary for regulatory action to be taken to protect the public. However, the Ombudsman also highlighted that Ahpra needs to ensure it protects health practitioners, including those experiencing domestic and family violence, from abuse of its processes.

The Ombudsman thanks those who shared their experiences as part of her review.

Summary of recommendations

1. Ahpra should ensure allegations that a notification is vexatious are appropriately documented and managed in line with the framework, with relevant information about the assessment of the allegations recorded and provided to decision-makers for consideration.
2. Ahpra should clearly outline, and publish information about, the different types of notifications that commonly result in a decision to take no further action, including the criteria and approach used to assess whether a notification meets the definition of being 'suboptimal' rather than vexatious.
3. Ahpra should improve how it receives notifications to ensure it more clearly requests information about the notifier's concerns, the notifier's relationship to the practitioner and what the notifier is seeking from making the notification.
4. Ahpra should provide extra guidance to staff about how to address concerns that an anonymous or confidential notifier has made a vexatious notification.
5. Ahpra should update the framework to distinguish 'calculated conduct' from 'unreasonable conduct' when considering the characteristics of a notifier. The framework should also include more specific indicators of calculated conduct such as references to the types of relationship breakdowns and workplace disputes that may lead to a vexatious notification and references to making a retaliatory notification as an indicator that a notifier may have intended to harm the practitioner in making the notification.
6. Ahpra should provide more guidance on how a notifier's intent to cause harm to a practitioner can be shown and the standard of proof required to demonstrate an intent to cause harm by making a vexatious notification.
7. Ahpra should strengthen the assessment of indicators that a notification may be vexatious and the assessment of information gathered about a 'suspected vexatious' notification.
8. Ahpra should reduce the escalation points in the internal approval process for the framework by lowering the threshold for approval to consider a 'suspected vexatious' notification.
9. Health ministers should consider amending the National Law to create a new subsection under s 151(1) to distinguish a decision by a National Board to take no further action because a notification is vexatious. Consideration should also be given to whether 'vexatious' should be a defined term in s 5 of the National Law.
10. Ahpra and the National Boards should distinguish previously received vexatious notifications from other notifications when undertaking a risk assessment of a new notification. Consideration should be given by health ministers to amending s 151(2) of the National Law so the power to consider previous notifications as part of a pattern of conduct or practice does not extend to previous notifications found to be vexatious.
11. Ahpra should be transparent about how and when it applies the framework, where appropriate. Ahpra should update its library of reasons to ensure clear and appropriate reasons are provided for a decision that a notification is vexatious. Ahpra should also update the associated template notification outcome letters regarding vexatious notifications.
12. Ahpra and the National Boards should form a position on when they would seek to fine a person for providing false or misleading information or documents to an Ahpra investigator.
13. Health ministers should consider amending the National Law to make it an offence to provide false or misleading information to Ahpra when making a notification and at the assessment stage of the notifications process.
14. Ahpra and the National Boards should clarify processes related to own motion investigations into practitioners who have made vexatious notifications about other practitioners, including by ensuring there are clear guidelines for staff when an own motion investigation is initiated.
15. Ahpra should deliver ongoing training to staff on applying the framework, including any changes implemented in response to the review's recommendations.
16. Ahpra should improve how it manages notifications in cases involving domestic or family violence allegations.
17. Ahpra should strengthen how it identifies and manages unreasonable conduct and unreasonably persistent notifiers.

Processes for Progress review

Our office is continuing its Processes for Progress review. At the request of health ministers, the review is considering accreditation authorities and specialist medical colleges' grievance processes and the fairness and transparency of the procedural aspects of accreditation processes more generally. The review's terms of reference are available on our website.

In November 2023 we published Part 1 of our *Processes for Progress review: a roadmap for greater transparency and accountability in specialist medical training site accreditation* (Part 1 Processes for Progress review). As outlined in last year's annual report, the Part 1 report outlines the review's findings on key processes for specialist medical training site accreditation for improvements in 5 priority areas:

- enhancing accountability and transparency in accreditation standards
- ensuring fairness and transparency in accreditation processes and assessments
- clarifying and strengthening monitoring processes for accredited training sites
- developing an appropriate framework for:
 - assessing and managing concerns about accredited training sites
 - managing non-compliance with the accreditation standards, including processes for making adverse changes to a training site's accreditation status (such as placing conditions on, suspending or withdrawing accreditation)
- ensuring grievances about accreditation processes and decisions are managed fairly and transparently.

In August 2024 the Ombudsman attended the Health Ministers Meeting in Sydney along with representatives from the specialist medical colleges, the Australian Medical Council (AMC), Ahpra and the Medical Board of Australia to discuss progress on reforms and improvements for the medical specialist workforce in Australia.

The discussion focused on improvements to specialist medical training site accreditation and on establishing expedited processes for assessing specialist international medical graduates (SIMGs).

The Ombudsman welcomed health ministers' support for the Part 1 Processes for Progress review's recommendations and the progress that has been made towards implementation.

Since publishing the report, the Ombudsman has welcomed information from the AMC, the Health Workforce Taskforce and the specialist medical colleges about progress made on implementing the review's recommendations. In 2024–25 there were several positive steps taken to address the review's findings and recommendations. These included:

- the AMC and the Health Workforce Taskforce's joint forum in August 2024, which brought together more than 150 stakeholders to help develop a framework to manage concerns and complaints about accredited specialist medical training sites
- the AMC and specialist medical colleges' joint development of model standards and procedures for college accreditation of training settings.

The Ombudsman also attended the National Doctors Health and Wellbeing Leadership Alliance Psychosocial Safety Summit in February 2025. The summit brought together a range of people and organisations from across the medical sector. As the name suggests, its focus was on improving psychosocial safety and achieving healthier workplaces for the medical profession.

The Ombudsman was pleased to accept the invitation to present as part of a panel on the topic, 'How have the goal posts been moved?' As part of this presentation, the Ombudsman summarised the findings of the Part 1 report and how they relate to psychosocial safety in the medical profession. For example, the Ombudsman highlighted the importance of appropriately assessing and managing complex concerns related to bullying, harassment, racism, discrimination and conduct-related concerns at a training site.

The Ombudsman also highlighted the importance of ensuring complaint processes are open and accessible. This includes making sure there are no negative consequences for those who raise a concern. The Ombudsman provided practical tips for organisations about how they can actively enable complaints, such as by:

- publishing a complaint handling policy that sets expectations for complainants (this policy can outline that the organisation will not tolerate reprisals against complainants)
- developing a receptive culture internally and ensuring staff are appropriately trained and resourced to respond to complaints
- sharing how people can make a complaint, including on the organisation's website and resources relating to issues that have previously emerged
- ensuring it is free and easy to make a complaint in several ways
- accepting anonymous and confidential complaints (and being upfront about their limitations).

The Ombudsman welcomed the opportunity to speak with attendees about these issues, including in relation to our office's ongoing role in managing complaints about how Ahpra, the National Boards, the AMC and specialist medical colleges manage these types of concerns.

Our office is continuing with Part 2 of the Progresses for Progress review. We have consulted with all accreditation authorities about their processes for accrediting programs of study and with accreditation authorities, the National Boards and specialist medical colleges about their processes for assessing overseas-qualified practitioners. You can learn more about the review on our [website](https://www.nhpo.gov.au/accreditation-processes-review) <www.nhpo.gov.au/accreditation-processes-review>.

Reform in assessing overseas-qualified practitioners in Australia – a time of change

This financial year marked a significant period of change for assessing overseas-qualified practitioners under the National Scheme. In particular, changes continue to flow from Robyn Kruk AO's Independent Review of Overseas Health Practitioner Regulatory Settings (the Kruk Review). As outlined in last year's annual report, in December 2023 National Cabinet endorsed the Kruk Review's 28 recommendations, which cover 5 broad reform areas:

- improving the applicant experience
- expanding fast-track registration pathways
- improving workforce data and planning
- increasing flexibility while ensuring safety and quality of care
- enhancing regulator performance and stewardship.

This financial year, significant changes have included the following:

- Changes to the National Boards' revised English Language Skills Registration Standard came into effect on 18 March 2025. One of the major reforms to the standard was that the National Boards expanded the list of recognised countries.
- The Medical Board of Australia opened a new pathway to specialist medical registration on 21 October 2024 following the health ministers' approval of a new registration standard. The Medical Board has published a list of the accepted qualifications applicants must have to be eligible for the pathway in the medical specialties of anaesthesia, general practice, psychiatry, obstetrics and gynaecology.

During this period of change in the National Scheme, our office plays a particularly important role in helping to resolve complaints about how new changes and workplans are implemented. Our complaint process is a valuable tool during times of change because it provides an independent and impartial way for people to raise concerns and to identify opportunities for improvement, particularly in relation to any unforeseen consequences.

Liam's story

Liam complained about the Medical Board of Australia's expedited specialist pathway to registration for internationally qualified specialists and its list of approved specialist qualifications. He felt the list was limited to a small number of countries and that this was discriminatory.

Liam believed that a qualification from another country should be considered comparable to the qualifications included in the approved list because graduates had undertaken substantially similar training and met the same requirements as those undertaking an approved specialist medical training program in Australia.

Our office initially sought to resolve Liam's concerns through our early resolution transfer process. With Liam's consent, we transferred his complaint to Ahpra. In response, Ahpra provided Liam with more information about how qualifications are assessed.

Ahpra explained that the list of approved qualifications was developed in consultation with the AMC and the relevant specialist medical colleges. It also noted that the list had undergone public consultation and would be reviewed again in the future. Ahpra forwarded Liam's feedback to the Medical Board for consideration as part of that process.



Ahpra also explained why the qualification Liam thought should be recognised was not included in the list of approved qualifications. This included, for example, that the program was specifically tailored to another country's health system and did not directly align with Australian training.

We were satisfied that Ahpra's response adequately addressed the concerns Liam had raised. Based on the information provided, we did not consider that an investigation of the complaint was warranted.

Own motion investigation into delay and procedural safeguards for practitioners who are subject to immediate action

In June 2024 we began an own motion investigation into delay and procedural safeguards for health practitioners subject to immediate action.¹³

The National Scheme's primary guiding principle is assuring public protection and public confidence in health services provided by registered health practitioners.¹⁴ 'Immediate action' achieves this objective by enabling a National Board to swiftly respond to protect the public from a serious risk posed by a registered health practitioner.¹⁵

While public protection is the National Scheme's paramount principle, the National Law's other guiding principles are also relevant to the appropriate use of immediate action. This includes, for example, that the National Scheme operates in a way that is 'transparent, accountable, efficient, effective and fair'.¹⁶ The notion of ensuring fairness for practitioners stems from this guiding principle, alongside existing recognised principles for procedural fairness.

What is immediate action?

Immediate action is defined, and its requirements outlined, in the National Law. In summary, immediate action refers to a National Board's decision to take action on a health practitioner's registration if it reasonably believes that a health practitioner poses a serious risk to the public or it is in the public interest to do so.¹⁷ Action may include, for example, placing conditions on a practitioner's registration or suspending the practitioner's registration.

Ahpra and the National Boards describe immediate action as an 'interim action'. It is generally described this way because:

- a National Board makes immediate action decisions quickly and based on the information before it, which is often limited¹⁸
- after taking immediate action, the relevant National Board must decide which further action to take to address the issue that led to the immediate action.¹⁹ This may include deciding to investigate a matter, referring a matter to the relevant tribunal or a panel, or requiring that the practitioner undertakes a health or performance assessment.

Why is the Ombudsman investigating?

Our routine monitoring activities identified that practitioners had increasingly raised issues with the Ombudsman about the use of immediate action. In 2023–24 our office recorded 84 issues related to immediate action being taken across complaints about the notifications process compared with 51 issues in 2022–23, 45 issues in 2021–22 and 24 issues in 2020–21.

Health practitioners raised a range of concerns with the Ombudsman related to immediate action processes. Common themes were practitioners expressing frustration with the time taken to receive an outcome for the matter that led to immediate action being taken, and a lack of communication about its progress.

¹³ Please note that information in this section has largely been reproduced from our consultation paper on the investigation.

¹⁴ Refer to National Law, s 3A.

¹⁵ The National Scheme regulates 16 health professions. Individuals seek to practice in one of these professions are required to first be registered by the relevant National Board.

¹⁶ Refer to National Law, s 3A.

¹⁷ Section 156 of the National Law details the circumstances in which immediate action can be taken.

¹⁸ *Kozanoglu v Pharmacy Board of Australia* [2012] VSCA 295 (12 December 2012).

¹⁹ Refer to National Law, s 158(1)(b).

In 2024–25 we continued to record an increased number of concerns about the immediate action process. We recorded 180 issues across 80 complaints made by 57 people (up from 46 complaints in 2023–24 made by 21 people). There are likely multiple factors that affected this increase. It may be, for example, that our own motion investigation increased awareness about our role in receiving complaints about the immediate action process. For example, practitioners may have become aware of the investigation through media reporting or through colleagues sharing information about the public consultation process. This means some matters may have been raised by practitioners about immediate action that was taken historically.

When we received complaints about the immediate action process in 2024–25 we considered whether the specific circumstances of the matter needed to be addressed through our Ombudsman complaint processes. These complaints have also been considered as part of the own motion investigation where they related to the systemic issues we are considering.

What is the Ombudsman investigating?

The Ombudsman is investigating how Ahpra and the National Boards handle matters involving health practitioners subject to immediate action, including if existing policies and procedures enable timely and procedurally fair outcomes. The issues being investigated include:

- whether Ahpra's current policies and procedures allow for the timely:
 - use of immediate action
 - investigation of health practitioners subject to immediate action
- whether there are enough procedural safeguards for health practitioners subject to immediate action.

The investigation is considering the following Ahpra and National Board processes (and associated policies):

- identifying a matter that may meet the threshold for immediate action
- considering whether immediate action is necessary, including the ongoing management of a matter when immediate action is being considered
- ongoing management of a matter after immediate action is taken, including communication
- a matter's outcome when a practitioner is subject to immediate action, including referral to a tribunal
- review processes in relation to decisions to take immediate action.

The Ombudsman is not investigating the immediate action processes of the Office of the Health Ombudsman (OHO) in Queensland and bodies in New South Wales including the Health Professional Councils Authority and Health Professional Councils.²⁰

The investigation is considering a range of information to inform its findings, including available research, Ahpra's notifications-related data, our complaints data, targeted engagement with affected individuals and organisations, and submissions received through a public consultation process.

Public consultation process

The Ombudsman accepted public submissions from 27 February to 31 March 2025 from health practitioners, health services and organisations, and others interested in informing the investigation. Specifically, the investigation sought perspectives on timeliness and access to a fair process in matters where a practitioner is subject to immediate action.

²⁰ The Ombudsman's jurisdiction does not extend to considering the actions and decisions of the Office of the Health Ombudsman or the Health Professional Councils Authority and Health Professional Councils.

Submissions were invited via a consultation form that included 6 questions and an opportunity to share any further information to help inform the investigation. The questions were:

- Do you think Ahpra and the National Boards handle matters where a health practitioner is subject to immediate action in a timely way? Please explain your answer. You may wish to explain what your expectations for timeliness are, and whether your expectations have been met.
- Are you aware of any barriers to the timely finalisation of a matter where a practitioner is subject to immediate action? If you identify any barriers, please describe whether these barriers relate to Ahpra and the National Boards' processes or are outside their control.
- Do you think improvements are needed to ensure matters are handled more quickly when a practitioner is subject to immediate action? Please explain your answer. If you think improvements are needed, please describe the improvements you think would be beneficial.
- Do you think health practitioners are treated fairly when they are subject to immediate action? Please explain your answer. You may wish to consider what you think it means to be treated fairly and whether this occurs/occurred.
- Do you think there are sufficient procedural safeguards for health practitioners who have had immediate action taken against them? Please explain your answer. Existing procedural safeguards include the 'show cause' process and the ability to appeal a decision to take immediate action to a tribunal. You may wish to consider whether certain procedural safeguards are effective.
- Do you think reforms or additional procedural safeguards are needed for practitioners subject to immediate action? Please explain your answer. If you answered 'Yes', please describe what reforms or additional procedural safeguards you think are necessary and why.

Submissions will not be published, but information may be reproduced as part of the Ombudsman's final report. Identifying information will only be published with the consent of those who made the submission. Alternatively, the information will be deidentified before publication.

The investigation is ongoing. If you would like updates about this investigation, including when the investigation report is available, please contact us via [email](mailto:submission@nhpo.gov.au) <submission@nhpo.gov.au>.

Submissions to consultations and inquiries

We use complaints data and trends to inform public discussions on health practitioner regulation. An important way we contribute is through making submissions in response to public consultations. In 2024–25 we made submissions to the following consultations:

- July 2024 – public consultation on the revised Medical Board of Australia's Registration Standard: Specialist Registration
- July 2024 – public consultation on the review of the multi-profession Criminal History Registration Standard
- October 2024 – public consultation on the Ahpra Board's Independent Accreditation Committee's draft Guidance on Professional Capabilities
- October 2024 – public consultation on the Review of Complexity in the National Registration and Accreditation Scheme (Complexity Review)
- June 2025 – public consultation on AMC's Scope and Direction for Changes to the Accreditation Standards for Specialist Medical Programs
- June 2025 – public consultation on the Paramedicine Board of Australia's proposal to regulate advanced practice paramedics.

Our office also responded to 4 confidential preliminary consultations. Some of our key submissions this financial year are summarised below.

Advanced practice paramedicine reform

In April 2024 health ministers indicated their interest in the Paramedicine Board of Australia regulating advanced practice paramedics, including granting full access to independent prescribing outside of jurisdictional ambulance services.

The Paramedicine Board proposed to set a national standard to regulate the advanced practice paramedic workforce. Currently, there are no endorsements or specialties recognised in the paramedicine profession. Paramedics cannot independently prescribe medicines because the authority to supply and administer scheduled medicines is only at the employer level in jurisdictional ambulance services and some private sector organisations. The Paramedicine Board proposed recognising advanced practice paramedics to alleviate workforce challenges and respond to increasing demand for emergency services.

In April 2025 the Ombudsman and Commissioner attended a forum in Sydney to discuss the proposal. Following this, our office made a submission to the Paramedicine Board's public consultation on its proposed:

- dual Registration Standard: Endorsement for the Area of Practice (advanced practice paramedicine) and Endorsement for Scheduled Medicines
- Professional Capabilities for Advanced Practice Paramedics with Endorsement for the Area of Practice and Endorsement for Scheduled Medicines.

Our office welcomed the Paramedicine Board's consultation processes and its responsiveness to our initial submission during the preliminary consultation phase. The Board addressed our initial submission by providing information on the distinction between extended and advanced practice paramedics, the purpose of endorsement and its intention to develop accreditation standards for relevant programs of study. The Paramedicine Board also incorporated our initial feedback by clarifying eligibility requirements when applying for the endorsements and reviewing the proposed professional capabilities.

Our submission to the public consultation process highlighted unclear information about the supervision requirements for practitioners seeking endorsement. Although the proposed registration standard noted that supervision was a requirement for all newly endorsed practitioners, it did not set a minimum period of supervision. Without a minimum period of supervision, the Paramedicine Board has discretion to decide a practitioner does not need to complete any supervision. We suggested that the Board clarifies whether it intends for all practitioners to be subject to a period of supervision and how this could be provided for under the National Law.

We identified ambiguity in the proposed registration standard about whether the Paramedicine Board can exempt a practitioner from meeting all the requirements. In particular, the proposed standard included a provision that implied the Board could decide to endorse a practitioner with conditions, even if they do not meet its requirements. This implication was not reflected elsewhere in the proposed standard or consultation paper. We provided feedback that the Board should explicitly clarify whether it could permit exemptions to the standard. If this was the Board's intention, more information should be provided about, for example, the factors considered when granting an exemption and what other conditions may be imposed. This will ensure greater transparency in the Board's decision-making process for granting endorsements.

Our submission reiterated concerns we'd previously raised about the evidence base for eligibility and supervision requirements, including the number of practice hours and duration of supervision. The consultation paper and registration standard did not outline the rationale for these requirements. We suggested the Board provides a publicly available and evidence-informed rationale. We also suggested that the Board develops a monitoring plan to ensure the requirements are working as intended.

Our submission provided feedback on the documentation requirements for practitioners applying for endorsement. In particular, we highlighted the unclear purpose of the portfolio assessment and the scope of practice document. We suggested that the Board outlines the purpose of the portfolio so practitioners have a clearer idea of what information should be included. We also suggested that the Board clarifies how practitioners can ensure compliance with the scope of practice document, noting this is a new type of approach for endorsing registration standards in other professions.

We also provided feedback to the Board about ensuring appropriate transitional arrangements. Although the consultation paper explained that paramedics currently working within the scope of an advanced practice paramedic will not be 'grandparented' into the endorsement, it is unclear whether these practitioners will have to seek endorsement. Also, there was little information about how the Board will assess these practitioners' qualifications because the Board has not yet approved any qualification as eligibility for endorsement.

Ensuring the Complexity Review is informed about administrative concerns and complaints occurring within the National Scheme

In April 2024 Australia's health ministers appointed Sue Dawson to undertake the Complexity Review. The Complexity Review's overarching objective is to identify areas of unproductive and unnecessary complexity within the National Scheme to recommend reform opportunities.²¹

The Ombudsman and Commissioner has welcomed the opportunity to engage with Sue Dawson and her Complexity Review. This financial year, we took part in consultation sessions including on the review's first and second consultation papers.

We also made a formal submission in response to the Complexity Review's first consultation paper, which was released in September 2024. Our submission focused on the key themes of the consultation paper:

- governance and stewardship
- consumer voice, representation and protection
- the notifications process.

In our submission, we welcomed the review's intent to clarify how the National Scheme's objectives are operationalised, particularly in balancing public protection with access to safe and competent care. We suggested that further clarification is needed to ensure regulatory decisions appropriately consider risks to public safety and risks arising from limited access to care.

Our submission emphasised the complexity of the current notifications/complaints system and the confusion it causes for people seeking to raise health-related concerns. We noted that many consumers are unsure which organisation to contact and that referral processes between entities can lead to delays and dissatisfaction. We suggested that a single national navigator service could help simplify the process and better align consumer expectations with available remedies. We also highlighted the need for independent advocacy services to support people making notifications/complaints, particularly those who have experienced harm or trauma.

We supported proposals to embed the guiding principles of transparency, accountability, efficiency, effectiveness and fairness more clearly in regulatory decision-making. We highlighted that some mechanisms do already exist to support these principles such as procedural fairness processes and compliance with the Information Publication Scheme. However, we noted that broader legislative frameworks promoting accountability are not uniformly applied across National Scheme entities.

²¹ Department of Health, Disability and Ageing (2024) Independent review of complexity in the National Registration and Accreditation Scheme – terms of reference <www.health.gov.au/resources/publications/independent-review-of-complexity-in-the-national-registration-and-accreditation-scheme-terms-of-reference?language=en>. Accessed June 2025.

We recommended that these principles be more explicitly reflected in governance arrangements and decision-making frameworks.

Our submission also highlighted the need for transparency in funding arrangements. We noted that previous recommendations to develop funding principles and Cost Recovery Implementation Statements for accreditation activities are yet to be implemented. We suggested that similar transparency is needed for registration fees, particularly given the variation in fee structures across professions and registration types. We suggested that a consistent, evidence-informed charging model would help build trust in the National Scheme and ensure fairness for practitioners, including overseas-qualified practitioners seeking registration in Australia.

We raised concerns about the limited public information available on the National Scheme's risk-based regulatory approach. While risk is referenced in regulatory principles and guidance, the frameworks used to assess risk are not documented or publicly available. This is particularly applicable for notifications and program of study accreditation-related decisions. We recommended that governance structures and guiding documentation be strengthened to ensure risk-based regulation is clearly defined across all regulatory activities.

Our submission also addressed our office's role in overseeing administrative actions within the National Scheme. We noted that the Ombudsman and Commissioner is not currently empowered to investigate complaints about health complaints entities, which limits our ability to provide a whole-of-scheme perspective. We suggested that our jurisdiction could be expanded to include oversight of co-regulatory bodies and health complaints entities, particularly if reforms result in health complaints entities becoming the single point of entry for health-related complaints. We suggested that this would help mitigate risks associated with inconsistent decision-making, delays and consumer dissatisfaction with referral pathways.

We supported reforms to improve access to merits reviews of notifications decisions. We recommended that Ahpra and the National Boards consider implementing internal review mechanisms to complement existing administrative complaint processes and external tribunal reviews. We suggested that a 3-stage review process that includes frontline reconsideration, internal review and external review would enhance transparency and accountability.

Finally, we addressed proposed changes to the notifications process, including the division of low- and high-risk matters between health complaints entities and Ahpra. We raised concerns about the practicalities of this model, particularly the risk of inconsistent decision-making and incomplete practitioner histories. We noted that medium-risk notifications may be difficult to categorise and that mandatory notifications and impairment-related concerns may require a more nuanced approach. We also recommended improvements to clinical input in notifications, including clearer guidance, conflict-of-interest safeguards and consistent record-keeping practices.

Darren's story

Darren complained to our office about Ahpra and a National Board's handling of a notification made about him.

A health complaints entity told Darren it had received a complaint about him and that it had decided to refer the matter to Ahpra to be dealt with as a notification. More than 12 months later, Ahpra contacted Darren to advise it had received a confidential notification about him and the Board had decided to investigate the concerns raised in the notification.

Darren raised several concerns with our office, including that it appeared that Ahpra had not acted on the notification for a significant period. He also raised concerns about Ahpra's communication with him. Darren told us he was confused about whether the notification was the same one that the health complaints entity had previously told him about.

Our office made preliminary inquiries with Ahpra to get more information about its handling of the notification. After receiving Ahpra's response, we decided to investigate Darren's complaint.

What we found

We found that when Ahpra first communicated with Darren about the notification, it did not let him know that the notification related to the complaint that the health complaints entity had decided to refer to Ahpra. Although the health complaints entity had disclosed the notifier's identity to Darren, Ahpra told Darren that the notification was made by a confidential notifier. Ahpra told us it could not locate any records to explain why it had recorded the notification as confidential.

Our office observed that the Board had decided to investigate the notification shortly after the health complaints entity referred it to Ahpra. However, Ahpra did not contact Darren about the notification for an extended period. Ahpra told us about the steps it took to progress the notification during this time.

The National Law outlines circumstances in which the Board does not need to give a practitioner written notice of an investigation such as if the Board reasonably believes that doing so may seriously prejudice the investigation. Ahpra could not identify whether any such circumstances applied to the notification about Darren. We considered that Ahpra should have advised Darren of the decision to investigate the notification earlier.



Complaint outcome

Ahpra advised us that the issues raised in Darren's complaint led it to considering its processes for confirming and recording whether a notifier wants to be confidential and its information sharing arrangements with the health complaints entity.

The Ombudsman provided formal comments to Ahpra that it should consider:

- ensuring its notification reference number is cross-referenced with the reference number of the health complaints entity when making initial contact with practitioners and notifiers about matters referred to it by the health complaints entity
- engaging with the health complaints entity to ensure a consistent approach to handling confidential notifications.

We considered that these steps would allow practitioners and notifiers to understand that Ahpra is managing the matter and would minimise confusion. We also considered that a consistent approach to handling notifier confidentiality would minimise the likelihood of a scenario where Ahpra seeks to treat a notification as confidential when the health complaints entity has previously released the identity of a notifier to a practitioner.

Ahpra agreed to engage with the health complaints entity to develop a plan to address the issues raised in Darren's complaint.

Ahpra also acknowledged that a notice of a new investigation would usually be provided to a practitioner earlier than what occurred in this case. We were able to provide Darren with further information about the steps Ahpra took to progress the investigation between deciding to investigate and contacting him.

A future-ready office where people thrive

We foster an environment that supports our people to grow and perform while continuing to evolve our practices and systems. In 2024–25 we built on last year's achievements in capability development, wellbeing and inclusive practices. We have also focused on our governance processes, job design and strengthening our wellbeing structures.

Governance process improvements

Governance process improvements have been a key focus this year, with several initiatives undertaken to enhance transparency, accountability and strategic alignment. We:

- reviewed governance reporting and processes
- developed a monthly 'core work' report
- revised our risk register to improve risk oversight
- implemented a new gifts, benefits and hospitality procedure
- updated financial reporting processes
- helped implement new performance measures
- helped finalise a discussion paper on KPMG's independent review of our funding model.

Job design – helping our people to succeed

Job design is a new focus area that has helped us rethink how roles in our office are structured to support staff engagement and operational efficiency.

We launched a job design workshop for leaders in our Complaints and FOI branch, which led to work on effective task distribution and improving efficiency in service delivery. These efforts reflect our commitment to align roles with our organisational needs.

Separately, the Business Services team conducted a collaborative review of workflows and responsibilities, identifying duplication and inefficiencies. Tasks were realigned to better match individual capabilities and team priorities, resulting in improved ownership, accountability and productivity. Notably, our human resources documentation was enhanced with updated recruitment materials, a 'RASIC' framework,²² and new induction presentations. These resources provide clearer guidance and consistency across our office's different teams for recruitment and onboarding practices.

²² 'RASIC' is an acronym describing roles for a task. It stands for responsible, approve, support, inform and consult.

Enhancing wellbeing structures

This financial year we continued to strengthen our wellbeing structures to support staff in emotionally demanding roles. For example, we delivered psychosocial hazards awareness sessions to complement last financial year's vicarious trauma training. These efforts reinforce our commitment to good mental health and resilience. Importantly, 2 of our staff members became accredited mental health first aiders, enhancing our internal capability to provide peer support.

Occupational health and safety remains a focus for us. Key achievements in 2024–25 include that we:

- recruited a health and safety representative and fire warden
- conducted compliance checks and updated first aid resources
- completed an office audit on physical hazards and implemented corrective actions
- developed a psychosocial hazards survey to follow up on awareness training.

These activities built on last year's ergonomic improvements and activity-based workspace enhancements, fulfilling our commitment to safe, flexible and productive work environments.

To further promote a culture of care and connection, we hosted 2 team building days. One focused on physical safety and the other on emotional wellbeing. We also held our annual awards night, where staff are celebrated for living our values.

Using feedback to continuously improve

We readily welcome feedback about our decision-making and processes. Feedback helps us to better meet individual needs when people contact us and to continuously improve our services.

We encourage all complainants to first engage directly with our team member managing their matter to raise any questions or concerns they may have. We also offer an internal review of our decisions and accept feedback about our service delivery.

Learning from applications for an internal review

In 2024–25 we received 17 applications for an internal review of a decision our office made.

This was a decrease in applications from 2023–24, when we received 26 applications.

The applications for internal review in 2024–25 came from 11 complainants. Most of the applications related to decisions about complaints involving a notification (12 applications). Of those 12 applications, 8 came from notifiers and 4 from practitioners who were the subject of a notification.

Across the applications received, complainants most often raised concerns that:

- the decision they received from our office did not address all the issues they had raised in their complaint
- they were not given sufficient reasons for the decision
- our decision was based on erroneous or incomplete information.

The internal review applications were all assessed by a senior staff member who did not play a role in deciding the outcome of the original complaint. In each instance, our office examined whether the complainant's matter had been handled in a fair and reasonable manner and whether the decision about the outcome of the complaint was appropriate.

We finalised 16 applications for an internal review in 2024–25. Of the finalised applications, 81% were concluded within 60 days of receipt (13 out of 16 applications), and all applications were concluded within 90 days of receipt.

The outcome of these applications for an internal review was that the original complaint remained closed, with no change to the original decision. All applicants received a detailed letter explaining the assessment of their internal review application. We also provided extra information to help the applicant better understand our original decision wherever possible.

Feedback about our service delivery

We also welcome feedback about our service delivery. To ensure we appropriately consider the root causes of a complainant's concern, we usually consider any service delivery-related concerns when we assess an internal review application. This means that if a complainant raises concerns about our service delivery or if we identify an issue during an assessment of an internal review application, we address these concerns at the same time. We then share the findings with the complainant. These relate to feedback about our service delivery and about assessing their internal review application.

We recorded 3 instances of feedback about our service delivery in 2024–25 (outside of our internal review process). This was fewer than in 2023–24, where we recorded 10 instances of feedback.

Two of the service delivery concerns related to our management of active complaints. The third sought to affirm that the staff member who had previously assessed an internal review application had done so in line with our approved policies and staff code of conduct.

Two of the service delivery complainants were finalised in 2024–25, both within 60 days of receipt. Each person's concerns were fully considered and responded to by a senior member of staff.

Identifying and actioning opportunities for improvement

We identified valuable opportunities for improvement and for better supporting our staff based on feedback we received about our service delivery during 2024–25. As a result, we have:

- reconsidered how we communicate with complainants about our FOI role when we are addressing their concerns about another matter
- clarified case escalation protocols for our staff to ensure the use of formal powers in all instances where it is required
- refined our procedures to ensure staff know when decisions communicated over the phone should also be put in writing and how long this should take
- established protocols for how staff handling own motion investigations and staff handling individual complaints should most effectively interact where their work overlaps.

We thank each person who provided feedback so we could take appropriate action.

Ombudsman complaints

Complaints to the Ombudsman are the most common type of matter we receive. This financial year, we received the highest number of complaints to the Ombudsman since the office was created. We received 980 complaints, up from 691 complaints in 2023–24. These complaints came from 675 people,²³ some of whom made multiple complaints.

The increase was mostly driven by our office receiving significantly more registration-related complaints in 2024–25 (355 complaints, up from 123 in 2023–24) (Table 1).²⁴ This was largely due to the introduction of Ahpra's new operating system and practitioner portal (refer to 'Spotlight: Early resolution of complaints related to Ahpra's new operating system and practitioner portal'). While we received significantly more registration-related complaints, similarly to previous years registration matters were the second most common type of complaint we received (355; 36% of complaints received).

Notification-related complaints were the most common type of Ombudsman complaint this financial year (508; 52% of complaints received). This is consistent with previous complaint trends.

Consistent with last financial year, most of the complaints we received about accreditation authorities and specialist medical colleges related to assessing overseas-qualified practitioners (48 complaints, down from 59 complaints in 2023–24).

Our office has been assisting with complaints about accreditation functions in the National Scheme since January 2023, including the services provided by accreditation authorities. At this time, our role was also expanded to assist with complaints about specialist medical colleges' training programs.

We also continued to receive a similar number of complaints related to specialist medical colleges' training programs (14 complaints, down from 15 complaints in 2023–24).²⁵

More information about how we managed complaints, and trends and issues we saw in these complaint types, is provided later in this report.

²³ This includes 596 named people and 79 anonymous complainants.

²⁴ Data is based on our staff identifying the 'primary issue' when assessing the complaint.

²⁵ The AMC accredits 16 specialist medical colleges and their specialist training programs. The Medical Board of Australia has approved these programs of study as providing a qualification for the purposes of specialist medical registration. The Medical Board has also appointed the colleges to assess overseas-trained specialists seeking specialist registration in Australia.

Table 1: Number of complaints, by complaint type, 2023–24 to 2024–25²⁶

Complaint type	2023–24	2024–25
Handling of a notification	435	508
Handling of a registration matter (including assessment of overseas-qualified practitioners by Ahpra or a National Board)	123	355
Assessment of overseas-qualified practitioners (by an accreditation council, accreditation committee or specialist medical college)	58	48
Program of study accreditation	3	1
Specialist medical college training programs	15	14
Other accreditation-related concerns	3	10
Concerns about customer service or the handling of a complaint	22	14
Other complaint types	32	30
Total	691	980

²⁶ More detail about how the notification, registration and customer experience complaint types are recorded is provided in the relevant sections of this report.

Mary's story

Mary complained to our office about how Ahpra and a National Board handled a notification made about her. The Board had decided to take no further action after investigating the notification.

One of Mary's concerns related to how Ahpra initially informed her of the notification. She was concerned that Ahpra did not explain the seriousness of the concerns raised in the notification during the initial phone call with her and that she had to wait to receive the details of the notification.

Mary was also concerned about the time Ahpra took to assess the notification. She said that Ahpra informed her of the notification more than 2 months after it was received, and it took another 7 months for Ahpra to finalise its assessment. She also told us that Ahpra did not provide her with regular updates while assessing the notification.

What we found

As a first step, our office provided Ahpra with an opportunity to respond to Mary's concerns through our early resolution transfer process. In response, Ahpra acknowledged that the notification process can be stressful for practitioners and shared that it had given Mary information on where to seek support. In response to Mary's concerns that she did not receive regular updates, Ahpra noted the National Law only requires it to provide 3-monthly updates when a notification is being investigated. In Mary's case, the notification was not investigated and was finalised in the assessment stage.

Ahpra also noted that changes to the structure of the team handling Mary's matter affected its management, causing a delay in progressing it to the Board.

Mary told our office that Ahpra's response did not adequately resolve her concerns about its communication with her and the time it took to assess the notification.

We then made preliminary inquiries with Ahpra to determine whether an investigation into Mary's concerns was warranted. After assessing Ahpra's response to our preliminary inquiries, we decided to investigate Mary's complaint.

Our investigation found that Ahpra did not manage the notification about Mary in a timely manner and that its communication with Mary could have been better.

Complaint outcome

We provided feedback to Ahpra that it should consider amending its approach to assessing notifications to ensure matters that raise sensitive issues are managed in a timely way, even if the information Ahpra obtains suggests that the practitioner does not pose a high risk to the public. This is because the protracted management of notifications that raise sensitive issues is likely to cause distress both to the practitioner and notifier.

We also provided feedback to Ahpra that it should provide regular updates to practitioners and notifiers on the progress of a notification, even if the notification is in the assessment stage. We also provided feedback to Ahpra that it should ensure staff follow internal policies on initial calls with practitioners who are the subject of a notification, which outline that staff should provide practitioners with a summary of the notification and the issues the National Board is likely to consider.

Who complaints were about

Consistent with historical trends, most complaints to our office related to the medical, nursing and psychology professions (Table 2).

As described previously, we saw a significant spike in the number of complaints raised this financial year about the nursing profession due to issues with Ahpra's new operating system being introduced ahead of the deadline for nurses seeking to renew their registration (refer to 'Spotlight: Early resolution of complaints related to Ahpra's new operating system and practitioner portal'). We received 104 more complaints about the nursing profession in 2024–25 than last financial year (193 complaints, up from 89 complaints).

However, as in previous years, we received the most complaints about the medical profession (566 complaints). We also received 113 more complaints about the medical profession than we did last financial year (566 complaints, up from 453 complaints in 2023–24).

It appears that notification-related complaints about the medical profession are consistently more common due to the size of the profession and the large number of notifications received each year about medical practitioners (7,562 of the 13,327 notifications received in 2024–25).²⁷ We received 336 notification-related complaints regarding the medical profession in 2024–25 (up from 316 in 2023–24).

Interestingly, however, this financial year we also saw an increase in registration-related complaints being raised in relation to the medical profession (145 complaints, up from 46 complaints in 2023–24). This increase appears to have been predominantly driven by complaints about registration fees (refer to 'Responding to the increase in complaints about registration fees').

We recorded notable increases in complaints about the psychology and dental professions when compared with the previous financial year (Table 2). We saw increases across both notification and registration-related complaint types for these professions, but the largest increases were complaints about registration-related issues. Last financial year, in comparison, the number of complaints made about the psychology and dental professions across these complaint types decreased. In the dental profession, the increase was primarily due to a cluster of complaints about registration being granted to a specific health practitioner despite a history of concerns about their conduct. In both professions, we also received complaints from practitioners affected by Ahpra's new operating system. This included, for example, some practitioners having trouble accessing information about their registration (such as their certificate of registration).

We have historically received a smaller number of complaints about professions other than the medical, nursing and midwifery, psychology and dental professions. This could be linked to the smaller size of these professions, as well as to these professions generally receiving fewer notifications. In 2024–25 we received fewer than 10 complaints about each of these professions. We did not receive any complaints about the chiropractic or Aboriginal and Torres Strait Islander health practice professions.

²⁷ Data provided by Ahpra.

Table 2: Complaints by health profession, 2023–24 and 2024–25²⁸

Profession	Complaints received in		Registered health practitioners in 2024–25 ²⁹
	2023–24	2024–25	
Medical	453	566	148,185
Nursing	89	193	523,845 ³⁰
Psychology	52	78	50,409
Dental	26	51	28,406
Midwifery	14	15	8,775
Occupational therapy	1	9	34,423
Pharmacy	7	8	40,913
Medical radiation	6	7	20,626
Physiotherapy	5	7	47,761
Chinese medicine	0	6	4,898
Podiatry	5	5	6,210
Osteopathy	5	3	3,646
Paramedicine	4	3	26,603
Optometry	1	2	7,340
Chiropractic	3	0	6,770
Aboriginal and Torres Strait Islander health practice	0	0	1,028
Not related to a registered profession or related to multiple/all professions	5	5	–
Unknown profession	15	22	–
Total	691	980	959,838

28 This dataset relies on information about the number of complaints raised with our office (not the number of people who made those complaints). Small changes in the data between years, particularly when there is only a small number of complaints, can often be attributed to 1 or 2 complainants who have made multiple complaints each.

29 Data for 'Registered health practitioners in 2024–25' was provided by Ahpra.

30 This includes 25,572 registrants who hold dual registration as a nurse and a midwife.

Where complaints came from

We assist with complaints from all over Australia. We also help overseas-qualified practitioners and others living outside Australia who engage with the National Scheme.

Each year, most complaints to our office come from people in Victoria (Table 3). This was also the case in 2024–25. This trend is likely due to the large number of registered health practitioners who are part of the National Scheme in Victoria.

The National Scheme involves Ahpra and the National Boards co-regulating with other bodies to ensure public safety (refer to 'Transparency and accountability in co-regulator relationships in the National Scheme' for more information). Our office can help with complaints about how Ahpra and the National Boards have managed a matter, and this means our role in assisting with complaints in New South Wales and Queensland can be more limited. This is for 2 main reasons:

- The OHO handles complaints about health practitioners in Queensland. The OHO consults with Ahpra about each complaint it receives to determine who should manage the matter. We only handle complaints about a matter from Queensland if it has been managed by Ahpra.
- The Health Care Complaints Commission and the Health Professional Councils Authority in New South Wales have a role in managing notifications about health practitioners in New South Wales. Our office cannot receive complaints about how a notification has been handled by these bodies.

These arrangements broadly explain why the number of complaints from people in New South Wales is small relative to the number of registered health practitioners.

This financial year we recorded an increase in complaints from all states and territories except for the Northern Territory and the Australian Capital Territory. As outlined earlier, the increase in registration-related complaints related to Ahpra's new operating system appeared to be a key driver of the increase in complaints we received. These changes affected people across Australia, with more practitioners located in Victoria and New South Wales. Concerns about the increase in medical registration fees also contributed to the increase in complaints.

We received more notification-related complaints in all states but not in the Northern Territory or the Australian Capital Territory. We saw the largest increase in complaints in Victoria, likely due to the high number of health practitioners in that state and the absence of any co-regulatory arrangements.

We also received more anonymous complaints in 2024–25, which led to our office recording significantly more complaints where we could not pinpoint the complainant's location. Refer to 'Responding to the increase in complaints about registration fees' for more information about the largest increase we saw in anonymous complaints.

Table 3: Complaints made to our office, by location of the complainant, 2023–24 and 2024–25

Location	Complaints received in		Registered health practitioners in 2024–25 ³¹
	2023–24	2024–25	
Victoria	232	303	247,545
Queensland	148	170	194,852
Western Australia	88	146	97,771
New South Wales	53	106	256,959
South Australia	51	65	70,185
Australian Capital Territory	29	27	17,002
Tasmania	19	23	20,731
Northern Territory	8	3	8,974
Unknown location	59	122	45,819 ³²
Outside Australia	4	15	
Total	691	980	959,838

How we managed and finalised complaints

Once we have assessed that we can help with a complaint, we consider the most appropriate way to address the concerns raised. We may:

- 

transfer the complaint to the organisation being complained about for a response
(an 'early resolution transfer')
- 

make preliminary inquiries
- 

start an investigation
- 

decide not to take any further action

The following sections of this report provide more information about the different processes we may use when responding to a complaint. We assess each complaint based on the specific issues or concerns raised. We do our best to understand what someone is seeking when they contact us, as this can affect how we address their concerns.

This financial year we finalised 981 Ombudsman complaints, up from 660 in 2023–24. We recorded 1,681 outcomes across the 981 complaints.

Wherever possible, we aim to resolve complaints as informally and quickly as possible. This is why we finalise most complaints without the need for a formal investigation. As in previous years, we finalised most complaints at the assessment stage of our complaint handling process in 2024–25 (705, up from 418 in 2023–24).

31 Data for 'Registered health practitioners in 2024–25' was provided by Ahpra.

32 Practitioners with no principal place of practice includes practitioners with an overseas or unknown address.

Early resolution transfers

Before we make an early resolution transfer, we ask the complainant for their consent to transfer the complaint to the organisation they complained about and to request that the organisation first responds to their concerns. If the complainant consents, this process gives the organisation being complained about the opportunity to respond to, and ideally address, the person's concerns before we decide whether we will take further action. Once we have transferred the complaint, it stays open and we assess the organisation's response before deciding on the appropriate next steps.

This financial year, we:

- transferred 164 complaints using the early resolution transfer process, down from 166 in 2023–24 (almost all early resolution transfers involved Ahpra this financial year)³³
- finalised 130 complaints at the early resolution transfer stage, up from 103 in 2023–24.

As outlined earlier in this report, in response to the issues people were experiencing with Ahpra's new operating system, we often needed to transfer concerns to Ahpra to address. We generally found that once complainants got in contact with Ahpra, their concerns were addressed quickly (refer to 'Spotlight: Early resolution of complaints related to Ahpra's new operating system and practitioner portal').

Preliminary inquiries

We make preliminary inquiries to find out basic information about a complaint at the assessment stage of our complaint handling process. We can decide to make preliminary inquiries where we:

- need more information to decide whether we can, or should, investigate a complaint
- are seeking an answer to a straightforward and/or limited inquiry.

We made 122 preliminary inquiries this financial year, down from 183 in 2023–24. In 30 of these complaints, we made preliminary inquiries because we decided that we needed more information from Ahpra after completing the early resolution transfer process. This is an improvement from last year, where 65 complaints required preliminary inquiries after a transfer. This suggests that Ahpra provided better complaint responses when a complaint was transferred in 2024–25, which allows us to make a decision that an investigation is not needed. For example, we may conclude that Ahpra's response was fair and reasonable, or that an investigation is not warranted in the circumstances.

We finalised 119 complaints after making preliminary inquiries this financial year, down from 127 in 2023–24.

Investigations

Investigations are generally necessary for complaints that are very serious, sensitive, complex or where the issue raised appears to be widespread.

Investigations can:

- allow us to provide the complainant with information, or suggest remedies, that resolve their concerns
- determine whether there are areas for improvement that need an organisation's attention
- result in the Ombudsman making formal comments or recommendations to the organisation about how they can address the issues raised.

We launched 15 investigations into complaints this financial year, down from 42 in 2023–24. One reason for the decline is that we generally seek to address concerns at the system level when needed. For instance, if we receive several complaints about a particular issue, we may decide to consider the root cause of the issue rather than address each complaint separately.

³³ We made 7 early resolution transfers to external accreditation authorities or specialist medical colleges.

In 2024–25, for example, we developed a consistent approach to responding to concerns about registration fees (refer to ‘Responding to the increase in complaints about registration fees’) and about how the Medical Board of Australia’s assessment requirements were being applied for overseas-qualified surgeons (refer to Alex’s story).

We launched most investigations after our office had first sought to resolve the complaint informally. Only 4 complaints progressed directly to an investigation without an informal resolution first being attempted. Three complaints went through both the early resolution transfer and preliminary inquiry stages of our complaint handling process before beginning an investigation.

In 2024–25 we finalised 27 complaints following an investigation, up from 12 in 2023–24. We recorded 55 outcomes across these complaints (Table 4). Most investigations resulted in our office providing a further explanation of the relevant decision or action to the complainant (19) and providing feedback to the organisation that had been complained about (11). We also recorded 10 outcomes where the organisation agreed to make an appropriate systemic improvement to address the concerns. In another 6 matters the organisation undertook to change a policy or process. The Ombudsman issued formal comments to Ahpra’s CEO in 2 matters (refer to, for example, Darren’s story). These outcomes can lead to changes in systems and policies that have wider benefit, and ensure fairer outcomes, for people engaging with the National Scheme.

Table 4: Summary of outcomes on complaints finalised with investigation, by outcome type, 2024–25

Type of outcome	Total outcomes following an investigation
Further explanation was provided to the complainant	19
Feedback was provided by our office to the organisation	11
A systemic improvement was in development or was achieved	10
The organisation agreed to change a policy or process	6
We issued formal comments or suggestions to the organisation	2
An apology or acknowledgement was provided by the organisation	2
Fees were waived, reduced or refunded by the organisation	1
The organisation changed its decision or reasons	1
The organisation agreed to reconsider the matter complained about	1
The organisation agreed to provide feedback to its staff or provide staff with further training	1
The complaint was withdrawn after our investigation commenced	1
Total	55

Notification-related complaints

Notifications are central to the National Scheme's public protection objective. Patients, health practitioners and organisations can make a notification to alert the National Boards and Ahpra to concerns about a registered health practitioner's performance, conduct or health.³⁴

Notifications are a key source of information for National Boards when considering whether action needs to be taken to keep the public safe.³⁵ In practice, Ahpra must consider every notification it receives. It gathers information about the notification and presents it to the relevant National Board. The National Board then decides whether regulatory action is necessary to protect the public.

Complaints related to how Ahpra and/or a National Board handled a notification have historically been the most common type of complaint our office receives. This was the case again in 2024–25 as notification-related complaints made up more than half of the complaints to the Ombudsman (508 complaints). We received more notification-related complaints in 2024–25 than we did last financial year (435 complaints).

We record information about notification-related complaints based on who is making the complaint, the stage and outcome of the notification relevant to the complaint, and the complaint issues raised (Appendix 2, Figure 4).

About the notification-related complaints we received

We received 508 notification-related complaints in 2024–25, up from 435 in 2023–24. These complaints came from 316 people (up from 238 in 2023–24). Historically, most complaints about the handling of a notification came from the person who made the notification (the notifier). This was also the case this financial year (315, up from 277 in 2023–24). This included 78 complaints where the notifier was a health practitioner, up from 64 complaints in 2023–24.

In 2024–25 we also saw a small increase in complaints from health practitioners who were the subject of a notification (150 complaints, up from 139 in 2023–24).

Members of the public who were not a party to the relevant notification made up a larger proportion of complaints this financial year (43, up from 19 in 2023–24). This growth was primarily driven by the patients of health practitioners against whom regulatory action had been taken, and their local communities.

³⁴ Note that New South Wales and Queensland have different arrangements for accepting notifications about health practitioners.

³⁵ Part 8 of the National Law outlines how notifications can be made and how they must be managed by Ahpra and the Boards.

Common notification-related issues

We recorded 1,203 issues across the 508 complaints we received in 2024–25 about how a notification was handled. As in the past 4 financial years, the most recorded issue was a notifier's concern that a decision to take no further action at the assessment stage of the notifications process was unfair or unreasonable (159 issues, up from 135 issues in 2023–24).

Broadly speaking, a National Board's decision not to take further action after considering a notification is the main driver of complaints to our office. This was also true this financial year – we recorded 493 issues related to this outcome across notification-related complaints in 2024–25 (Appendix 3, Table 10). The reasons for this are likely varied. However, it is noteworthy that a National Board's decision to take no further action is generally the most common outcome of a notification. It may also be more common for notifiers, such as health care consumers, to raise concerns with us about a decision to take no further action because they are not able to access an external appeals process or because there are barriers (such as costs) associated with taking other actions, such as legal action. In contrast, health practitioners who are the subject of regulatory action can generally lodge an appeal with the relevant tribunal.

This financial year we also frequently recorded concerns that a decision was unfair or unreasonable across notification-related complaints (351 issues, up from 270). Interestingly, however, we recorded more issues about a process being unfair (181 issues, up from 131 issues in 2023–24) and about process delays (152 issues, up from 125 issues in 2023–24) (Appendix 3, Table 11).

Ensuring appropriate management of concerns that do not meet the grounds for a notification

Since 2022–23, our office has been monitoring Ahpra's approach to determining whether concerns raised about health practitioners meet the requirements to be considered a notification under the National Law. We began monitoring this issue after Ahpra introduced a new model for triaging concerns which resulted in an increased number of matters that Ahpra decided not to progress as a notification.

During the 2024–25 financial year, we received 40 complaints³⁶ related to dissatisfaction that Ahpra had not treated a concern as a notification (up from 27 complaints in 2023–24). Sixteen of these complaints concerned a finding by Ahpra that there were no grounds for the matter to proceed as a notification (up from 7 complaints in 2023–24).

Although the number of complaints we received about this issue increased in 2024–25, we identified less issues with Ahpra's handling of the relevant concerns when we assessed those complaints. This is consistent with the trend we observed in last year's Annual Report (when comparing our 2022–23 and 2023–24 complaints data).

When we assessed the complaints we received about this issue, we were satisfied in most instances that it was open to Ahpra to determine that the concerns raised did not meet the grounds for a notification. We also generally found that Ahpra had explained the reasons for its decisions with appropriate reference to the correct section of the National Law.

³⁶ These complaints came from 23 complainants.

Where we initially could not identify that Ahpra's handling of the concerns was fair and reasonable, we decided to make preliminary inquiries to better understand Ahpra's decisions. This was particularly the case when the complaint highlighted a potential issue that we had previously identified in Ahpra's handling of concerns, such as inconsistent decision-making about whether the concern:

- was not grounds for a notification, or
- was a notification and it was later finalised on the basis that it was lacking in substance or misconceived.

In response to our preliminary inquiries, Ahpra advised in relation to all matters that it had since received further information from the complainants and was processing the concerns as new notifications. On this basis, we decided that an investigation of the original decision not to process the concerns as a notification was not required.³⁷

Our assessment of complaints about this issue over the course of 2024–25 therefore generally suggested continued improvements in Ahpra's handling of 'no grounds' matters. We therefore decided that active monitoring of this issue as a potential systemic concern was no longer warranted. We will, however, continue to consider individual complaints and undertake our usual trend monitoring, to ensure any future emerging problems in relation to this issue are identified and addressed.

While our general observations in relation to this issue are positive, we did identify an opportunity to better clarify how concerns raised about health practitioner members of a National Board are managed. Two complaints we received in 2024–25 related to decisions made by Ahpra to not accept concerns raised about health practitioner members of a National Board as notifications. While we found Ahpra's handling of these matters was reasonable, we considered this to be an issue of public policy interest.

We provided feedback to Ahpra that it should consider raising with health ministers potential amendments to the National Law in relation to this issue. This may clarify in what circumstances, if any, a notification may be made about a practitioner member of a National Board.

How we resolved notification-related complaints

In 2024–25 we finalised 535 notification-related complaints. Across these complaints we recorded 937 outcomes. The stages of our complaint handling process during which these complaints were finalised included:

- 366 complaints at assessment (120 more than in 2023–24)
- 65 complaints at early resolution transfer (9 fewer than in 2023–24)
- 83 complaints at preliminary inquiry (14 fewer than in 2023–24)
- 21 complaints following an investigation (16 more than in 2023–24).

³⁷ Although these complaints were received by our office in the 2024–25 period, the decisions the complaints related to were made by Ahpra in the 2023–24 financial year.

Our focus on ensuring informal and efficient management of complaints where possible again led to most notification-related complaints being finalised without the need for a formal investigation.

Most often we decided that an investigation was not warranted because the processes or decisions complained about were administratively fair and reasonable (204 outcomes). This may include, for example, because we could see, from the information provided to us, that Ahpra and the National Board had acted in line with a policy and the requirements of the National Law.

It was also common that we could not progress the complaint further because the matter complained about was still active (113 outcomes), or because the complainant did not provide the information we needed to fully assess their concerns (89 outcomes).

We concluded that Ahpra and/or a National Board had provided a response to the complaint that was fair and reasonable 94 times. We provided feedback to Ahpra and/or a National Board on 33 occasions.

The most common investigation outcome was our office providing the complainant with more information about the handling of their matter (17 outcomes). The next most common outcomes were:

- an appropriate systemic improvement was confirmed to be in development or achieved as a result of our investigation (10 outcomes)
- our office provided feedback to Ahpra about their handling of the notification that prompted the complaint (7 outcomes).

Two of the investigations we finalised this year resulted in the Ombudsman issuing formal comments to Ahpra's CEO (refer to 'Darren's story').

When communicating decisions not to investigate a complaint about the handling of a notification, we commonly provide feedback to Ahpra and the National Boards about their management of the matter. During 2024–25, our feedback to Ahpra and the National Boards included comments about:

- the inconsistent or inaccurate application of Ahpra's Framework for Identifying and Dealing with Vexatious Notifications, including the relevant National Board making comments about vexatiousness when the framework has not been applied, and the National Board not deciding that a notification is vexatious when the framework has been applied and satisfied
- the quality of records Ahpra creates following telephone conversations, such as the creation of detailed file notes when a new notification is submitted via a telephone call, or when Ahpra contacts a practitioner to inform them that a notification has been received about them
- how Ahpra communicates decisions regarding notification outcomes, including forwarding any messages of condolence expressed by a National Board or ensuring correspondence accurately advises whether a response from a practitioner was considered by the relevant National Board before it made a decision
- how Ahpra assesses risk when a practitioner's identity is unknown
- the ways in which Ahpra manages complaints about the handling of notifications, such as forwarding complaints-related correspondence when staff are on leave and how Ahpra's Complaints team describes the information National Boards consider before making decisions on notifications.

Tim's story

Tim contacted our office about a notification he had made about a practitioner who treated his relative. He was concerned that the practitioner had breached his relative's confidentiality when sharing information online.

The relevant National Board decided to take no further action in relation to the notification under s 151(1)(f) of the National Law. This section of the National Law enables the Board to take no further action if the practitioner has taken appropriate steps to address the concerns raised. Tim told us that the practitioner had not taken any steps to address the concerns he raised and that this meant the Board's decision unfair and unreasonable.

Our office sought to resolve Tim's concerns through our early resolution transfer process. With Tim's consent, we transferred his complaint to Ahpra. In response, Ahpra clarified the steps it had taken in handling the notification. This included inviting the practitioner to respond and provide any supporting information.

Ahpra confirmed that the practitioner's response included a letter of apology intended for Tim's relative. However, after reviewing Tim's complaint, Ahpra identified that this letter had not been provided to Tim. Ahpra apologised to Tim for this oversight and provided him with a copy of the practitioner's letter.



Ahpra also acknowledged Tim's primary concern that the information the practitioner had shared about his relative remained online. Ahpra confirmed that the information was no longer published.

Our office contacted Tim to confirm whether Ahpra's complaint response had addressed his concerns. Tim confirmed that his concerns had been resolved.

Transparency and accountability in co-regulator relationships in the National Scheme

Our office often hears complaints from health consumers and practitioners about the interaction of co-regulators within the National Scheme. Co-regulators include Ahpra and the National Boards, the New South Wales Health Care Complaints Commission and the Queensland OHO.

Complaints to our office about co-regulator relationships typically arise when people raise concerns about a practitioner's health, performance or conduct. Common issues include:

- the complainant being unsure which organisation is best placed to manage their concerns
- information-handling practices when co-regulators communicate with each other
- matters getting lost or delayed when co-regulators need to co-operate.

Complexity within the National Scheme is a known issue that affects practitioners and consumers. As outlined earlier in this report, Sue Dawson's Complexity Review is considering these issues further. This financial year our office has sought to assist in providing information about the issues we hear from complainants in this area (for further information refer to 'Ensuring the Complexity Review is informed about administrative concerns and complaints occurring within the National Scheme').

Our office continues to monitor concerns about co-regulators' interactions and will provide meaningful feedback to these bodies where possible. However, our ability to assist with these types of complaints is limited by our role in the National Scheme. For complaints that raise concerns about co-regulators' interactions, our role is to consider how Ahpra and the National Boards handled the matter. However, if a complainant is concerned about another organisation's actions or decisions, we do not have the power to consider those concerns and we generally refer the complainant to the most appropriate oversight body. This can include the relevant state Ombudsman. For example, if a complainant is dissatisfied with how the OHO handled their matter, we could let them know how to contact the Queensland Ombudsman.

In 2024–25 our office observed complaints about how co-regulators pass matters between each other. This includes where co-regulators do not participate in a mandatory discussion about which entity is best placed to handle the matter, or where co-regulators do not clearly communicate with the complainant about how their matter is being progressed and by which regulator. These issues are further explained in the following case studies.

Anek's story

Anek contacted our office to make a complaint about Ahpra and a National Board's handling of a notification he made about a practitioner.

Anek explained that he believed Ahpra had taken too long to finalise the notification and had been unresponsive to his phone calls and emails. Anek emphasised that he did not receive a notification outcome letter from Ahpra and he was dissatisfied with the Board's decision to not take regulatory action against the practitioner.

What we found

Our office transferred Anek's complaint to Ahpra to provide it with an opportunity to quickly resolve his concerns about the handling of the notification. Ahpra provided a response that apologised for not finalising Anek's notification within its usual timeframes. Ahpra also sought to reassure Anek that the Board's decision to not take regulatory action against the practitioner was made in line with the National Law.

Following Ahpra's complaint response, we conducted preliminary inquiries to determine if an investigation was warranted. We found that Ahpra and the Board did not follow certain requirements of the National Law.

The National Law required the Board to consult with a health complaints entity about Anek's matter to reach agreement about whether the matter would be handled by the Board or the health complaints entity. Both parties agreed the Board would handle Anek's concerns.

Under the National Law, this meant that the Board and the health complaints entity also had to attempt to reach agreement on the action the Board was to take in relation to the notification. We found that this did not occur in relation to Anek's matter due to an administrative oversight by Ahpra.

Complaint outcome

Ahpra agreed to take steps to consult with the health complaints entity about Anek's matter to rectify the issue we identified. We asked Ahpra to advise our office of the outcome of the consultation process, including any impact on the outcome of Anek's notification. We explained to Anek that, following the consultation process and any potential changes to the outcome of his notification, he would be welcome to contact our office with any new or outstanding concerns.

Ahpra confirmed that the health complaints entity retrospectively agreed to the Board's original decision. We suggested Ahpra contact Anek to explain the error that occurred, the steps it had taken to rectify the error and the updated outcome of his notification. Ahpra contacted Anek and provided this information to him.

Karina's story

Karina contacted our office to complain about Ahpra's handling of her concerns regarding a practitioner. Karina was concerned that the practitioner had provided falsified documents to Ahpra when obtaining their registration and was unqualified to practice.

Karina raised these concerns with both Ahpra and a health complaints entity. She complained to our office that neither Ahpra nor the health complaints entity were taking responsibility for her matter, as each organisation believed the other was responsible. Karina complained that her concerns had not been investigated by either organisation and the practitioner was continuing to practise while unqualified.

What we found

We initially made preliminary inquiries with Ahpra to determine whether an investigation was warranted. After receiving Ahpra's response, we decided to investigate Karina's complaint.

Our office found that it was appropriate for Ahpra to refer Karina's matter to the health complaints entity and such a referral was in line with the National Law.

However, we concluded that Ahpra could have communicated better with Karina about how it managed her concerns. For example, Ahpra did not promptly acknowledge her concerns or explain that it had decided to refer the matter to the health complaints entity.



Shortly after Karina complained to our office, there were changes to the National Law that allowed Ahpra to withdraw a practitioner's registration for providing false or misleading information. In response to our investigation, Ahpra assessed Karina's concerns about the practitioner under this new power. Ahpra determined that no action was required regarding the practitioner because the documents Karina alleged were falsified were not relevant to the decision to register the practitioner. Our office found Ahpra had adequately considered Karina's concerns.

Complaint outcome

During the investigation, Ahpra apologised to Karina for not clearly communicating with her about how it managed her concerns and its decision to refer her matter to the health complaints entity.

We also acknowledged Karina's complaint related to the health complaint entity's handling of her concerns and explained how to make a complaint about that body if needed.

Ensuring clarity when communicating a decision about the outcome of a notification

In 2024–25 we noticed a difference in how Ahpra communicated with some practitioners about the outcome of a notification. We observed on 6 occasions³⁸ that when the relevant National Board decided that no further regulatory action was required, it included a pointed reminder to the practitioner about complying with a specific professional obligation. For example, a decision letter explained to the practitioner that the National Board:

- was satisfied that the practitioner was performing to an accepted standard. However, the National Board directed the practitioner to a specific provision of its Code of Conduct and reminded them of that provision's importance
- had found that overall, the practitioner appeared to have adhered to established guidelines and that no further action was necessary. However, it encouraged the practitioner to reflect on their experiences in relation to a specific area of practice.

It is important that Ahpra and the National Boards communicate clearly with practitioners and notifiers about the outcome of a notification. Our office appreciates the intention of these comments – to remind practitioners of obligations relevant to the notification. However, statements like these can give notifiers and practitioners the impression that a National Board substantiated concerns about the practitioner's health, conduct or performance based on the notification. For notifiers, this can lead to confusion about why the National Board did not take further action. For practitioners, it can similarly lead to dissatisfaction or offence, because it implies that they have not practised in line with the Code of Conduct.

The distinction between these informal reminders and the National Boards' power to issue cautions is similarly unclear. Comments of this nature and cautions appear to serve a similar purpose. Ahpra's Regulatory Guide, for example, describes a caution as a 'warning' to a practitioner about their practice or conduct. It is intended to act as a deterrent, to prevent the practitioner from repeating the behaviour. However, a caution is recorded by Ahpra on a practitioner's regulatory history, and a National Board may choose to publish it on the National Register of Practitioners. The National Law also imposes procedural requirements in relation to issuing a caution, such as the opportunity for the practitioner to respond to the proposed decision to caution them. It is necessary, then, for Ahpra and the National Boards to carefully consider the purpose of a 'reminder' in a decision about the outcome of a notification.

Statements of this nature from the National Boards do not appear to be common. However, we continue to monitor this issue and will respond to further concerns if necessary.

³⁸ These complaints were identified manually as this was the first time this issue had been identified by our office.

Registration-related complaints

The National Scheme aims to protect the public by ensuring health practitioners are suitably trained and qualified to practise competently and ethically.³⁹ All people seeking to work in one of the 16 regulated health professions must meet the requirements to be registered by the National Board that represents their profession.

Ahpra generally assesses registration and renewal applications on behalf of the National Boards.

We receive registration-related complaints about many different points in the registration process, including the:

- initial application process
- registration renewal process
- assessment of an international practitioner's qualifications⁴⁰
- decision to refuse registration, including because a practitioner does not meet the National Board's requirements as outlined in a registration standard
- decision to place conditions on a practitioner's registration (such as supervised practice conditions) and the process for ensuring compliance with these conditions.

We record information about registration-related complaints based on the type of registration the complainant has or is seeking and about the type of registration matter (Appendix 2, Figure 5).

About the registration-related complaints we received

We received 355 registration-related complaints in 2024–25, up from 123 complaints in 2023–24. Most of these complaints came from health practitioners (334 complaints, including complaints from a person (or entity) representing a health practitioner and anonymous practitioners). The 355 complaints came from 319 individuals.

We recorded 642 complaint issues across the 355 registration-related complaints. This means we recorded more registration-related concerns than ever before. This growth was primarily due to increases in complaints related to Ahpra's new operating system and registration fees for the medical profession. We also received more concerns about:

- delays affecting registration processes
- people losing access to their preferred practitioner due a National Board taking regulatory action against that practitioner.

This financial year we saw significant increases in registration-related complaints about the medical and nursing professions in particular. We received 145 registration-related complaints about the medical profession (up from 46 in 2023–24) and 123 complaints about the nursing profession (up from 43 complaints 2023–24).

³⁹ National Law, s 3(2)(a).

⁴⁰ Under ss 53 and 58 of the National Law.

While these professions have historically been the professions we receive the most registration-related complaints about, the volume received in 2024–25 was substantially higher than usual.

As in previous years, most registration-related complaints we received in 2024–25 related to general registration (280 complaints, up from 92 complaints). This is to be expected given it is the most common registration type. We also received slightly more complaints about other registration types such as limited registration and non-practising registration (Table 5). Interestingly, however, we saw a notable increase in complaints about provisional registration.

This increase was primarily driven by complaints about the psychology (13 complaints) and medical (6 complaints) professions. The concerns raised in these complaints mostly related to new applications for provisional registration (20 issues and 6 issues respectively). Both the psychology and medical professions require most applicants to gain provisional registration before applying for general registration, which may help explain why these professions received more complaints. Eight of the 20 complaints related to provisional registration concerned the introduction of Ahpra’s new operating system. Six of these complaints related to the psychology profession.

Table 5: Types of registration driving complaints, 2023–24 to 2024–25⁴¹

Registration type	Registration-related complaints in		Applications received by Ahpra by registration type in 2024–25
	2023–24	2024–25	
General registration	92	280	76,954
Provisional registration	9	20	14,975
Limited registration	9	14	3,787
Specialist registration	9	11	5,848
Non-practising registration	1	3	9,730
Other/unknown	3	27	-
Total	123	355	111,294

41 Ahpra provided data for ‘Applications received by Ahpra by registration type in 2024–25.’

Common registration-related issues

Most issues raised in registration-related complaints this financial year concerned:

- a process being unfair (148 issues, up from 83 issues in 2023–24)
- a process or decision being delayed (123 issues, up from 34 issues in 2023–24)
- fees for registration being unfair or unreasonable (85 issues, up from 12 issues in 2023–24 (Appendix 3, Table 12).

In contrast to previous years, complaints about the National Boards' English Language Skills Registration Standards reduced during 2024–25 (23 issues, down from 48 in 2023–24). It is not clear why we received fewer concerns related to the English Language Skills Registration Standards this financial year. As noted earlier, the National Boards made changes to the shared English Language Skills Registration Standard following the Kruk Review's recommendation. However, the new English Language Skills Registration Standard was introduced in March 2025, which means it was only in effect for 3 months of the financial year and therefore is unlikely to have had a significant effect on the number of complaints.

Interestingly, we saw other types of issues became significantly more common in 2024–25. We saw increases in concerns about:

- the processing of new applications for registration (107 issues, up from 45 in 2023–24)
- registration fees, including concerns about fee amounts, refusals to refund, accommodations for financial hardship and timing of fees (102 issues, up from 23 issues in 2023–24)
- processing of an application for registration renewal (103 issues, up from 19 issues in 2023–24)

- processing of an application for review of restrictions on a practitioner's registration (43 issues, up from 11 issues in 2023–24)
- processing of an application for endorsement of a practitioner's registration in a particular area of practice (31 issues, up from 8 issues in 2023–24).

Responding to the increase in complaints about registration fees

Last financial year our office noticed an increase in complaints about fees charged for registration. This trend continued in 2024–25 but in a more marked way. The most common issue recorded across registration-related complaints this financial year was a concern about fees charged to practitioners with general registration being unfair or unreasonable (82 issues recorded, up from 11 issues in 2023–24).

Over the course of the year, we recorded 102 issues about registration fees across 93 complaints.⁴² These concerns were raised by 93 individuals, including 47 anonymous complainants. This is a significant number of anonymous complainants and represents more than half of all anonymous complainants we received in 2024–25 (79 in total). This over-representation may suggest that practitioners are concerned about being identified as someone making a complaint about the way fees are charged by their profession's National Board.

The most common issue raised with us was that the fee imposed for registration was unfair or unreasonable (85 issues). The next most common issues related to the refusal to refund fees (8 issues) and financial hardship not being considered (5 issues).

Most of the complaints we received about fees related to the medical profession (71 out of 93 complaints) and were received in August 2024 (68 of 93 complaints). This timing coincided with the medical profession's annual registration renewal period, with registration renewal due by 30 September.

⁴² This figure is based on a discrete count of complaints where at least one issue related to fees for registration. Some complaints had more than one issue related to registration, and in some instances the concern about fees was not the primary issue recorded.

In 2023–24 the Medical Board of Australia’s decision to increase medical registration fees from \$860 to \$995 prompted an increase in complaints. The further increase in 2024–25 to \$1,027 drove further dissatisfaction. Medical practitioners told us that they were concerned that:

- registration fees had increased more than inflation, indexation and wage increases
- fees were significantly higher than other professions
- Ahpra and the Medical Board’s fee-setting processes lacked transparency
- communication with practitioners about the fee increases was inadequate
- fees were not charged with sufficient consideration given to practitioners’ circumstances; for example, fees are not means tested based on specialty or seniority in the profession, do not reflect whether a practitioner is working full time or part time, or whether they are working for the whole year that they are registered
- it is unfair that all medical practitioners are covering costs associated with Ahpra managing notifications about a small number of practitioners and remediation costs associated with the previously poor regulation of practices such as those related to cosmetic surgery
- practitioners do not receive a benefit from the fees they are charged for registration.

We finalised most of the complaints we received relating to fees at the assessment stage in 2024–25. This was generally because we decided not to investigate the issue further at the time. Also, a significant number of the complaints we received in 2024–25 could not be responded to directly because they were submitted anonymously.

Where we could respond to complainants, we explained that we were satisfied that the 2023–24 increase in the general registration fee for medical practitioners was less than the 3.8% consumer price index increase in the 12 months leading up to June 2024. We also noted that:

- the increases in the 2023–24 registration period were approved in line with Ahpra’s fee-setting policy⁴³
- the increase in the 2022–23 registration period was the result of a new cost allocation model being introduced. The model was independently validated for its robustness and accuracy and is based on the cost of regulating each profession based on the resources necessary for each National Board to fulfil its statutory obligations.

As discussed in our 2023–24 annual report, our office has been undertaking an own motion investigation into the charging model for health practitioner registration fees. The investigation has considered, among other issues, the transparency of Ahpra’s fee charging model. We expect to publish the investigation report in 2025.

On 9 December 2024 the Ombudsman welcomed Ahpra’s announcement that it would launch a new project to ‘review and provide advice on a wider pro rata fees strategy, for consideration by November 2025’ with recommendations to come into effect from 1 July 2026 (the Pro Rata Fee Review).⁴⁴ The Pro Rata Fee Review was announced alongside Ahpra’s commitment to also:

- introduce a 30% rebate on annual registration fees for practitioners who take parental leave, or other protected leave, from 1 July 2025
- improve policies and practitioner experience when transferring between non-practising and practising registration, including capping the annual registration fee charged.

43 Ahpra, ‘Fees’ <www.ahpra.gov.au/Registration/Applying-for-registration/Fees.aspx>. Accessed August 2025.

44 Refer to news article published 9 December 2024 on Ahpra’s website, ‘Parental leave fee relief on the way’ <www.ahpra.gov.au/News/2024-12-09-media-release-Parental-leave.aspx>. Accessed April 2025.

In July 2025 Ahpra's parental leave (and other types of protected leave) rebate came into effect. Ahpra announced that it will deliver rebates of up to \$308, depending on registration type, while its wider review of fee policies continues. Ahpra confirmed that the rebate would be available to all health professions during the 2025–26 registration renewal period.⁴⁵

Our office acknowledges that the Medical Board's announcement that registration fees will increase in the 2025–26 financial year may cause further concerns for some practitioners. Our office will continue to monitor and, where appropriate, take action to address systemic concerns on registration fees.

How we resolved registration-related complaints

We finalised 334 complaints about the handling of registration matters in 2024–25, up from 122 in 2023–24). We recorded 568 outcomes across these 334 complaints. The most common outcome was that we did not consider that an investigation into the complaint was warranted in the circumstances (184 outcomes, up from 50 outcomes in 2023–24).

This generally means we were satisfied from the information available that the process followed was fair and reasonable, as well as consistent with what was required by law and the relevant policies, or that the organisation had already taken appropriate action to address any identified concerns. Other common outcomes included:

- a finding that a fair and reasonable complaint response had been provided by the organisation being complained about (68 outcomes, up from 36 outcomes in 2023–24)
- the complainant did not provide the requested information to our office (60 outcomes, up from 30 outcomes in 2023–24). This could include, for example, because we did not have enough information to progress the complaint.

In keeping with our usual approach, most registration-related complaints were finalised without the need for a formal investigation. We finalised 261 complaints at the assessment stage, 55 following an early resolution transfer and 17 following preliminary inquiries.

As described earlier, we facilitated significantly more early resolution transfers than usual in relation to registration-related concerns this financial year. This was due to receiving an usually high number of complaints driven by Ahpra's new operating system and challenges people faced with contacting Ahpra (68 transfers, up from 28 transfers in 2023–24).

We finalised one complaint about the handling of a registration matter following an investigation, down from 7 complaints in the previous financial year (refer to 'Delays in processing new applications for registration' for more about this investigation's outcome).

We also provided feedback following complaints that did not progress to an investigation. Our feedback on registration-related matters finalised this year included that Ahpra should:

- provide updates at least every 3 months on the status of registration applications
- ensure staff are appropriately trained and following current guidance when drafting briefs for health assessors
- update its processes for managing financial hardship claims by requiring the practitioner to give evidence of hardship before a decision be made about whether they are eligible for financial hardship assistance.

⁴⁵ Ahpra, 'Parental leave fee relief' <www.ahpra.gov.au/News/2025-07-07-Parental-leave-fee-relief.aspx>. Accessed August 2025.

Registration delays

In previous financial years we saw a decline in the number of issues raised with our office about a delay in processing a registration matter (from 61 issues in 2021–22 to 55 issues in 2022–23 to 34 issues in 2023–24).

However, this financial year, we identified a significant change in this trend. We recorded 123 issues related to a delay in processing a registration matter. These issues were raised across 115 complaints, which came from 99 complainants. Delays were often the complainant's primary concern (81 complaints). Forty-three of these complaints were about Ahpra's new operating system (delay was the complainant's primary concern in 37 of these complaints).

Sixty per cent of complaints we received about a delay in processing a registration matter were received in April, May and June 2025, after Ahpra's new operating system launched (69 of the 115 complaints). This suggests that the introduction of the system may have had a broader impact on the timeliness of Ahpra's processing of registration matters.

Delay was the primary driver of increases in complaints we received about Ahpra and the National Boards' processing of:

- a new application for registration (107 issues, up from 45 issues in 2023–24)
- an application for renewal of registration (103 issues, up from 19 issues in 2023–24)
- an application for a review of conditions on a practitioner's registration (43 issues, up from 11 issues in 2023–24)
- an application for endorsement of a practitioner's registration (31 issues, up from 8 issues in 2023–24).

Delays in processing new applications for registration

Delay was raised as an issue across 38 complaints we received about the processing of a new application for registration.⁴⁶ However, in some cases, concerns about delay were prematurely raised during Ahpra's published timeframe for processing a new application for registration.

Of the 38 complaints we received about the processing of a new application for registration, 16 complaints came from an overseas-qualified practitioner. Most of these complaints related to the medical profession (13 of the 16 complaints made by overseas-qualified practitioners).⁴⁷

The over-representation of overseas-qualified medical practitioners in this data suggests they are more likely to experience a delay in processing a new application for registration. This may be due to differences in the application processes and the supporting information required for overseas-qualified medical practitioners who did not complete an approved qualification in Australia.

Most complaints we received about delays raised by overseas-qualified medical practitioners indicated that Ahpra had requested extra information from the applicant. As expected, this indicates that requesting and assessing more information during the registration process is likely to affect the timely processing of an application and therefore lead to a concern about a delay. Regardless, we continue to welcome complaints from practitioners who are concerned about a delay in processing new applications.

Over the course of 2024–25 we finalised 40 complaints about delays in processing new applications for registration. We finalised most of these complaints at the assessment stage (29 complaints). Another 7 complaints were concluded following an early resolution transfer to Ahpra and 3 complaints following preliminary inquiries. We concluded one investigation into this issue, which led to our office providing feedback to Ahpra about the need to finalise the complainant's application as soon as practicable.

⁴⁶ These concerns were raised by 32 individual complainants, including 6 anonymous complainants. Across the 38 complaints, 38 issues related to delay were recorded.

⁴⁷ Three of the complaints were made anonymously, and one complainant made 6 complaints.

We also suggested that Ahpra provides updates on the status of registration applications at least every 3 months.

Delays in processing an application to renew a practitioner's registration

We received 30 complaints that raised a concern about a delay in processing an application to renew a practitioner's registration.⁴⁸ An application to renew a practitioner's registration as a nurse or midwife accounted for 23 of these complaints. Most of these complaints related to Ahpra's new operating system (20 of the 23 complaints). The other complaints were about the medical profession (6 complaints) and the paramedicine profession (1 complaint).

We finalised 16 complaints about a delay in processing a renewal application after conducting an assessment. The matters we finalised at the assessment stage were finalised for a variety of reasons. These included if a complainant did not provide us with the information we needed to assess their complaint, we could not contact the complainant because they were anonymous, or the complainant's registration matter was active and still being considered by Ahpra.

We finalised the remaining complaints following an early resolution transfer to Ahpra (13 complaints). We mostly finalised these complaints because Ahpra's response to the complaint was fair and reasonable. For example, we often formed this view where Ahpra's response to the complaint acknowledged and/or apologised for the delay and/or provided an update on the complainant's application for registration.

Delays in processing an application to review the conditions on a practitioner's registration

We received 12 complaints that raised the issue of delay in processing an application to review the conditions on a practitioner's registration.⁴⁹ Most of these complaints came from practitioners in the medical profession (6 complaints), followed by the nursing profession (5 complaints) and the psychology profession (1 complaint).

During the year we finalised 11 complaints about delays in reviewing conditions at the assessment stage, one complaint following a transfer to Ahpra and one complaint following preliminary inquiries. In all these cases, we were satisfied that an investigation of the complaint was not warranted in the circumstances. The reasons for this varied. However, the most common reason for us deciding not to investigate a complaint was because the matter would have been more appropriately been considered by a court or tribunal. This generally occurred when the complainant was concerned about a delay in processing an application that the National Board ultimately decided to refuse.

Delays in processing an application for endorsement

We received 8 complaints about delays in processing an application for endorsement of a practitioner's registration in relation to a specific area of practice.⁵⁰ All these complaints came from health practitioners in the nursing (5 complaints) and psychology professions (3 complaints).

The complaints we received from the nursing profession all related to an application for endorsement as a nurse practitioner. However, none of these complaints related to Ahpra's new operating system. We finalised 2 complaints about this issue over the course of 2024–25, both at the assessment stage. This was because the information provided by the complainants confirmed the applications were active and progressing with Ahpra and the Nursing and Midwifery Board of Australia.

We finalised 2 complaints relating to applications for an endorsement of a practitioner's registration as a psychologist, one following preliminary inquiries and the other at the assessment stage. We identified that one of these complaints related to Ahpra's new practitioner portal. Following preliminary inquiries with Ahpra, we decided not to investigate that complaint. This is because we found that Ahpra had processed and finalised the complainant's application.

48 These concerns were raised by 28 individual complainants, including 2 anonymous complainants. Across the 30 complaints, 30 issues related to delay were recorded.

49 These concerns were raised by 7 individual complainants. Across the 12 complaints, 13 issues related to delay were recorded.

50 These concerns were raised by 7 individual complainants. Across the 8 complaints, 8 issues were recorded relating to delay.

Complaints about assessing overseas-qualified practitioners

The process for assessing overseas-qualified practitioners to determine if they hold the required skills and competencies to practise in Australia varies by profession. Nine National Boards have appointed an accreditation authority, such as an external accreditation council or an accreditation committee, to assess overseas-qualified practitioners (refer to Appendix 1). In 2024–25 we received 16 complaints about an accreditation authority assessing an overseas-qualified practitioner.⁵¹

In some professions, however, the National Boards (with Ahpra's assistance) manage the end-to-end assessment of overseas-qualified practitioners without an accreditation authority's involvement.⁵²

The Medical Board of Australia has appointed specialist medical colleges to assess SIMGs for each specialty. Colleges are not, however, accreditation authorities. Currently, colleges' assessments of SIMGs are based on their 'comparability' to an Australian trained specialist. Colleges' processes involve an 'interim' assessment to determine whether an applicant is not comparable, partially comparable or substantially comparable to an Australian trained specialist. If applicants are assessed to be partially or substantially comparable, they must undertake extra requirements, including periods of supervised practice, before the relevant college makes its final assessment decision.

In 2024–25 we received 32 complaints about assessments of overseas-qualified practitioners by a college.⁵³

Complaints from overseas-qualified practitioners

Due to the arrangements outlined above, reporting on complaints about assessing overseas-qualified practitioners for registration purposes can be challenging. To provide a more comprehensive picture of this issue, we have sought to first provide an overview of the nature of the concerns raised with us by overseas qualified practitioners that related to their engagement with Ahpra and the National Boards. It is important to note that the 'registration-related complaints' section of this report has also outlined information that captures concerns raised about assessing international qualifications.

51 This data was manually classified to give effect to changes we have recently made to how we report on accreditation-related complaints. We are currently making these changes in our case management system, which is why we have not published a diagram of our reporting in this area in Appendix 2.

52 Note that complaints about these processes would more likely be recorded as registration-related complaints by our office unless the relevant National Board has appointed an accreditation authority to undertake an assessment or examination of the overseas-qualified practitioner.

53 This data was manually classified.

Concerns raised by overseas-qualified practitioners engaging with Ahpra and the National Boards' processes

In 2024–25 we received 64 complaints from overseas-qualified practitioners about the registration processes of Ahpra and a National Board.⁵⁴ These complaints came from 53 people, including 3 anonymous complainants.

Complaints mostly related to applications for general registration (42 complaints), though some complaints related to limited (13 complaints), provisional (5 complaints) or specialist (2 complaints) registration. Consistent with other complaint trends, concerns were more likely to be raised by members of the medical (35 complaints) and nursing professions (14 complaints).

We recorded 136 issues across the 64 complaints from overseas-qualified practitioners about Ahpra and a National Board. Issues mostly related to the processing of a new application for registration (50 issues), the assessment of an international qualification (22 issues) or the processing of a registration renewal application (13 issues).

The type of concerns raised generally related to delays (37 issues) or processes being unfair (31 issues). We also recorded 28 issues that a decision made about an overseas-qualified practitioner was unfair or unreasonable.

Complaints about accreditation authorities assessing overseas-qualified practitioners

We received 16 complaints about assessing overseas-qualified practitioners that related to an accreditation authority in 2024–25. Most complaints were about the Nursing and Midwifery Accreditation Committee (10 complaints), raised by 7 people. Nearly all these complaints related to midwifery (9 of the 10 complaints).

We also received complaints about the:

- AMC (4)
- Australian Dental Council (1)
- Occupational Therapy Council of Australia (1).

The most common issues across complaints about accreditation authorities were an overseas-qualified practitioner's concern that:

- the process for delivering an examination was unfair (8 issues)
- a decision about an examination was unfair or unreasonable (5 issues).

In general, complainants mostly raised concerns that a process was unfair (16 issues), a decision was unfair or unreasonable (12 issues) or a process lacked transparency (5 issues).

We finalised almost as many complaints about assessing an overseas-qualified practitioner by an accreditation authority as we received (15 complaints). Most complaints were closed at the assessment stage (10 complaints). This was, for example, because the matter was still active with the accreditation authority or because the complainant had not yet made a complaint directly to the accreditation authority. We also finalised one investigation, which is outlined below in Lynne's story.

Complaints about specialist medical colleges assessing SIMGs

We received 32 complaints about colleges assessing overseas-qualified practitioners this financial year. These complaints came from 24 complainants, including one anonymous complainant. The 32 complaints were made about 8 of the 16 colleges. Most complaints related to the Royal Australasian College of Surgeons (RACS) (13 complaints).

⁵⁴ Note that complaints received about oversight of an accreditation authority and other types of complaints made by overseas-qualified practitioners, such as concerns about a notification, are not included in this analysis.

We also received complaints about the:

- Royal Australian and New Zealand College of Psychiatrists (9)
- Royal Australian College of General Practitioners (3)
- Royal Australian and New Zealand College of Radiologists (2)
- Australian and New Zealand College of Anaesthetists (2)
- College of Intensive Care Medicine of Australia and New Zealand (1)
- Royal Australasian College of Physicians (1)
- Royal Australian and New Zealand College of Ophthalmologists (1).

We recorded 117 complaint issues across the 32 complaints. Issues most commonly related to assessing an international qualification (66 issues). We also recorded 19 issues about a college's merits review process.⁵⁵ Complainants generally raised concerns that a:

- decision was unfair or unreasonable (29 issues)
- process was unfair (23 issues).

We finalised 31 complaints about the colleges in 2024–25. Most complaints were finalised at the assessment stage of our complaint handling process (22 complaints) or after we made preliminary inquiries with the college being complained about (7 complaints). We finalised 2 complaints following an investigation.

We recorded 42 outcomes across the 31 complaints that we finalised about colleges assessing overseas-qualified practitioners. Most commonly we decided that there were no issues that warranted investigation (12 outcomes). This included, for example, because the information available to us indicated that the college's communication was appropriate or that the college was actively seeking to address, or had addressed, the concerns raised. Some of the other reasons for finalising complaints included because the matter was still active with the relevant college (7 outcomes) or the complainant did not provide the information we requested (6 outcomes). We also provided feedback to one college that information about how it manages requests to review an examination result should be detailed in relevant policies and on its website.

The 2 complaints we investigated related to RACS's process for assessing SIMG. Alex's story below highlights our office's role in identifying that RACS's 'comparability' definitions between January 2021 and July 2024 did not align with the Medical Board of Australia's requirements.

On 23 April 2025 RACS and the Medical Board of Australia issued a joint statement on this issue. In the statement, RACS outlined its commitment to 'working collaboratively with Ahpra, the Medical Board of Australia, and other stakeholders to develop solutions that address workforce shortages while maintaining the high standards of surgical practice and training in Australia'. The chair of the Medical Board, Susan O'Dwyer, said: 'We appreciate the work RACS has done to identify and address this issue and recognise the impact it may have had on international surgeons'. The full statement can be accessed on Ahpra and the Medical Board's website.⁵⁶

⁵⁵ Note that when a practitioner wants the outcome of their assessment decision changed, it is often more appropriate for them to first seek a merits review of the decision by the relevant specialist medical college. This means some complainants may contact us after engaging with a college's merits review process.

⁵⁶ Ahpra (2025) 'College changes align with Board standards' <www.medicalboard.gov.au/News/2025-04-23-College-changes-align-with-Board-standards.aspx>. Accessed August 2025.

Alex's story

Alex complained to our office about RACS's process for assessing SIMGs for specialist registration in Australia.

Alex was concerned that RACS was assessing SIMGs against comparability definitions that differed from those set by the Medical Board of Australia. While the Medical Board requires SIMGs to be assessed against the standard of a newly qualified Fellow, Alex believed RACS was instead comparing SIMGs to surgeons with 5 or more years of independent practice.

We decided to investigate Alex's complaint. Our investigation found that the comparability definitions applied by RACS between January 2021 and July 2024 did not align with the Medical Board's requirements. This may have resulted in some SIMGs being incorrectly assessed.

Complaint outcome

In response to our investigation, RACS acknowledged the inconsistency with the Medical Board's requirements. RACS changed its assessment process to align with the Medical Board's requirements. These changes included publishing a revised policy with updated comparability definitions and training relevant staff and assessors.

RACS paused all active SIMG assessments until the revised policy was finalised. It contacted SIMGs who had recently been assessed as partially comparable and offered a new assessment under the updated policy at no cost. This offer was also extended to SIMGs who had been found not comparable since January 2021.

RACS confirmed that SIMGs could lodge a formal complaint if they had concerns about their assessment or comparability outcome under the previous regulation. It also provided our office with documentation on the revised policy, the consultation process and correspondence sent to affected SIMGs.

We were satisfied that RACS took appropriate steps to address the issues identified during our investigation. This included acknowledging the inconsistency, pausing assessments, updating its policies and offering new assessments to affected SIMGs.

We were also satisfied that RACS's revised policy and updated comparability definitions now align with the Medical Board's requirements. Based on these actions, we did not consider further investigation was warranted.

Our office continues to monitor issues associated with the Medical Board's requirements for assessing SIMGs.



Program of study accreditation complaints

All National Boards have appointed an accreditation authority to undertake accreditation functions related to programs of study. Program of study accreditation processes centre on assessing whether a program of study (such as a university course or training program) should be accredited because it meets the relevant accreditation standards. Programs of study that the accreditation authority believes should be accredited are recommended to the relevant National Board for approval. Once a program of study is approved, students or trainees who complete it are recognised as having a qualification that makes them eligible for registration in Australia.

We can assist with complaints about program of study accreditation processes undertaken by accreditation authorities, Ahpra and the National Boards. This includes complaints about:

- the development and approval of accreditation standards
- assessments of education providers and their program of study against the accreditation standards
- how an accreditation authority has monitored whether an approved program of study continues to meet the accreditation standards
- decisions an accreditation authority has made to place conditions on the accreditation of an approved program of study because it is no longer meeting the accreditation standards, or decisions to remove accreditation

- how an accreditation authority has managed a complaint or an application for a review of its decision.

We received one complaint this financial year about program of study accreditation.⁵⁷ The complaint was finalised at the assessment stage of our complaint handling process on the basis that the complainant would raise their concerns about an accredited program of study with the accreditation authority directly.

This financial year we also finalised a second program of study accreditation complaint that was received in 2023–24. This complaint concluded after an investigation, resulting in feedback to an accreditation authority about the transparency of its selection criteria and assessment processes for appointing people to undertake program of study accreditation activities, and the need to provide reasons for its decisions about appointments.

⁵⁷ This data was manually classified to give effect to changes we have recently made to how we report on accreditation-related complaints. We are currently making these changes in our case management system, which is why we have not published a diagram of our reporting in this area in Appendix 2.

Complaints about specialist medical colleges' training programs

Specialist medical colleges play a unique role in the National Scheme because they provide the only approved programs of study for the medical specialties (called 'training programs'). Colleges' training programs are competitive, and college trainees generally play an important role in delivering health services when completing the training program.

We can help with complaints about college training programs. This includes complaints about:

- entry to and withdrawal from the training programs
- processes and decisions about the accreditation of training sites (where the training program is delivered)
- how a college managed a complaint or an application for a merits review of its training program decisions, including complaints from trainees and training sites.

We received 14 complaints⁵⁸ this financial year about college training programs. These complaints came from 9 people. The complaints related to 6 colleges:

- Royal Australasian College of Physicians (7 complaints)
- College of Intensive Care Medicine of Australia and New Zealand (2 complaints)
- Royal Australian and New Zealand College of Psychiatrists (2 complaints)
- Australian and New Zealand College of Anaesthetists (1 complaint)
- Royal Australian College of General Practitioners (1 complaint)

- Royal College of Pathologists of Australasia (1 complaint).

We recorded 66 issues across the 14 complaints. Most complaints related to examination delivery (24 issues) or a college's merits review process (10 issues). The most common issues were:

- a decision about a merits review of a decision relating to a training program was unfair or unreasonable (5 issues)⁵⁹
- an examination's process was unfair (4 issues), was biased or discriminatory (4 issues) or lacked transparency (4 issues)
- a decision about an examination's delivery was unfair or unreasonable (4 issues).

We closed 13 complaints about a college's training program in 2024–25. Most of these were closed at the assessment stage of our complaint handling process (6 complaints) or after we had undertaken preliminary inquiries (6 complaints). Although one investigation started during the year, it was still active at the end of 2024–25.

We recorded 24 outcomes across the 13 complaints finalised in 2024–25. Most often we concluded that an investigation was not warranted (12 outcomes). This included, for example, because we assessed that the concerns would be more appropriately handled by another body or we found that it was open to the college to make the relevant decision, considering relevant policy and the law. In 3 instances the complainants agreed that their complaint had been resolved to their satisfaction without the need for an investigation. We also provided feedback to colleges 3 times about their training programs (for example, refer to Sophia's story).

⁵⁸ This data was manually classified to give effect to changes we have recently made to how we report on accreditation-related complaints. We are currently making these changes in our case management system, which is why we have not published a diagram of our reporting in this area in Appendix 2.

⁵⁹ Note that when a practitioner wants the outcome of a decision changed, it is often more appropriate for them to first ask for a merits review of the decision by the relevant specialist medical college. This means some complainants may contact us after engaging with a college's merits review process.

Sophia's story

Sophia applied to a specialist medical college to enter its training program.

After going through the selection process, Sophia was informed her application was unsuccessful. The college provided Sophia with feedback and recommendations to consider should she wish to apply again.

Sophia raised concerns with the college that these recommendations were inadequate and inconsistent with publicly available information about the selection process on the college's website. She was also concerned that the recommendations did not align with the selection criteria.

Sophia complained to our office as she was dissatisfied with the college's attempts to respond to her concerns.

Our office transferred Sophia's complaint to the college through our early resolution transfer process. In its response, the college provided a further explanation about how Sophia's application was assessed. Sophia explained she was still concerned that her application had been assessed using criteria that differed from the publicly available selection criteria.

We made preliminary inquiries into Sophia's complaint to better understand the college's selection process and the selection criteria used to assess Sophia's application.

What we found

We found Sophia's application was assessed in line with the college's selection process. We also found the selection criteria the college relied on when considering Sophia's application were worded consistently with the information available on its website at the time she applied.

However, we considered the college could provide more information about the selection process to prospective applicants.

We also found the college provided Sophia with feedback and recommendations consistent with the selection criteria. We concluded that the college had taken steps to address Sophia's concerns about the outcome, including by encouraging her to apply for a merits review of its decision.

However, the college did not inform Sophia of the option of making a formal complaint. We considered this could have provided the college with an opportunity to address Sophia's concerns about the application process separate to her concerns about the merits of the decision.

Complaint outcome

We provided Sophia with more information about the selection process and how the criteria were used to assess her application.

Relatedly, we provided feedback to the college that it should consider providing more information about its selection process in the material given to applicants to improve the transparency of the process. We also explained that applicants could benefit from being provided with more information about the outcome of their application.

We suggested the college may wish to refer complainants to its formal complaint process in the future. This would provide the college with an opportunity to address a complainant's concerns without the need for our office becoming involved.

In response to our feedback, the college reviewed its selection process. This review led to an internal recommendation that some of the publicly available information about the college's selection process and requirements could be enhanced and simplified. The college is now progressing this recommendation to the next phase, which involves a further review by senior stakeholders. It also advised it would take steps to retrain staff about identifying and escalating complaints through its formal complaint process.

Experience-related complaints

We have found that prioritising good customer service and complaint handling processes has many benefits. It empowers an organisation to repair and strengthen stakeholder relationships and identify and address systemic problems before they cause harm or affect resourcing. It also helps avoid escalations to external complaint handling or adjudication bodies.

When a complainant tells us they are not happy about the customer service they received, or the way their complaint about an organisation was handled by that organisation, we capture these concerns under the category of 'experience' (Appendix 2, Figure 6).

It is rare for our office to receive a complaint that is purely experience-related.⁶⁰ More often, experience-related concerns are recorded as secondary issues. For example, we could record an experience-related issue about long call wait times where the primary issue related to the processing of a registration application or a notification. We recorded 837 experience-related issues across 437 complaints to the Ombudsman in 2024–25.

The information we gather from experience-related complaints can identify valuable opportunities for improvement.

Customer service

We recorded 698 customer service-related experience issues in 2024–25. These concerns were raised by 306 complainants.

We recorded 234 customer service-related issues about the notifications process. For complainants navigating the notifications process, concerns about Ahpra not providing updates or not responding to efforts to make contact were the dominant concerns (both with 59 issues recorded). The next most common concern was that an Ahpra staff member had been rude or insensitive in their communication (26 issues) or that they had provided incorrect advice (21 issues).

For registration-related complaints, we recorded 396 customer service-related issues. As outlined earlier in this report, registration-related issues in 2024–25 were heavily impacted by nurses and midwives attempting to renew their registration via Ahpra's new practitioner portal. The most commonly raised concern was long call wait times (68 issues). We also recorded 56 issues each about concerns that Ahpra could not be contacted or that Ahpra's website was not working properly. Other common concerns included a failure to respond (55 issues), to assist (31 issues) or to provide updates (29 issues).

We recorded some customer service-related issues across complaints about specialist medical colleges (20 issues) and accreditation authorities (14 issues).

For colleges, the most commonly recorded concerns were about updates not being provided (6 issues) and efforts to make contact not being responded to (5 issues). These issues were mostly raised in relation to the psychiatry and surgery specialties.

A failure to provide updates was the most common concern raised about accreditation authorities (4 issues), followed by concerns about an inability to make contact, a failure to assist and incorrect advice being provided (all with 3 issues). The AMC was the subject of most concerns (12 of 14 issues).

⁶⁰ We recorded 14 of these complaints this financial year, down from 22 complaints in 2023–24.

Priya's story

Priya complained to us about a notification that was recorded on a Certificate of Registration Status that she requested so she could work in another country. Priya was concerned Ahpra had not informed her of the notification and that it would affect her ability to work overseas.

Priya also raised concerns about Ahpra's communication. She contacted Ahpra several times to find out more information about the notification, but her calls were not returned.

With Priya's consent, we transferred her complaint to Ahpra. Ahpra contacted Priya the next day. Ahpra explained to Priya that she had been misidentified and that the notification had been incorrectly recorded on her registration. Ahpra corrected the error and issued a new Certificate of Registration Status. Ahpra apologised to Priya for her experience and said it would conduct a review to ensure a similar incident does not reoccur.

Priya was satisfied that Ahpra's response had addressed the issues she raised with our office.



Complaint handling

We recorded 139 experience-related issues associated with complaint handling in 2024–25. These concerns were raised by 99 people.

Within Ahpra, complaints are managed in line with its *Administrative complaint handling policy and procedure*. Where complaints cannot be resolved at the frontline, Ahpra's National Complaints team manages them.⁶¹ This means Ahpra's complaint handling across notification-related and registration-related complaints is often consistent.

Across both notification-related and registration-related complaints, the concern most commonly raised by complainants about Ahpra's complaint handling was that Ahpra's responses were inadequate (29 issues and 25 issues respectively). Other commonly raised concerns included:

- Ahpra did not provide a response to the complaint (17 issues for notification-related matters and 13 for registration-related matters)
- a complaint response from Ahpra was delayed (7 issues each for notification-related and registration-related matters)
- concerns raised with Ahpra were not appropriately escalated internally (3 issues each for notification-related and registration-related matters).

Accreditation committees established by National Boards manage complaints in line with Ahpra's *Administrative complaint handling policy and procedure*, and with the National Complaints team's assistance. External accreditation authorities and specialist medical colleges often have their own policies and procedures for managing complaints.

For complaints about colleges, a concern that a complaint response was inadequate was the most commonly recorded issue (6 issues). This issue type was also raised once in relation to an external accreditation authority but was not more prevalent than other complaint handling concerns.

External accreditation authorities and colleges also offer merits review mechanisms under alternate policies. A merits review can look at whether a decision was right or wrong rather than focusing on service delivery complaints about how a matter was handled. Our experience-related complaints data does not capture concerns about how merits review applications are managed.

61 Our complaint handling data does not distinguish between complaint management at the frontline stage of Ahpra's complaint process and those handled by Ahpra's National Complaints team.

Other complaint types

This financial year we received 9 complaints about the handling of an FOI matter, down from 12 complaints in 2023–24. We have the power to consider someone's concerns about how Ahpra and/or a National Board handled their FOI matter – for example, if someone raises issues with the way Ahpra consulted with them about releasing certain documents. However, because the Commissioner has FOI review powers, we are more likely to consider FOI-related matters through an application to review an FOI decision.⁶² Where concerns about the handling of an FOI matter were raised with us during 2024–25, most concerns related to delays (5 issues) or unfair processes (5 issues).

In 2024–25 we received 8 complaints about statutory offence matters, down from 10 complaints in 2023–24. Statutory offences can relate to conduct by members of the public or practitioners. This may involve, for example, a person being fined when they did not comply with the National Law.

For practitioners, these types of concerns may also be managed as a notification. Examples of statutory offences we received complaints about in 2024–25 included concerns about:

- practitioner advertising, such as the use of testimonials or advertising in a way that does not adhere to a National Board's approved guidelines (9 issues)
- a person holding out to be a registered health practitioner or specialist practitioner when they are not registered (7 issues)
- use of a protected title, such as an unregistered person referring to themselves a 'psychologist' (3 issues).

Sometimes it is not possible to classify a complaint into one of our designated reporting categories. This may be because we have received too little information to classify the complaint or because the concerns raised are too broad to classify more specifically. We recorded 13 complaints of this nature in 2024–25, up from 10 in 2023–24.

⁶² The FOI Act does not apply to external accreditation authorities and specialist medical colleges.

Privacy

Our office assists with complaints about how Ahpra, the National Boards, accreditation authorities and specialist medical colleges handle personal information. This is an important function that helps to achieve the objectives of the Privacy Act, which promotes and protects the privacy of individuals by regulating the way personal information is handled.

The Privacy Act has 13 Australian Privacy Principles (APPs) that outline:

- how personal information should be collected, used, shared or corrected
- the responsibilities of organisations and agencies
- rights to access personal information.

Anyone can complain to the Commissioner about an act or practice that may be an interference with their privacy.⁶³

Our office welcomed the commencement of the *Privacy and Other Legislation Amendment Act 2024* (Cth) this financial year. The changes brought by this legislation, including changes to the Commissioner's investigative and enforcement powers, will bolster our office's capabilities to protect the right to privacy in the National Scheme.

Privacy complaints to the Commissioner

This financial year, we received 16 privacy complaints from 13 people. This is a small increase from the number we received in 2023–24 (12).

Fifteen of the 16 complaints were about Ahpra. The other complaint was about the Royal Australasian College of Physicians.

We recorded 34 complaint issues across the 16 complaints. The most common issues related to:

- APP 6 – inappropriate use or disclosure of personal information (15)
- APP 11 – security of personal information (10)
- APP 3 – collection/use of solicited personal information (6).

Concerns about the inappropriate use or disclosure of personal information (APP 6) were also the most common issue raised in complaints in 2023–24. Most of the complaints we received in relation to APP 6 during 2024–25 involved concerns about an entity inappropriately using or disclosing information about a practitioner (8), a notifier (3) or another party (4). This year we received more complaints about the personal information of practitioners and third parties being disclosed. In contrast, the number of concerns about the personal information of notifiers remained consistent.

⁶³ Under s 36 of the Privacy Act.

Concerns about the security of personal information were more common than last financial year (10 issues, up from 3 in 2023–24). We received 6 complaints about a failure to take appropriate steps to protect personal information (up from 3 in 2023–24). We also received 4 complaints about personal information not being deidentified or destroyed when it should have been (up from zero in 2023–24).

How we managed privacy complaints

We generally try to address complaints at the earliest opportunity. In practice, this means we often decide not to investigate a privacy complaint at the assessment stage of our complaint process. This can be because:

- the complaint does not involve an interference with the complainant's privacy
- the organisation which is the subject of the complaint has appropriately or adequately responded to the complaint
- an investigation is otherwise not warranted in the circumstances – for example, because the organisation is actively considering the complainant's concerns, or the complainant has not provided enough information for our office to fully assess their concerns.

When we decide to progress a privacy complaint beyond the assessment stage of our complaint handling process, we may choose to make preliminary inquiries. We do this to help decide whether to attempt conciliation or to investigate the matter, or whether we should not progress the complaint further. We made preliminary inquiries 5 times this financial year (the same as in 2023–24).

We may also try to conciliate a complaint, which means we provide an opportunity for the parties involved, generally the complainant and the organisation being complained about, to reach an agreement on how the concerns should be resolved. We must attempt to conciliate a complaint before investigating unless there is a good reason not to attempt conciliation first. We conciliated one complaint this financial year (the same as in 2023–24).

We may also choose to investigate a complaint. After an investigation, the Commissioner can decide to:

- dismiss the complaint
- find the complaint is substantiated and make a declaration to address any interference with the complainant's privacy.

We did not launch any investigations into privacy complaints in 2024–25.

Privacy complaint outcomes

Our office finalised 16 privacy complaints this financial year compared with 14 in 2023–24. These complaints were most often finalised through informal mechanisms. We finalised:

- 9 complaints at assessment stage
- 4 complaints after preliminary inquiries
- 2 complaints after conciliation
- 1 complaint following an investigation.

The most common outcome for privacy complaints that we closed in 2024–25 was a decision that an investigation was not warranted in the circumstances (10 outcomes). This could be, for example, because:

- the organisation the complaint was about had taken reasonable steps to address an interference with the complainant's privacy
- the complainant had raised their concerns directly with an organisation, and the organisation was still assessing their concerns
- the complainant did not respond to our office's request for more information.

We also recorded 5 outcomes where we decided not to investigate because we found that the complaint did not relate to an interference with privacy.

Other privacy complaint outcomes included the following:

- We provided feedback to the organisation being complained about, without launching an investigation. This feedback suggested that the organisation should provide clearer information about the purpose for collecting personal information from people who ask.
- We closed the complaint after successful conciliation. The conciliation process resulted in the organisation being complained about agreeing to provide the complainant with compensation for an interference with their privacy.

This financial year, the Commissioner made one determination after investigating a privacy complaint. The Commissioner found that the organisation being complained about had not interfered with the privacy of the complainant. The complaint was dismissed.⁶⁴

Notifiable Data Breaches Scheme

The Notifiable Data Breaches Scheme requires Ahpra, the National Boards, accreditation authorities and specialist medical colleges to notify our office of any data breach involving personal information when:

- the breach is likely to result in serious harm
- remedial action taken by the organisation has not successfully prevented the likely risks of serious harm.

These are referred to as 'eligible data breaches' under the Notifiable Data Breaches Scheme.

How we handle eligible data breach notifications

When we receive notice of an eligible data breach, we consider the information provided, including the type and sensitivity of the data breach and the number of people involved. We make an assessment about whether we agree that the matter constitutes an eligible data breach – a 'confirmed data breach'.

Based on our assessment of the relevant information, we may decide:

- that the organisation has taken appropriate action
- to offer guidance and assistance for possible remedial action or steps that can be taken to reduce the likelihood of a similar breach occurring in the future
- to take regulatory action.

Data breach notifications we received

Positively, our office received fewer notifications of data breaches this financial year than the previous financial year (3, down from 7).

The confirmed data breaches we received this year related to:

- the inadvertent release of a confidential notifier's identity to the practitioner who was the subject of the notification
- examination results and contact information being sent to the wrong person
- information about a notification being sent to the incorrect recipient.

Our office was satisfied that the responsible organisations had taken appropriate action to address and mitigate the impacts of the breaches in all the notifications received. Appropriate steps included changes to internal processes and re-enrolling staff in privacy training. Accordingly, our office took no further action.

⁶⁴ Under s 52(1)(a) of the Privacy Act.

Soren's story

Soren contacted our office about Ahpra's handling of information he provided in response to a public document. Soren believed he was sharing this information confidentially, but Ahpra published the information.

Soren contacted Ahpra and requested this information be removed, but it was not fully removed. He contacted Ahpra again and reiterated his wish for this information to be removed completely. Ahpra apologised to Soren and removed the content altogether.

Soren told us he believed Ahpra had breached his privacy and had not taken adequate steps to remove the information when he requested.

What we found

We made preliminary inquiries with Ahpra regarding Soren's concerns. We found that Ahpra did not breach Soren's privacy when it originally published the information he provided. The public document had clear wording stating that the information received in relation to it would be published. The document also requested those providing information to inform Ahpra if information should be treated as confidential. We found that Soren had given implied consent to publication when he did not request that it be kept confidential.



We did find, however, that Ahpra breached Soren's privacy when it did not take adequate steps to ensure the information he provided was removed in its entirety when he requested this. This meant that Soren had withdrawn his consent, and Ahpra could no longer rely on his past implied consent for future disclosure of the information he provided.

Complaint outcome

Ahpra acknowledged that this was an oversight and apologised that Soren's request had not been actioned when first requested. Ahpra told our office that this was an isolated incident, and Soren's experience and feedback were brought to the attention of senior management.

Although we found that Ahpra breached Soren's privacy, we decided not to investigate Soren's complaint because we were satisfied that Ahpra had adequately dealt with the complaint by removing the information Soren had provided in its entirety and providing him with an apology.

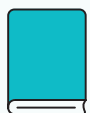
Freedom of information

Our office oversees Ahpra's application of the FOI Act. One of the main ways we provide oversight is by considering applications to review a decision Ahpra has made under the FOI Act.⁶⁵

This financial year we:



received
22 FOI review applications



finalised
25 FOI review matters,
including 8 published FOI review decisions

Under the FOI Act, everyone has the right to request access to information held by Ahpra, the Ahpra Board and the National Boards.

The FOI Act aims to:

- give the community access to information held by government by requiring agencies to publish that information and by providing a right of access to documents
- promote Australia's representative democracy by:
 - increasing public participation in government processes, with a view to promoting better-informed decision-making
 - increasing scrutiny, discussion, comment and review of government activities
- increase recognition that information held by government is to be managed for public purposes and is a national resource.

We record information about FOI review applications based on the type of decision the application relates to, the type of information sought and the exemptions or conditional exemptions relevant to the decision (Appendix 2, Figure 7).

Our FOI review process

A review application must be in writing and include a copy of Ahpra's FOI decision that the applicant would like reviewed, along with the applicant's contact details. Applicants must also apply for a review of an FOI decision within the legislative timeframe.⁶⁶ We can extend the time limit if the Commissioner is satisfied it is reasonable in the circumstances.

When we receive a review application, we discuss with applicants whether there could be better ways to address their application wherever possible. This is because we often find that people seek access to documents because they are dissatisfied with a decision or action that is relevant to those documents. Alternative mechanisms could include, for example, informing the applicant about making a complaint to the Ombudsman. This may be, for example, because a person is seeking documents about a notification they made and that their concern relates to how a decision was made about that notification. In this case, we may be able to address the applicant's concerns through our Ombudsman complaint process, which could enable us to consider broader information about how their matter was handled and how a decision was made.

⁶⁵ The FOI Act does not currently apply to accreditation authorities or specialist medical colleges.

⁶⁶ Refer to s 54S of the FOI Act.

Once we start a review, we can choose to conduct the review in whatever way we consider appropriate, with as little formality and technicality as possible. During a review, we will generally give our preliminary view of what decision the Commissioner is likely to make if the review proceeds to a final determination. If the preliminary view is that Ahpra's decision should be affirmed, the applicant is given the opportunity to provide extra submissions or consider withdrawing their application.

If a review is not finalised after we provide a preliminary view, the Commissioner chooses whether to make a final decision on the matter. After considering relevant documents and submissions from those involved, the Commissioner can decide to:

- affirm Ahpra's decision (not change it)
- vary Ahpra's decision (not change the outcome of the decision itself but modify aspects of it), or
- set aside Ahpra's decision and make a fresh decision.

FOI review applications we received

This financial year we received 22 applications to review a decision made by Ahpra, down from 40 applications in 2023–24. However, a similar number of people applied for an FOI review this financial year (19) as in the previous financial year (21). This significant change in application numbers is largely due to many FOI applications being received from the same person in 2023–24.

All applications we received in 2024–25 were lodged by the person who made the original FOI request to Ahpra. Most of the applications concerned information requested about a notification (20 applications). This included 12 applications made by a notifier and 8 applications from a practitioner who was the subject of a notification. We also received 2 applications not related to a notification.

We can consider several types of FOI decisions made by Ahpra. For people concerned about the release of information, this includes decisions where Ahpra:

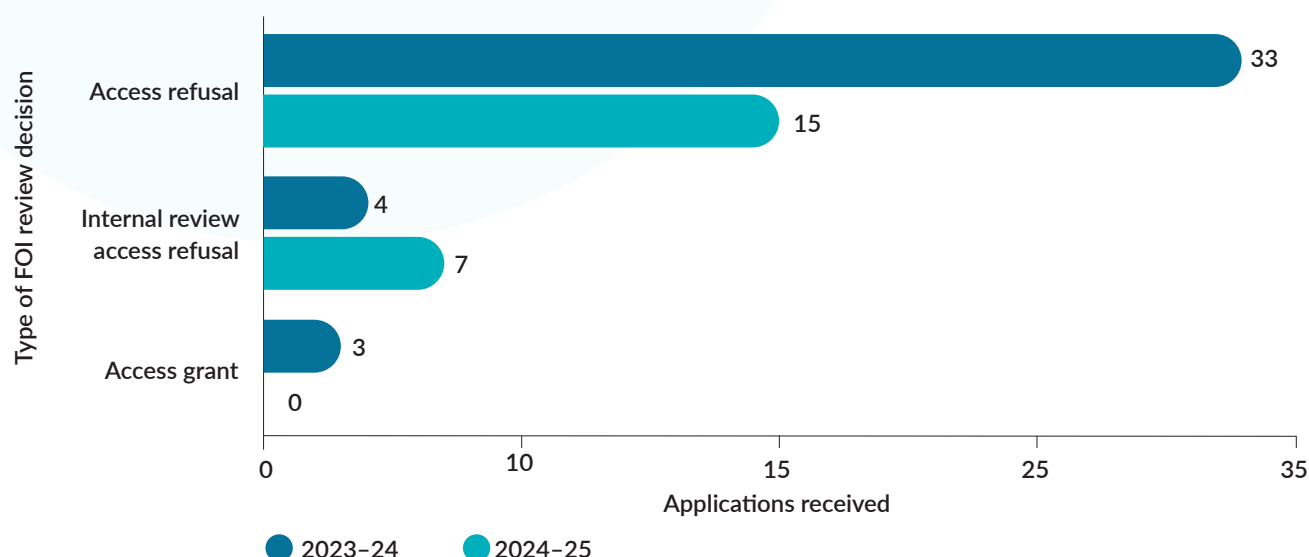
- did not release documents or certain information requested by the applicant (called an access refusal decision)
- has decided to release documents or certain information that a third party has requested are not disclosed (called an access grant decision)
- has reviewed its original FOI decision to grant or refuse access (called an internal review decision)
- has refused to extend the timeframe for an application to request an internal review of an FOI decision.

Historically, people typically apply to the Commissioner to review an FOI decision because they are unhappy that Ahpra has decided:

- not to give access to documents or information they requested, or
- to release information about them that they believe should not be released.

This financial year all FOI applications we received related to a decision by Ahpra to refuse access to documents or information. This included 15 access refusal decisions and 7 internal review access refusal decisions. This is generally consistent with the types of FOI applications our office receives each year (Figure 3). Interestingly, however, this was the only type of FOI application we received this year.

Figure 3: Types of FOI decisions that were the subject of review applications, 2023–24 to 2024–25



Types of information sought and relevant exemptions applied by Ahpra

We recorded 104 issues across the 22 FOI review applications we received in 2024–25. Applicants most frequently sought access to papers prepared by Ahpra for National Boards (34). These requests mostly related to reports about notifications (including attachments). Other common types of information sought by applicants included correspondence between Ahpra and a third party (17) and correspondence between Ahpra and a practitioner (12).

The information sought in applications for review in 2024–25 was generally consistent with applications received in 2023–24 (Table 6). Notably, in 2023–24 we received 18 applications seeking access to internal Ahpra documents but only one application in 2024–25. This may be driven by shifting topics of public interest, as the 18 applications in 2023–24 mostly related to Ahpra and the National Boards' COVID-19 vaccination position statements.

Table 6: Types of information that were the subject of FOI review applications, 2023–24 to 2024–25

Type of information sought	Applications received in	
	2023–24	2024–25
Board papers (including attachments)	17	34
Correspondence between the agency and a third party	11	17
Correspondence between the agency and a practitioner	15	12
Agency internal correspondence	8	11
Practitioner submissions	10	9
Board decisions and actions papers	3	7
Practitioner history summaries	0	4
Unknown	0	3
Expert reports	0	2
Medical records	0	2
Agency internal documents	18	1
Call records	0	1
Other	0	1
Statistics or metadata	5	0

Most review applications were associated with Ahpra’s use of conditional exemptions related to the operations of an agency (s 47E of the FOI Act) (36, up from 28 issues in 2023–24) and personal privacy (s 47F of the FOI Act) (34, up from 19 issues in 2023–24). These were also the most common exemptions we recorded as being relevant to review applications last financial year. This financial year, Ahpra’s use of the conditional exemption relating to the deliberative processes of an agency (s 47C of the FOI Act) emerged as a frequent exemption being applied (14, up from 8 issues in 2023–24).

Other reasons Ahpra gave for not releasing information to applicants included that Ahpra:

- had decided the document was missing or did not exist under s 24A of the FOI Act (5 issues)

- decided that the release of a document would affect enforcement of law and protection of public safety under s 37 of the FOI Act (4 issues)
- decided that the existence of documents could not be confirmed or denied under s 26(2) or s 25 of the FOI Act (3 issues)
- removed irrelevant information from the information before releasing it to the applicant under s 22 of the FOI Act (3 issues).

Although we recorded a greater number of issues across the FOI applications we received (104, up from 87 issues in 2023–24), our office saw less variation in the reasons Ahpra gave for not releasing information to applicants.

For example, Ahpra's use of the conditional exemptions for documents relating to deliberative processes, the operations of an agency and personal privacy collectively accounted for 81% of all issues recorded in 2024–25 (84 of 104 issues).⁶⁷ Last year, they represented 63% of all issues (55 of 87 issues).

The exemption relating to legal professional privilege did not appear on any applications made to our office this year.⁶⁸ We also did not receive any applications seeking a review of Ahpra's decision that:

- the applicant's request for documents represented a substantial and unreasonable diversion of agency resources (s 24AA(1)(a) of the FOI Act)
- the applicant had not made a valid request (s 24AA(1)(b) of the FOI Act)
- all documents within the scope of the applicant's request have already been released.

Other FOI matters received from Ahpra

Our office can consider a range of other matters related to FOI including:

- notices of extensions of time for Ahpra to manage an FOI request as agreed between Ahpra and the FOI applicant
- applications for an extension of time for Ahpra to manage an FOI request (where there has not been an agreement with the applicant)
- applications for someone to be declared a vexatious applicant.

We did not receive any of these matters in 2024–25. This is consistent with recent years.

Outcome of FOI review matters

In 2024–25 we finalised 25 FOI review matters, including 12 matters where we had formally commenced a review. Eight applications proceeded to a final determination by the Commissioner, up from 3 in 2023–24.

During 2024–25 we assessed 12 applications as not warranting a review. The most common reason was that the application was misconceived or lacking in substance (6 applications). Other reasons for declining to commence a review included:

- the review application was made outside the legislative time limit (3 applications)
- we referred the applicant back to Ahpra to seek an internal review (2 applications)
- the applicant failed to co-operate with our office (1 application).

In 2024–25 one applicant withdrew their application before we could start a review. Similarly, one applicant withdrew their application after we began a review. In both instances, the applicant withdrew their applications at the same time as lodging a fresh FOI request with Ahpra.

We discontinued 3 FOI review matters after starting a review, down from 11 in 2023–24. All 3 matters were discontinued because we found the application was misconceived or lacking in substance.

Determinations made by the Commissioner

In 2024–25 the Commissioner made 8 FOI review decisions, a substantial increase from the 3 decisions she made in 2023–24. Most of the Commissioner's decisions affirmed Ahpra's decision (6 decisions, up from 3 in 2023–24).

The Commissioner also made 2 decisions to set aside and replace Ahpra's decision with a fresh decision. These were significant decisions because it is more common that the Commissioner decides to affirm or vary Ahpra's decision. In both decisions, the Commissioner decided to release information that Ahpra had decided was exempt under the FOI Act. A case study of the Commissioner's decision in 'AR' is provided below.

The Commissioner's review decisions are published on our FOI review decisions [webpage](http://www.nhpo.gov.au/foi-review-decisions) <www.nhpo.gov.au/foi-review-decisions>.

⁶⁷ Refer to ss 47C, 47E and 47F of the FOI Act respectively.

⁶⁸ Refer to s 42 of the FOI Act.

Case study: 'AR' and Ahpra (freedom of information)

AR, a practitioner, contacted our office requesting a review of Ahpra's decision to partially release the documents they requested under the FOI Act. AR was seeking access to documents Ahpra held about decisions in relation to a notification involving them. The Medical Practitioner's Board of Victoria (MPBV) made these decisions in 2008–09.

Ahpra identified 3 documents it held that were relevant to AR's request. These 3 documents included meeting minutes, which Ahpra released with irrelevant information removed under s 22, and 2 investigation reports from 2008 and 2009 respectively, which Ahpra exempted in full under ss 47C, 47E(d) and 47F. Ahpra affirmed this decision after receiving an internal review application from AR.

Our office launched an FOI review into Ahpra's decision. During the review, it became apparent that Ahpra had previously provided AR with copies of the 2 investigation reports with only minor redactions. Accordingly, Ahpra informed our office that it no longer had any objection to these documents being released with the same minor redactions.

What the Commissioner determined

The Commissioner found that Ahpra had correctly applied s 22 to the meeting minutes. This was because the redacted information could be reasonably regarded as irrelevant to AR's request and AR did not object to this information being redacted. The Commissioner affirmed Ahpra's decision on the meeting minutes.

The Commissioner found that s 47C had been correctly applied to the 2 investigation reports. This was because the redacted portions of the documents contained deliberative material in the form of opinion, advice, recommendation, consultation and deliberation. Also, the non-deliberative material that was redacted was integral to the deliberative material and could not be reasonably separated.

The Commissioner also found that s 47E(d) had been correctly applied to the 2 investigation reports. This is because the redactions would have a substantial adverse effect on the operations of Ahpra and the Medical Board. Although the documents were prepared in the course of the MPBV undertaking its functions, these same functions are now carried out by Ahpra and the Medical Board after the MPBV was dissolved. The Commissioner found that releasing the redacted information would have a significant impact on Ahpra and the Medical Board's ability to carry out one of its core functions, being investigating notifications.



However, the Commissioner found that s 47F had not been correctly applied to the 2 investigation reports. Although the redactions did contain individuals' personal information, the Commissioner found it was not unreasonable to disclose this personal information. This is because that information was already in the public domain and had little relevance or importance given the amount of time that had passed since the documents were created.

After finding that the redactions in the 2 investigation reports were conditionally exempt under ss 47C and 47E(d), the Commissioner applied the public interest test to releasing the information under s 11A(5). The Commissioner found that, in general, there were compelling public interest reasons for investigation reports not to be released under FOI. This is because there is a strong public interest in protecting Ahpra's ability to receive, assess and investigate notifications in an efficient and effective way. However, the Commissioner found there were also significant factors in favour of disclosing the investigation reports. This includes that much of the information was already in the public domain and significant time had passed such that the sensitivity of the information was reduced. Also, the Commissioner recognised that releasing the investigation reports would allow AR to access information that related to them. Balancing the public interest factors, the Commissioner found the public interest was in favour of releasing the information.

Review outcome

The Commissioner decided to set aside Ahpra's decision and substitute a decision that:

- the meeting minutes were released with irrelevant information removed under s 22
- the 2 investigation reports were released in full.

Our financial statement

Health practitioner regulatory fees fund our office. Each year, we submit an annual budget proposal to the Health Chief Executives Forum. On approval, the Victorian Department of Health (as our host jurisdiction) raises quarterly invoices on our behalf, which are payable by Ahpra. These funding arrangements are outlined in memorandums of understanding with Ahpra and the department.

The Department of Health provides financial services to our office. Our financial operations are consolidated with the department's and are audited by the Victorian Auditor-General's Office. A complete financial report is therefore not provided in this annual report.

A financial summary of the expenditure for 2024–25 is provided below and has been certified as true and correct by the Department of Health's acting chief finance officer. The financial summary is GST exclusive.

Retained earnings balance at 1 July 2024 ⁶⁹	\$402,633
2024–25 revenue (invoices raised to Ahpra)	\$3,200,000

Expenditure for 2024–25

Salaries	\$2,218,026
Salary on-costs	\$341,355
Supplies and consumables	\$649,031
Indirect expenses (includes depreciation and long service leave)	\$67,307
Total expenditure	\$3,275,720
Balance at 30 June 2025	\$326,913

⁶⁹ At the end of each financial year, we retain any unspent funds to invest in longer term projects.

Appendix 1: Accreditation bodies we oversee

There are complex arrangements for which accreditation entities undertake accreditation functions as outlined in the National Law.

External accreditation authorities

If a National Board decides that an accreditation function will be exercised by an external accreditation entity, that entity works with the National Board to deliver the specified accreditation function under a formal agreement with Ahpra (on the National Board's behalf). There are 10 external accreditation entities (shown in Table 7).

Table 7: External accreditation authorities by profession

Profession	Accreditation authority
Chiropractic	Council on Chiropractic Education Australasia
Dental	Australian Dental Council
Medical	Australian Medical Council
Nursing and midwifery	Australian Nursing and Midwifery Accreditation Council
Occupational therapy	Occupational Therapy Council of Australia Ltd
Optometry	Optometry Council of Australia and New Zealand
Osteopathy	Australasian Osteopathic Accreditation Council
Pharmacy	Australian Pharmacy Council
Physiotherapy	Australian Physiotherapy Council
Psychology	Australian Psychology Accreditation Council

Accreditation committees

If a National Board decides that an accreditation function will be exercised by a committee established by the National Board, that committee works with the National Board according to the committee’s terms of reference (Table 8). Ahpra provides policy and administrative support to the committees.

Table 8: Accreditation committees by profession

Profession	Accreditation authority
Aboriginal and Torres Strait Islander health practice	Aboriginal and Torres Strait Islander Health Practice Accreditation Committee
Chinese medicine	Chinese Medicine Accreditation Committee
Medical radiation practice	Medical Radiation Practice Accreditation Committee
Nursing and midwifery	Nursing and Midwifery Accreditation Committee
Paramedicine	Paramedicine Accreditation Committee
Podiatry	Podiatry Accreditation Committee

Specialist medical colleges

The Australian Medical Council accredits 16 colleges and their specialist training programs. The Medical Board of Australia has approved these programs of study as providing a qualification for the purposes of specialist medical registration. The colleges have also been appointed by the Medical Board to assess overseas-trained specialists seeking specialist registration in Australia. The 16 colleges are:

- Australasian College for Emergency Medicine
- Australasian College of Dermatologists
- Australasian College of Sport and Exercise Physicians
- Australian and New Zealand College of Anaesthetists
- Australian College of Rural and Remote Medicine
- College of Intensive Care Medicine of Australia and New Zealand
- Royal Australasian College of Dental Surgeons
- Royal Australasian College of Medical Administrators
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian and New Zealand College of Radiologists
- Royal Australian College of General Practitioners
- Royal College of Pathologists of Australasia.

Appendix 2: Our data

Definitions

Complaint refers to the individual complaint files we create based on each notification, registration, program of study, assessment of an overseas-qualified practitioner by an accreditation authority or specialist medical college, or regulatory matter raised by a complainant.

Complaint type refers to the main regulatory area the individual complaint primarily relates to. Complaint types for complaints to the Ombudsman include notification, registration, customer experience, assessment of overseas-qualified practitioners (by an accreditation authority or specialist medical college), program of study accreditation, specialist medical training programs, statutory offence and freedom of information (and 'other' types).

Complaints finalised refers to complaints we finalised based on the complaints we closed between 1 July 2024 and 30 June 2025.

Stage complaints were finalised in refers to the last complaint process the complaint was progressing through when it was closed (assessment, preliminary inquiry, early resolution transfer or investigation) between 1 July 2024 and 30 June 2025.

Complaints received refers to complaints we received based on the complaints we recorded receiving between 1 July 2024 and 30 June 2025.

Issue refers to the concern driving a complaint.

We generally refer to the issues recorded by complaint type, but we may also refer to issues that have been identified across all complaints. We can record multiple issues on each complaint. When we report on issues, we report on all issues recorded.

Outcome type refers to the stage in our complaint process in which the complaint is finalised. The outcome types for complaints to the Ombudsman are assessment, preliminary inquiry, early resolution transfer and investigation.

Outcome(s) refers to the way or ways we resolved or finalised a complaint. We generally report on what outcomes we achieved based on the stages of the complaint process and complaint type. We can record up to 3 outcomes for each complaint.

How we record complaints

The below diagrams provide an overview of how we record Ombudsman complaints about notifications (Figure 4), registration matters (Figure 5) and customer experience (Figure 6).

Figure 7 outlines how we record FOI matters.

Figure 4: How we record notification-related complaint information

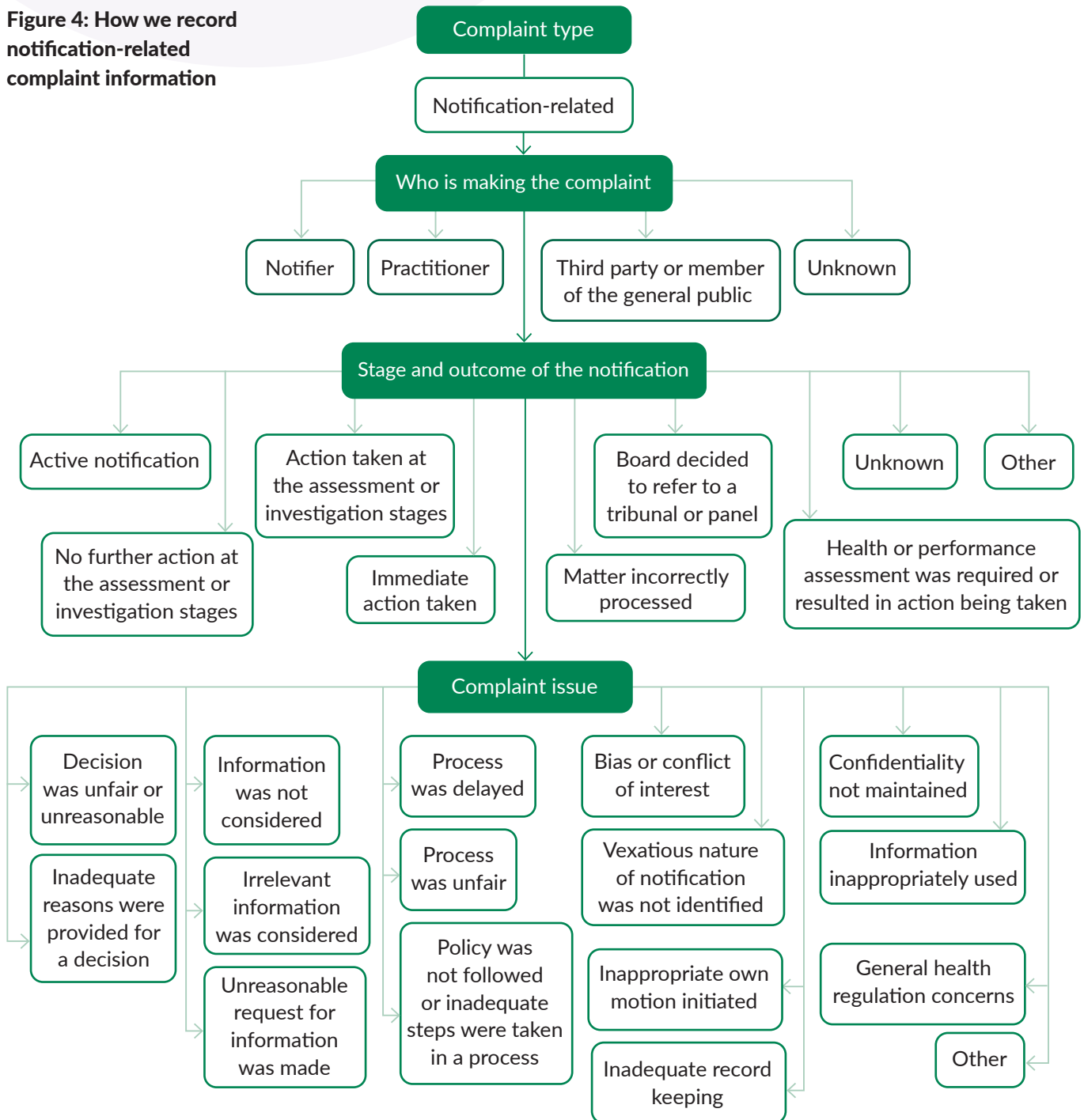


Figure 5: How we record registration-related complaint information

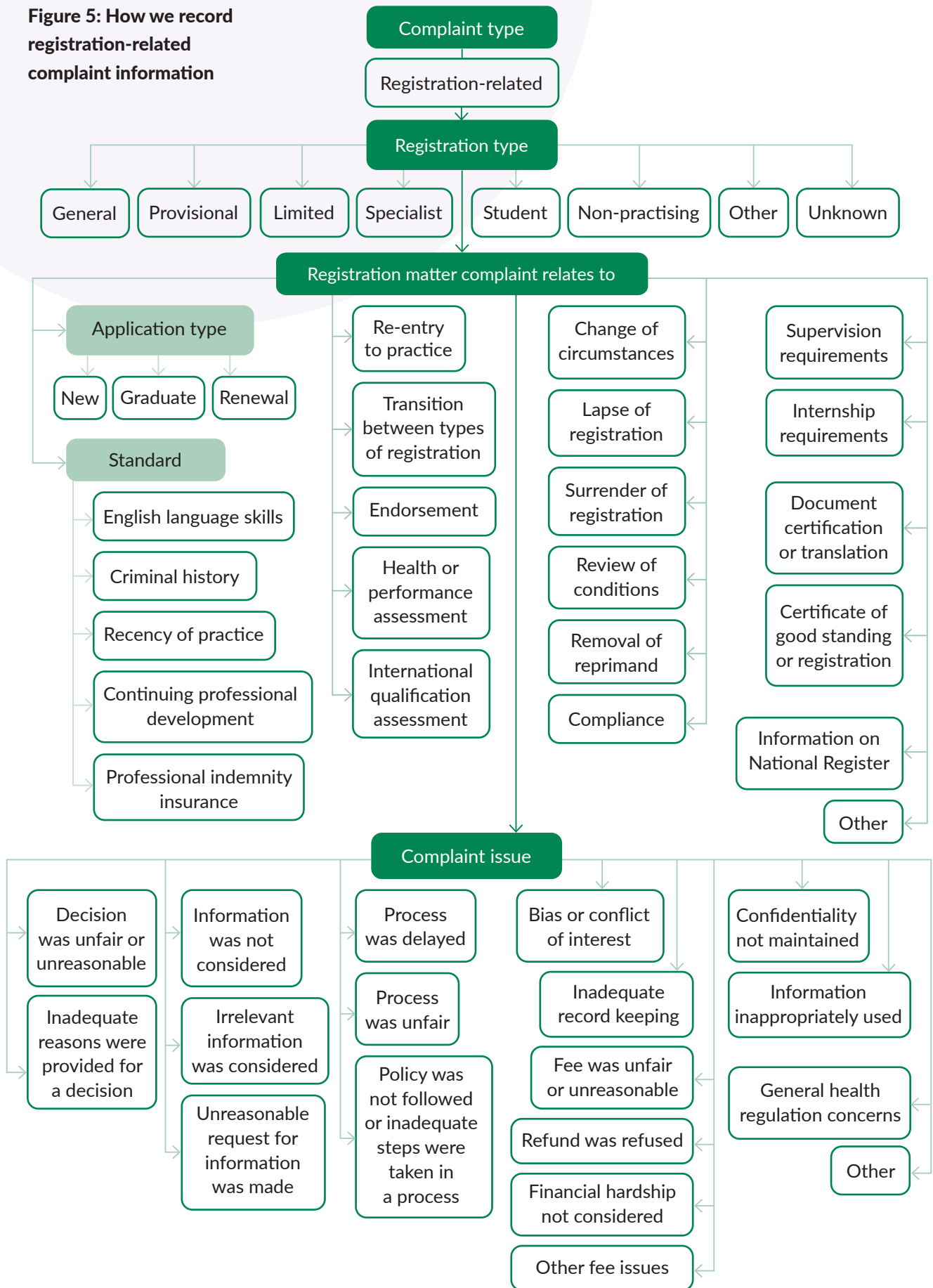


Figure 6: How we record customer experience-related complaint information

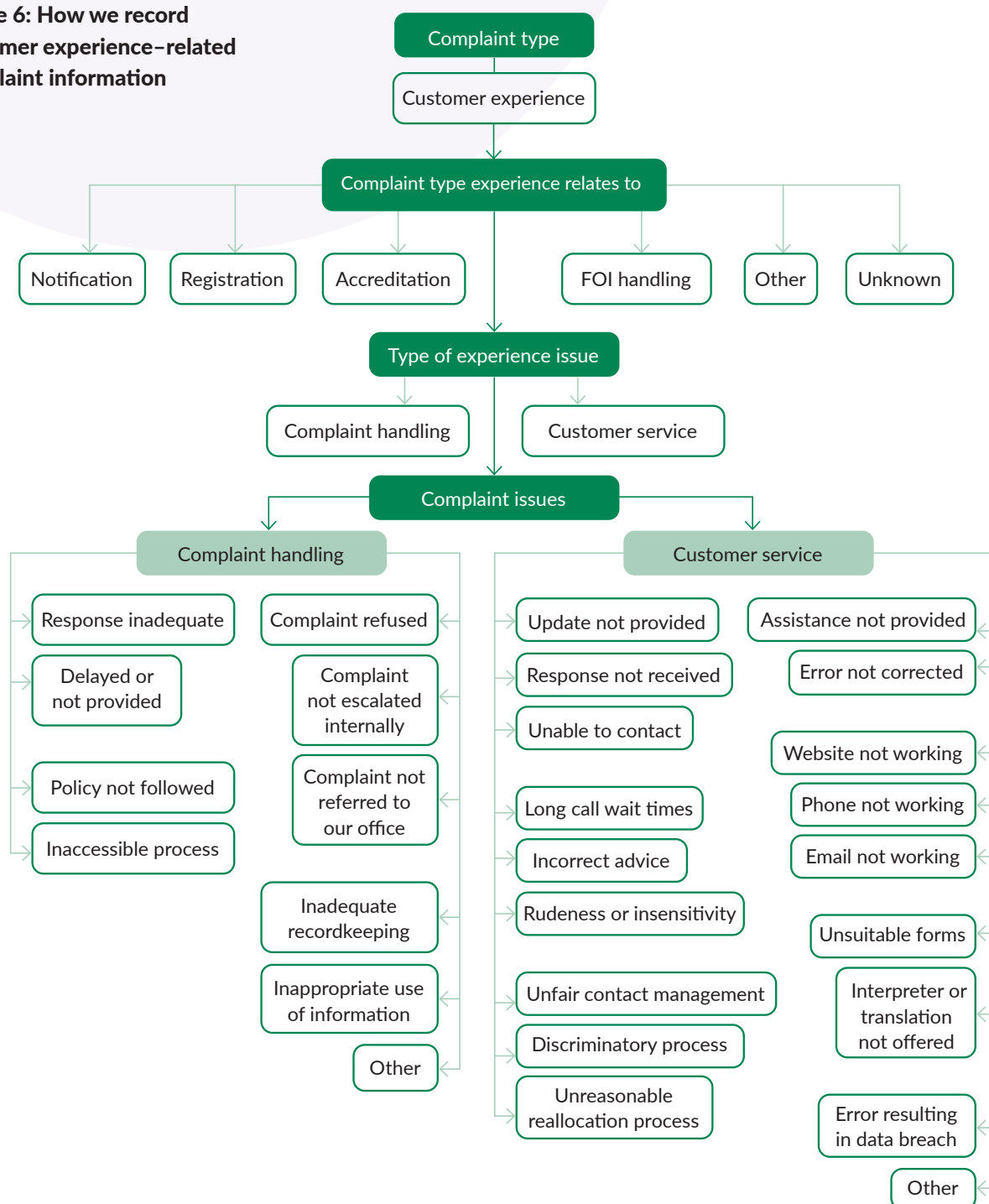
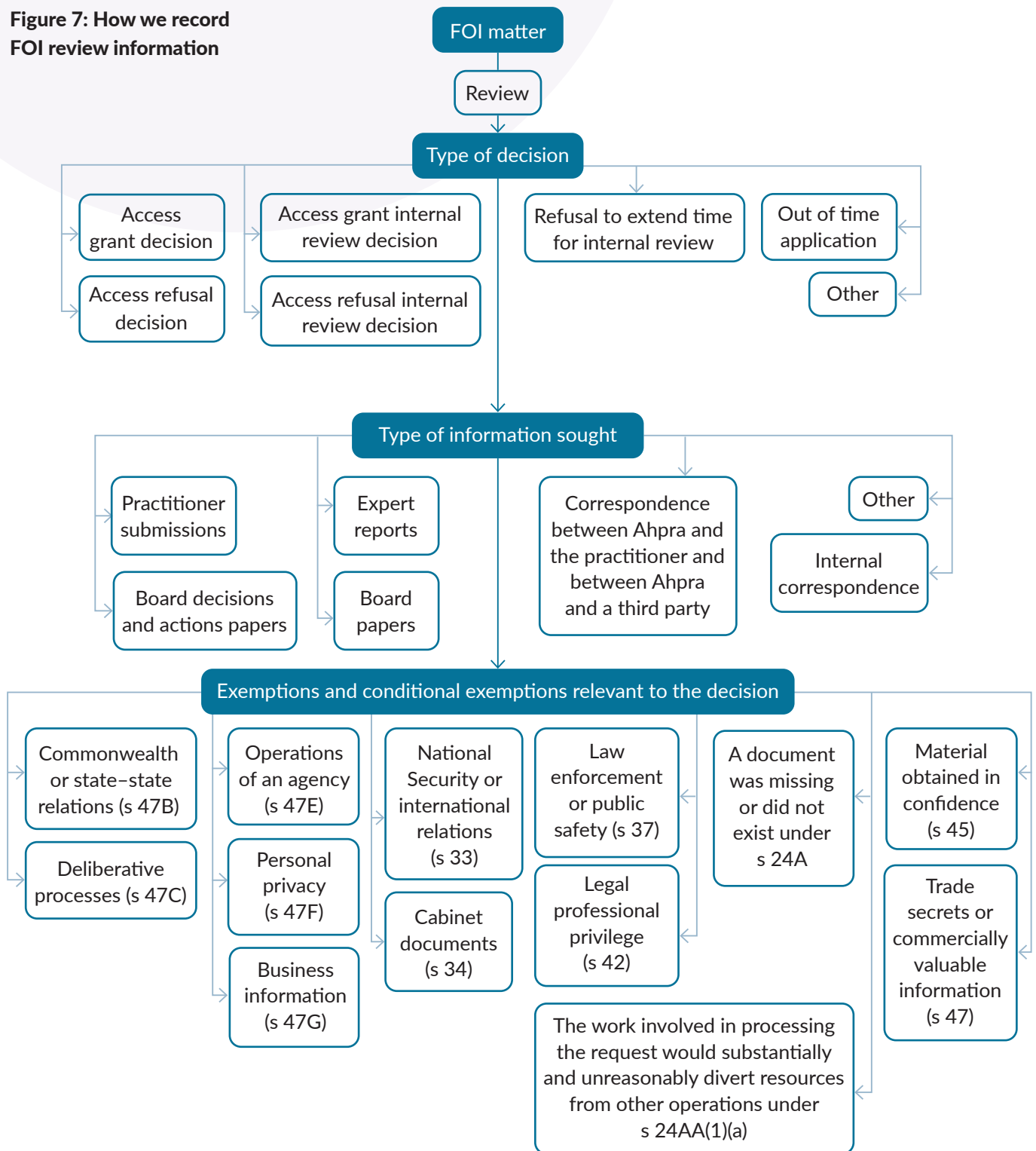


Figure 7: How we record FOI review information



Appendix 3: Ombudsman complaint information

The following tables provide summaries of information about our Ombudsman complaints data.

Table 9: Summary of outcomes on complaints finalised without investigation, by outcome type and stage in our complaint handling process, 2024–25

Outcome type	Assessment	Early resolution transfer	Preliminary inquiry	Total outcomes without investigation
Investigation is not warranted in the circumstances	298	57	84	439
The organisation's response to the complaint is fair and reasonable	35	116	30	181
Regulatory matter is still active with the organisation	108	26	33	167
Complainant did not provide requested information to our office	148	17	1	166
Complaint is about the merits of an organisation's decision	85	18	28	131
We are monitoring the systemic issue	61	3	34	98
Anonymous complainant cannot be contacted	70			70
Complaint was resolved by mutual agreement between the organisation and the complainant and/or the complainant was satisfied with how their concerns had been addressed	30	23	5	58
Complainant has not made a complaint directly to the organisation	48	2	1	51

Outcome type	Assessment	Early resolution transfer	Preliminary inquiry	Total outcomes without investigation
Matter was withdrawn prior to investigation	42	1	3	46
Complainant is not directly impacted by the complaint issue	41			41
Feedback was provided by our office to the organisation	1	3	37	41
Complainant has an active complaint with the organisation	30		1	31
Matter is more appropriately handled by a court or tribunal	23	5	2	30
We previously considered the same concerns	25			25
Matter is currently before a court or tribunal	25			25
Complainant became aware of the matter more than 12 months ago	14			14
Matter concerns a court or tribunal decision	8	1		9
We identified an aspect of the complaint to be outside of our jurisdiction after gathering more information	1		1	2
We could not investigate without compromising confidentiality	1			1
Total	1,094	272	260	1,626

Table 10: Summary of the stage and outcome of notifications that drove complaints to us, 2023–24 and 2024–25

Type of notifications action taken by Ahpra or a National Board	Total number of notification issues	
	2023–24	2024–25
No further action taken at the assessment stage	395	409
Active notification	207	222
Immediate action taken	84	180
Action taken at the investigation stage	81	80
Board decided to refer to a tribunal or panel	60	74
Matter not processed as a notification	43	55
No further action taken at the investigation stage	65	48
Action taken at the assessment stage	17	42
No further action taken at an unknown stage	37	36
Health or performance assessment was required or resulted in action being taken	4	13
Unknown	32	30
Other	8	14
Total	1,033	1,203

Table 11: Summary of problems driving notification-related complaints, 2023–24 and 2024–25

Problems related to notifications (based on complainant's concerns)	Total number of notification issues	
	2023–24	2024–25
Decision was unfair or unreasonable	270	351
Process was unfair	131	181
Process was delayed	125	152
Information was not considered	106	113
Inadequate reasons were provided for a decision	77	101
Inadequate steps were taken in a process	93	85
Bias or a conflict of interest	51	63
Vexatious nature of a notification was not identified	73	47
Irrelevant information considered or requested	18	31
Policy not followed	8	18
Unreasonable request for information	21	15
General health regulation concerns	14	14
Information inappropriately used	8	10
Inadequate recordkeeping	19	9
Other	12	6
Inappropriate own motion initiated	3	4
Confidentiality not maintained	4	3
Total	1,033	1,203

Table 12: Action or problem driving registration-related complaints, 2023–24 and 2024–25

Action or problem (as described by the complainant)	Registration-related complaint issues recorded in	
	2023–24	2024–25
Unfair process	83	148
Delayed process	34	123
Unfair or unreasonable fees	12	85
Unfair or unreasonable decision	68	81
General health regulation concerns	9	50
Information not considered	14	20
Unreasonable request for information	11	20
Inadequate reasons provided for a decision	10	16
Bias or conflict of interest in the process	10	14
Policy not followed	4	13
Inadequate steps being taken as part of the process	5	13
Other issues	19	59
Total	279	642

Table 13: Issues related to registration processes, 2023–24 and 2024–25

Action or problem (as described by the complainant)	Registration-related complaint issues recorded in	
	2023–24	2024–25
Processing of a new application for registration	45	107
Processing of a renewal application	19	103
Fees for registration	23	102
Review of conditions	11	43
Endorsement of registration	8	31
Public concern that public safety has been compromised by regulatory action or lack thereof	1	30
Compliance activity	24	26
Information on the National Register	4	24
Application of an English Language Skills Registration Standard	48	23
Assessment of an international qualification	26	23
Application of a Criminal History Registration Standard	4	20
Supervision requirements on a practitioner's registration	13	17
Public access to preferred practitioner impacted by regulatory action or processes	4	16
Transition between registration types	15	10
Other issues	34	67
Total	279	642