



Speech By
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MEMBER FOR MOGGILL

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**HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND
FAMILY VIOLENCE PREVENTION COMMITTEE: REPORT, MOTION TO TAKE
NOTE**

 **Dr ROWAN** (Moggill—LNP) (12.43 pm): I rise to address the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee report No. 31, *Inquiry into the performance of the Health Ombudsman's functions, pursuant to section 179 of the Health Ombudsman Act 2013*. I was president of the Australian Medical Association when the Health Ombudsman came into being with the passage of the Health Ombudsman Act 2013. There is no doubt that there was a significant concern at the time among professional associations such as the AMA and other medical indemnity providers about the implementation of this new system and regime. It would be fair to say, however, that given the previous regime under the Health Quality and Complaints Commission and the relevant legislation, which was introduced back in 2006 following the Morris inquiry and Forster review, and some of the clinical governance matters that we saw at that time, the system did need to change; and there did need to be a further examination of the reporting, the review and the oversight of health complaints management here in Queensland.

Having read the report, I am concerned about the Office of the Health Ombudsman not meeting the statutory time frames which are in place. This certainly risks denying natural justice to registered health practitioners—and certainly there are some concerns in relation to lengthy delays and what that means for their own health and wellbeing. When there are delays in matters outside of the statutory time frames there can also be significant distress for both complainants and their families as well. There continues to be some broad concern amongst health professionals, medical indemnity organisations and professional associations with respect to time frames not being met.

In relation to the committee report and the recommendations which are contained within it, I think they are very worthy of consideration by the government. Having additional clinician panel or advisory council input, particularly into the triage processing of health complaints, would be very important. Also measures to reduce the duplication, communication and coordination issues, which clearly seem to be still evident between the Office of the Health Ombudsman, AHPRA and other agencies, must be rectified as a matter of urgency.

It would appear from the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee report that there is still much scope for improvement with respect to the health complaints management system here in Queensland. However, I think it would be prudent and wise for the government to build on this system, to enhance it, to improve it into the future for the benefit of not only patients and Queenslanders but also registered health professionals.