

Office of the Health Services Commissioner Report



January - March 2009 Quarter

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COMMISSIONER'S REPORT

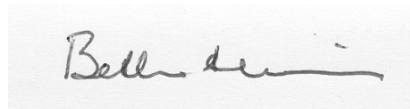
During this quarter the Office of the Health Services Commissioner (HSC) has been involved in meetings with the Department of Human Services (DHS) concerning reductions to our budget as a result of "ERC savings." The savings coincided with the Final Report of the KPMG Review and issues to be determined include overall structure of the office, the production of up to date policy and procedure manuals, staff resources, savings and cultural change. DHS has offered assistance to the HSC which is greatly appreciated.

Chief Conciliator, Keith Jackson, is taking a secondment to the Office of the Public Advocate (OPA) to assist that office in developing internal complaints management procedures. This is an opportunity for a valuable exchange of information between OPA and the HSC who, in some ways, have similar functions. I have offered Keith the assistance of this office throughout the project.

HSC continues to be closely involved in the transition to national registration of health professionals. This has involved responding to many consultation papers and attending regular meetings of the transition group at DHS.

In the quarter under review, Michael McDonald (Manager, Executive Services) and I attended the Australasian health complaints commissioners' meeting in New Zealand. These meetings are held on a six monthly basis and are an extremely useful exchange of information between officers who have similar missions and challenges. Topics discussed in New Zealand included national cooperation with the Australian Commission on Safety and Quality in Health Care, national registration, quality improvements as a result of health complaints, consumer issues, the role of medical defence lawyers in complaint resolution, data compatibility, open disclosure, mediation, Charter of Health Care Rights and investigations.

The HSC made a submission to the Review of the *Mental Health Act 1986* and continues to be consulted on important legislative and policy changes.



Beth Wilson
Health Services Commissioner

Investigation Review Panels (IRPs)

Health Professions Registration Act 2005 and Investigation Review Panels

Following the Department of Human Services "*Review of the Regulation of the Health Professions*" conducted between 2002 and 2005, the *Health Professions Registration Act 2005* (HPRA) was passed by Victoria's Parliament in November 2005 and came into operation on 1 July 2007. It repealed the eleven separate health practitioner registration Acts and section 108AL of the *Health Act 1958* relating to medical radiation practitioners. The HPRA covers people who are or will be registered as Chinese medicine practitioners, chiropractors, dental care providers, medical practitioners, medical radiation practitioners, nurses, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists and psychologists.

During this quarter, the HSC received 11 requests for participation on IRPs established to review a board decision.

Registration Board	July – Sept 2008	Oct – Dec 2008	Jan – Mar 2009
Medical Practitioners Board of Victoria	7	6	8
Dental Practice Board of Victoria	2	1	1
Psychologists Registration Board of Victoria	2	1	1
Physiotherapists Registration Board of Victoria	1	1	0
Nurses Board of Victoria	1	0	1
Medical Radiation Practitioners Board of Victoria	0	0	0
Optometrists Registration Board of Victoria	0	0	0
Osteopaths Registration Board of Victoria	0	0	0
Pharmacy Board of Victoria	0	0	0
Podiatrists Registration Board of Victoria	0	0	0
Chinese Medicine Registration Board	0	0	0
Chiropractors Registration Board of Victoria	0	0	0
	13	9	11

ANALYSIS OF COMPLAINTS TRENDS

Complaints Lodged this Quarter

Table 1: New Complaints lodged with OHSC
(Complaint forms sent out in response to complaints received)

	Current Quarter					Previous Quarter		Previous Year	
	Jan 2009	Feb 2009	March 2009			Oct - Dec 2008		Jan - March 2008	
HSC&R	162	189	187	538	91%	497	88%	425	92%
HRA	13	16	25	54	9%	66	12%	38	8%
Total	175	205	212	592		563		463	

Single Contact Complaints this Quarter

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

	Current Quarter					Previous Quarter		Previous Year	
	Jan 2009	Feb 2009	March 2009			Oct - Dec 2008		Jan - March 2008	
HSC&R	82	70	101	253	93%	235	91%	181	87%
HRA	7	4	8	19	7%	24	9%	28	13%
Total	89	74	109	272		259		209	

Accepted Cases this Quarter

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

	Current Quarter					Previous Quarter		Previous Year	
	Jan 2009	Feb 2009	March 2009			Oct - Dec 2008		Jan - March 2008	
HSC&R	80	84	109	273	88%	259	86%	251	92%
HRA	11	9	16	36	12%	42	14%	21	8%
Total	91	93	125	309		301		272	

There has been a small increase in new complaints accepted this quarter in comparison to the previous quarter (3%) and in comparison to the same period last year (14%).

The increase in complaints overall for the current year to date has continued into this quarter with more complaints accepted in the first nine months (1031) than for the past five years.

Table 4 Total cases year to date

	2007/2008	2008/2009	% increase
New complaints lodged (July to Mar)	1373	1829	33%
New accepted cases (July to Mar)	836	1031	23%

Table 5 - Consumer Profile of Accepted Complaints

Age Range	Female	Male	Total	%
0 To 14	6	8	14	5%
15 to 34	30	18	48	16%
35 to 64	68	33	101	32%
65+	38	25	63	20%
Unknown	37	46	83	27%
Total	179	130	309	

The patterns of consumer gender and age are similar to those reported previously and reflect general observations about the users of health services.

Primary Issues in Accepted Complaints

Figure 1: Accepted Complaint Issues - *Health Services (Conciliation & Review) Act 1987 (HSCR)* (n=273)

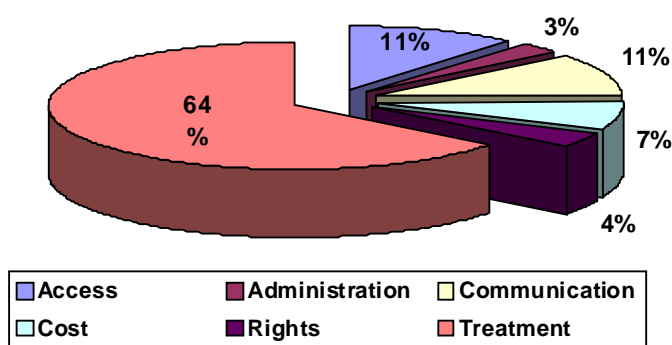


Table 6: Accepted Complaint Issues -HSCR Issues

	3 rd Qtr 2008/9	2 nd Qtr 2008/9		3 rd Qtr 2008/9	2 nd Qtr 2008/9
Access			Cost		
Communication breakdown	1	0	Amount charged	3	6
Delay in admission	0	0	Billing practices	8	8
Delay in treatment	8	8	Fraud	1	0
Discharge arrangements	1	1	Information on costs	5	4
Discharge/Transfer	5	1	Over servicing	1	3
Transfer unsuitable	0	0	Over servicing - treatment	0	0
No/inadequate service	3	7	Other	1	2
Non Attendance	1	0		19	23
Refused to refer	0	0			
Refused admission	1	1	Rights		
Transport	0	0	Access to records	1	0
Waiting list	0	1	Accuracy of records	0	1
Other	10	0	Assault	1	3
	30	19	Discrimination	1	2
Administration			No/insufficient consent	3	2
Administration	4	1	Other	2	2
Advertising	0	1	Refusal to treat	1	2
Hygiene	1	1	Unprofessional conduct	1	5
No/inadequate response	1	6		10	17
Other	2	1	Treatment		
Policy	0	1	Inadequate diagnosis	25	11
	8	11	Inadequate treatment	60	74
Communication			Medication	24	20
Absence of caring	2	2	Negligent treatment	28	35
Failure to consult	5	3	Other	5	7
Inconsiderate/undignified service	2	3	Rough treatment	11	4
Other	2	3	Unskilful/incompetent treatment	15	13
Poor attitude/discourtesy	12	6	Wrong diagnosis	4	2
Wrong/misleading Information	6	4	Wrong treatment	5	1
	29	21		177	167
			Not Specified	0	1
			Grand Total	273	259

Treatment continues to be the main issue for complaints under the HSCR

Figure 2: Accepted Complaint Issues – Health Records Act 2001 (HRA) (n=36)

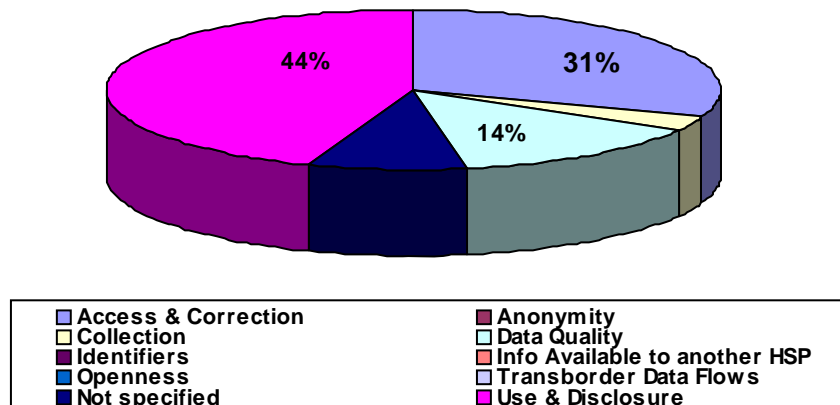


Table 7: Accepted Complaint Issues - HRA

	3 rd Qtr 2008/9	2 nd Qtr 2008/9		3 rd Qtr 2008/9	2 nd Qtr 2008/9
Access & Correction			Info available to another HSP		
Access refused	10	13	Information refused	0	4
Correction refused	0	0	Unreasonable time in delivery	0	0
No amendment advise	0	1		0	4
No written reason for refusal	1	2	Identifiers		
	11	16	Misuse	0	0
Collection			Anonymity		
Breach of in-confidence details	1	5	Refusal of anonymity	0	0
Unlawful/Intrusive collection	0	1	Use & Disclosure		
	1	6	Disclosure – Inadequate consent	14	12
Data Quality			Disclosure - Inadequate disclosure	2	1
Data inaccurate, incomplete or out of date	3	1		16	13
Unsatisfactory protection	0	1	Not specified	3	1
Unlawful deletion	2		Total	36	42
	5	2			

The number of HRA complaints this financial year has dropped each quarter from 52 to 42 to 36 this quarter. Despite the drop in number the complexity of the cases remains high. We also note that this quarter the majority of complaints were about Use & Disclosure closely followed by Access and Correction.

Respondent Analysis by Primary Issue

Table 8 – Respondent Type by Issue Category

	3rd Qtr 2008-9						2nd Qtr 2008-9							
	Dentists in Private Practice	Hospitals	Medical Practitioners	Remaining Providers	Not specified		Dentists in Private Practice	Hospitals	Medical Practitioners	Remaining Providers	Not specified			
HSC														
Access	0	15	3	10	2	30	10%	0	8	3	8	0	19	6%
Administration	0	4	2	1	1	8	2%	0	5	3	3	0	11	4%
Communication	1	10	13	4	1	29	9%	1	6	8	5	1	21	7%
Cost	7	3	5	4	0	19	6%	2	6	6	9	0	23	8%
Rights	0	7	0	2	1	10	3%	0	9	7	1	0	17	6%
Treatment	16	51	54	51	5	177	58%	15	63	46	40	3	167	55%
Not Specified	0	0	0	0	0	0	0%	0	1	0	0	0	1	0%
	24	90	77	72	1	273	88%	18	98	73	66	4	259	86%
HRA														
Access & Correction	0	0	9	1	1	11	4%	0	3	9	0	4	16	6%
Anonymity	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%
Collection	0	0	0	0	0	0	0%	0	2	2	2	0	6	2%
Data Quality	0	1	2	0	2	5	2%	0	0	1	1	0	2	1%
Identifiers Available to another HSP	0	0	0	0	0	0	0%	0	0	0	0	0	0	0%
Use & Disclosure	0	6	4	4	2	16	5%	0	4	1	5	3	13	4%
Not specified	0	1	0	0	3	4	1%	0	0	1	0	0	1	0%
	0	8	15	5	8	36	12%	2	9	14	8	9	42	14%
Grand Total	24	98	92	77	8	309		20	107	87	74	3	301	

The issues identified for each of the respondent types are similar to those in previous reports. The largest proportion of complaints (59) was again about treatment provided in hospitals and (53) treatment provided by medical practitioners and other providers (47).

Example

A man complained that he had spent considerable time and money attending appointments to have a root canal treatment on a tooth. Two months after the completion of the treatment the tooth needed to be extracted. The patient believed that this meant the procedure had not been carried out to an appropriate standard. The dentist responded to the man saying that she had explained to the patient that the procedure might fail however she had recommended that this be attempted to save the tooth. The man remembered this conversation with the dentist but still raised concerns that the advice may not have been in his best interests. HSC arranged for an independent dentist to review the records and x-rays and the expert advised that the treatment had been appropriate. The dentist offered to refund a percentage of the fee as a good will gesture and the patient was happy to accept this offer.

HOW COMPLAINTS ARE MANAGED

Table 9: Comparison by Stage of Closure

Stage of Complaint	3rd Qtr 2008-9				2nd Qtr 2008-9				3rd Qtr 2007-8	
	HRA	HSC	Total	%	HRA	HSC	Total	%	Total	%
Closed Enquiry	19	253	272	48	25	256	281	43	192	44
Closed Assessment	29	187	216	38	38	269	307	47	201	46
Closed Conciliation	10	64	74	14	5	66	71	10	42	10
Closed Investigation	0	0	0	0	0	1	1	0	0	0
Complaints closed	58	504	562		68	592	660	100	435	

There was a slightly smaller percentage of complaints closed in assessment this quarter with a greater percentage closed in enquiry and conciliation. There does not seem to be an identifiable reason for this variation.

Primary Issue in Complaint By Seriousness Rating At Closure

Table 10: Issue by Seriousness (excluding Enquiry)

All new complaints are given a "seriousness" rating which depends upon the severity of the outcome for the consumer and the perceived level of risk of the incident.

	3rd Qtr 2008-9				2nd Qtr 2008-9					
	High	Medium	Low	Total	High	Medium	Low	Total		
HSC										
Access	6	16	9	31	11%	1	10	15	26	7%
Administration	0	2	6	8	3%	0	1	14	15	4%
Communication	3	13	12	28	10%	2	14	16	32	8%
Cost	0	6	11	17	6%	2	9	25	36	9%
Rights	2	5	5	12	4%	5	7	10	22	6%
Treatment	20	100	35	155	53%	32	118	55	205	55%
All HSC	31	142	78	251	87%	42	159	135	336	89%
	11%	49%	27%	87%		11%	42%	36%	89%	
HRA										
Access & Correction	0	3	12	15	5%	0	4	8	12	3%
Collection	0	1	1	2	1%	0	1	2	3	1%
Data Quality	1	3	1	5	2%	0	2	1	3	1%
Info Available to another HSP	0	0	2	2	1%	0	2	2	4	1%
Transfer/Closure of HSP	0	0	1	1	0%	0	0	1	1	0%
Use & Disclosure	0	4	8	12	4%	0	7	13	20	5%
Identifiers	0	0	1	1	0%	0	0	0	0	0%
Transborder Data Flows	0	0	1	1	0%	0	0	0	0	0%
All HRA	1	11	27	39	13%	0	16	27	43	11%
	0%	4%	9%	13%		0	4%	7%	11%	
Total Complaints Closed	32	153	105	290		42	175	162	379	
All complaints	11%	36%	53%			11%	46%	43%		

There was no significant variation from previous reports in the proportion of cases reported as serious. Only 11% of all complaints were given this rating

Assessment & Investigation

Table 11 - Outcomes in assessment

	HSC (n=212)	HRA (n=40)	Total (n=252)	
Apology	19	7	26	10%
Compensation	1	1	2	1%
Declined	53	3	56	22%
Explanation	83	10	93	38%
Fees/Cost waived or reduced	15	1	16	6%
Quality change	10	1	11	4%
Referred Out	18	0	18	7%
Service obtained	2	3	5	2%
Withdrawn	11	8	19	8%
HRA - Access to records	0	6	6	2%
HRA - Dismissed	0	0	0	0%
Total	212	40	252	

As a complaint can have more than one outcome the total number of outcomes can be greater than the number of complaints. Explanations continue to resolve a large number (38%) of all complaints.

Table 12 – Reason for decline in assessment

HSC	HSC	HRA	Total	%
19 (1) The complaint is frivolous, vexatious or trivial	2	0	2	4%
19 (2) The complaint has been determined elsewhere	15	0	15	27%
19 (4) (a) The complaint was not confirmed in writing	20	0	20	34%
19 (4) (b) The complaint contains insufficient detail	9	0	9	16%
19 (5) Reasonable steps not taken	2	0	2	4%
19 (6) The complaint has been referred to a registration board	3	0	3	5%
19 (7) The complaint has been referred to an external person, organisation or agency	2	0	2	4%
19 (8) (a) The complaint was rejected (Outside of jurisdiction)	0	0	0	0%
HRA				0%
45 (4) Complaint not confirmed in writing	0	2	2	4%
s51 1(a) Not an interference with the privacy of an individual	0	1	1	2%
Outside jurisdiction	53	3	56	
Total				

Approximately one half of declined complaints were declined under s19(4) (a) because the complaint was not confirmed in writing or 19 (4) (b) because they contained insufficient detail and the complainant was unwilling to provide more information when requested.

Conciliation

Table 13 - Resolution in Conciliation

	HSC (n=112)	HRA (n=16)	Total (n=128)	%
Apology	31	5	36	28%
Compensation	10	2	12	9%
Explanation	41	2	43	34%
Fees/Cost waived or reduced	3	0	3	2%
Non-conciliable	5	3	8	6%
Quality change	3	2	5	4%
Referred Out	0	1	1	1%
Service obtained	4	0	4	3%
Withdrawn	15	1	16	13%
Grand Total	112	16	128	

There has been a significant increase in numbers of complaints resolved in conciliation over the past year – a total of 128 in this quarter as compared with 73 for the same quarter in the 2007-2008 financial year. We have been fortunate to have a secondee from the Energy and Water Ombudsman Victoria to assist us in conciliation over the past few months, which has eased the workload burden somewhat.

One of our conciliators attended a five-day mediation course in March run by the Australian Centre for Peace and Conflict Studies at the University of Queensland. We are hoping to provide opportunities for other conciliators to refresh their skills by attending similar courses in the future.

Registrar

During the period under review 271 complaints were discussed with the Registration Boards of which 163 were matters lodged with the Boards. Of the 271 complaints 224 were about medical practitioners and dentists and, as the table below indicates, 47 complaints discussed related to practitioners pertaining to 8 Boards. The number of complaints about medical practitioners and dentists were marginally higher than in the previous quarter. Of the 108 HSC complaints received, 14 were referred formally for consideration by five Boards. This is less than half the number referred in the last quarter out of a similar total number of complaints received by the HSC.

The HSC received two referrals from the Department of Health and Ageing under a new Memorandum of Understanding between the two agencies. A new Memorandum of Understanding was also entered into with the Office of the Chief Psychiatrist establishing revised protocols for the exchange of complaint related information between the HSC and the OCP. Two Complaints received by the HSC were formally referred to the HACC Program at DHS for consideration by that Office. Discussions occur on an ongoing basis with several other agencies in relation to complaints received by the HSC and those organisations.

Table 14 Registration Board Contacts

Registration Boards	Board Complaints discussed With HSC	HSC Complaints discussed with Boards	HSC Complaints formally referred to Boards	Board Complaints formally referred to HSC
Chinese Medicine Registration Board	2	1	0	0
Chiropractors Registration Board of Victoria	7	2	0	0
Dental Practice Board of Victoria	30	21	5	0
Medical Practitioners Board of Victoria	99	74	6	9
Medical Radiation Technologists Board of Victoria	1	2	0	1
Nurses Board of Victoria	5	3	1	1
Optometrists Registration Board of Victoria	0	2	1	0
Osteopaths Registration Board of Victoria	0	0	0	0
Pharmacy Board of Victoria	10	1	1	0
Physiotherapists Registration Board of Victoria	0	1	0	0
Podiatrists Registration Board of Victoria	0	0	0	0
Psychologists Registration Board of Victoria	9	1	0	0
	163	108	14	11

Prisoner Complaints

Table 15– breakdown of prisoner complaints

	Jan-09	Feb-09	Mar-09	Total	
Access	4	3	0	7	18%
Administration	0	0	0	0	0%
Communication	1	1	1	3	8%
Cost	0	0	0	0	0%
Rights	0	0	0	0	0%
Treatment	21	3	6	30	74%
Total	26	7	7	40	
	64%	18%	18%		

Psychiatric Services

Table 16 Psychiatric Services

	Jan-09	Feb-09	Mar-09	Total	
Medical Practitioner	2	4	3	9	30%
Psychiatric Health Service	6	1	1	8	26%
Public Hospital	5	3	4	12	41%
Corrections Health	0	1	0	1	3%
Total	13	9	8	30	
	43%	30%	27%		

Issues in Psychiatric Complaints

Issue		
Treatment	21	70%
Access/other	3	10%
Informed Consent	4	13%
Assault	0	0%
Health Records Act	2	7%

There were slightly fewer complaints about psychiatric issues and treatment this quarter. The majority of complaints were in relation to treatment.

Koories, Know Your Rights

Table 17 - Complaints (ATSI)

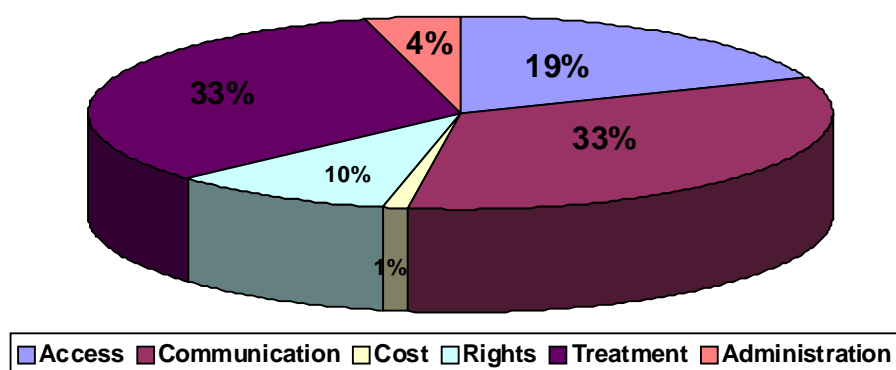
HSC Complaints		HRA Complaints	
Access	0	Access & Correction	0
Administration	1	Anonymity	0
Communication	1	Collection	0
Cost	0	Data Quality	0
Rights	0	Identifiers	0
Treatment	2	Info Available to another HSP	0
None	0	Openness	0
		Transborder data flows	0
		Transfer/Closure of HSP	0
		Use & Disclosure	0
	4		0

HOSPITAL HEALTH COMPLAINTS DATA

During this quarter 18 hospitals/community centres provided complaints data, which showed they received 706 complaints. The two major areas of concern were Treatment 231 (33%) and Communication 235 (33%) followed by Access making up 134 (19%).

Issues in Complaints

Figure 3: Issues in HCIP Complaints (n=706)



Primary Issue in Complaint by Seriousness Rating

Table 18: Issue by Seriousness

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
Minor	82	25	118	3	44	91	363	51%
Routine	14	4	41	0	8	49	116	16%
Substantial	38	0	75	4	18	87	222	32%
Serious	0	0	1	0	0	4	5	1%
Total	134	29	235	7	70	231	706	
	19%	4%	33%	1%	10%	33%		

Most complaints (67%) were of a minor nature or considered routine.

Table 19: Site by Issue

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
Admissions	16	0	10	0	2	40	68	10%
Aged Care	2	1	8	0	2	7	20	3%
Day Procedure Unit	6	0	5	0	0	1	12	2%
Emergency department	8	3	31	0	6	30	78	11%
Hospital grounds	21	0	63	6	8	29	127	19%
Intensive care unit	0	1	3	0	3	3	10	1%
Operating theatre	0	0	3	0	2	2	7	1%
Other	33	13	61	1	25	54	187	26%
Outpatient clinic	24	3	35	0	7	14	83	12%
Ward	24	8	16	0	15	51	114	16%
Total	134	29	235	7	70	231	706	
	19%	4%	33%	1%	10%	33%		

Table 20: Outcome by Issue

	Access	Admin	Communication	Cost	Rights	Treatment	Total	
CHANGE IN POLICY	6	0	2	0	2	0	10	1%
LAPSED	40	36	32	0	20	64	192	20%
NOT UPHELD	6	0	0	0	12	8	26	3%
REFERRED	0	0	2	0	2	0	4	0%
REMEDIAL	8	0	2	0	4	2	16	2%
RESOLVED	167	20	284	4	86	152	713	74%
Total	227	56	322	4	126	226	961	
	23%	6%	34%	0%	13%	24%		

EXECUTIVE SERVICES

The Executive Services Unit comprises two staffing streams and provides corporate support services for the office including Finance, Human Resources, Information Technology, Purchasing, Vehicle Management, Building Services and Reception Services. It is also responsible for the operation of the *Health Records Act 2001(Vic)* (HRA) and the provision of legal advice to the Commissioner and staff.

Table 21: HRA Requests

Requests	
Published articles	0
Consultation in office	3
Presentation to a group	20
Response to question	4
Telephone inquiries	67
Written inquiries	22
Review policy documents	1

Table22: HRA Contacts

HRA Team Contacts	
HRA brochures sent out	862
HSC brochures sent out	2242
Access to records brochures sent out	157
No of posters sent	0
Number of staff attending presentations	673

Budget

The OHSC is projected to have an operating deficit at the end of the financial year and we are working with the Department of Human Services on developing strategies to minimise the deficit while still performing our statutory obligations.

KPMG Review

The review highlighted some areas of the current operational model where changes to processes should be made to meet the future needs of the OHSC. They also suggested additional resources be allocated to the office and guidance material detailing the processes and procedures be developed.

Given some of these recommendations have budget implications they are part of the discussions with DHS around our budget.

Conferences

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

- Health Privacy Forum
- Australasian Health Complaints Commissioners
- 18th Annual Thomson Reuters Medico-Legal Congress
- Everyday people, everyday rights - Human Rights Conference 2009
- Better to be Safe than Sorry - Medical Negligence under the Microscope

APPENDICES

APPENDIX 1 –Number of complaints by Types and Specialties of provider, HSC and HRA combined.

Grouping	Type of organisation	Speciality	Sub speciality		
Dentists in Private Practice	24	Dental Surgery	3		
		Dentist	21		
Hospitals	98	Hospitals	98	<i>Dental</i>	5
			<i>Private</i>	9	
			<i>Public</i>	20	
			<i>Not specified</i>	53	
			<i>Psychiatric</i>	5	
			<i>Specialist</i>	3	
			<i>Womens</i>	3	
Medical Practitioners	92	Medical Clinic	6	<i>24 Hour Clinic</i>	1
			<i>Group Practice</i>	2	
			<i>Laser Eye Clinic</i>	0	
			<i>Men's Health</i>	0	
			<i>Not specified</i>	3	
			<i>Medical Practitioner</i>	86	
		<i>Allergist</i>	1		
		<i>Anaesthetist</i>	2		
		<i>Cardiologist</i>	1		
		<i>Dermatologist</i>	1		
		<i>Ear, Nose and Throat</i>	3		
		<i>Emergency medicine</i>	1		
		<i>Gastroenterologist</i>	3		
		<i>General Practitioner</i>	31		
		<i>Locum</i>	0		
		<i>Medico-legal Examiner</i>	0		
		<i>Neurologist</i>	2		
		<i>Not specified</i>	2		
		<i>Obstetrician/Gynaecologist</i>	6		
		<i>Oncologist</i>	1		
		<i>Ophthalmologist</i>	0		
		<i>Paediatrician</i>	0		
		<i>Physician</i>	3		
		<i>Psychiatrist</i>	8		
		<i>Radiologist</i>	2		
		<i>Rehabilitation medicine</i>	0		
		<i>Respiratory Medicine</i>	1		
		<i>Rheumatologist</i>	0		
		<i>Urologist</i>	0		
		<i>Surgeon</i>	18		
				General	2
				Cardio-Thoracic	3
		Neurological	0		
		Not specified	0		
		Orthopaedic	5		
		Plastic	7		
		Vascular	1		
Not specified	18				

Remaining Providers	77		
		Age Care	1
		Alcohol & Drug Service	0
		Allied Health	0
		Alternative therapist	3
			Clinic 1
			Masseur 1
			Other 0
			Holistic retreats 0
			Not specified 1
		Appliances and Equipment	1
		Ambulance Service	2
		Beauticians/ laser therapists	1
		Beauty Therapy Clinic	1
		Chiropractic Service	3
		Community Health Centre	4
		Corrections Health	32
		Counsellor	2
		Dental Prosthetist	2
		Diagnostic Service	6
			Diagnostic Imaging 4
			Pathology 2
		Dpt of Human Services	2
		Education	0
		Health/Insurance	0
		Mental Health	0
		Not a health service provider (organisation)	3
			Employer 2
			Recreational/sporting club 1
		Nurse	0
		Nursing service	0
		Occupational therapist	1
		Optical dispenser	2
		Optometrist	1
		Pharmaceutical supplier	0
		Pharmacist	1
		Physiotherapist	1
		Podiatrist	1
		Podiatry Service	1
		Police	0
		Psychiatric Health Service	5
		Psychologist	1
		Radiographer	0
		Statutory Authority	0
Grand Total	309		

Health Services Commissioner

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