T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Claims Made through the Transport Accident Commission (TAC)

Melbourne – Wednesday 10 June 2026

MEMBERS

Joe McCracken – Chair
Michael Galea – Deputy Chair
Ryan Batchelor
Anasina Gray-Barberio
Renee Heath
Ann-Marie Hermans
Rachel Payne
Lee Tarlamis

WITNESSES

Adjunct Professor Bernice Redley, Commissioner, and

Samantha Dooley, Acting Assistant Commissioner, Operations, Health Complaints Commissioner.

The CHAIR: Welcome to the public hearing of the Legal and Social Issues Committee. I declare open the Legislative Council Legal and Social Issues Committee's public hearing for the Inquiry into Claims Made through the Transport Accident Commission. Can we just make sure all mobile phones are off or on silent so we minimise background noise.

I would like to acknowledge the original custodians of the land, the Aboriginal peoples, and pay my respects to elders past, present and emerging.

We will go through and introduce our committee members as well. I am Joe McCracken, the Chair. I will go to my left and my right and then online.

David LIMBRICK: I am David Limbrick, Member for South-East Metropolitan Region.

Michael GALEA: Good morning. Michael Galea, Member for South-East Metropolitan Region and Deputy Chair.

Renee HEATH: My name is Renee Heath. I am a Member for Eastern Victoria Region.

The CHAIR: I will go to Rachel.

Rachel PAYNE: Good morning. I am Rachel Payne. I am also a Member for South-Eastern Metropolitan Region.

The CHAIR: We have got quite a few members from the South-Eastern Metro Region.

Bernice REDLEY: I am from the south-east as well, so there we go. We are in good company.

The CHAIR: All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during the hearing is protected by law. You are protected against any action for what you say during the hearing, but if you go elsewhere and repeat those same things, those comments may not be protected by that privilege.

Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament, and all evidence is being recorded. You will get a proof version of the transcript. Ultimately that is going to be made public as it is put on the committee's website.

For the Hansard record, are you able to say your name and the organisation you are appearing on behalf of, please.

Bernice REDLEY: Bernice Redley. I am the Health Complaints Commissioner.

Samantha DOOLEY: My name is Samantha Dooley. I am the Acting Assistant Commissioner of Operations at the Health Complaints Commissioner.

The CHAIR: No worries. Welcome, and thanks very much for coming along today despite the weather. We have got probably 8 or 10 minutes. Is that enough time? I will put 8 minutes on the clock, but if we need to go a bit over, we can. That is all cool. Welcome, and I will hand over to you.

Bernice REDLEY: Okay. Thank you for the opportunity to assist with the inquiry today. I would just like to first of all acknowledge that we are on the lands of the Wurundjeri people of the Kulin nation, and I would like to pay my respects to elders past and present and extend those respects to any First Nations people joining us today.

I am the Health Complaints Commissioner, and I have been in this role since July 2022. I bring to this role a fairly extensive background. It is both clinical, as a nurse – my background is emergency nursing – and as an academic, where I had a research program that was particularly focused on consumer engagement and preventing harm to older people as well as improving teamwork in hospitals. I also have a very strong interest in quality and safety of health care and raising the consumer voice. As the Health Complaints Commissioner, I am an independent statutory authority established under the *Health Complaints Act*, and my responsibilities include receiving and managing complaints about health service providers and the handling of health information in Victoria. My role includes giving effect to consumer voice and using complaint intelligence to identify risks, systemic issues and opportunities for improvement across the health system. I receive complaints about all healthcare services provided or offered in Victoria, and I have the responsibility for complaints about the handling of health information under the *Health Records Act*, which guides collection, use and disclosure of and access to health information. We support safe and ethical health care by listening to consumers, learning from complaints and driving improvements in quality and safety, and we collaborate with other agencies with a similar purpose and goals.

Our main functions relate to receiving and handling complaints about health services and investigations of allegations of breach of the code of conduct by what we call general health service providers, so they are health providers who are not registered with AHPRA. There are 17 health professions registered with AHPRA; we are responsible for all of the others. We can take regulatory action in relation to those general health service providers who may pose a risk to public safety. We set standards for complaint handling, monitor compliance with orders, such as interim prohibition orders and prohibition orders, and we also have a function educating consumers and providers about their rights and responsibilities.

As an independent and impartial entity, we support both complainants and providers through effective complaint management, and we prefer the least formal approach. Where possible, we do encourage and support people to raise their complaints with their provider in the first instance, and we will take on matters that they are unable to resolve through that process. We also have strong protections for those raising a complaint and non-disclosure provisions to promote full disclosure and meaningful participation in our processes. We also have, under our Act, the authority to review complaint data, investigate allegations of the breach of the code of conduct by general health service providers and take regulatory action to protect public safety and wellbeing. In recent years we have experienced about a 30 per cent increase in overall demand in matters coming to us. We work closely with the AHPRA, the Australian Health Practitioner Regulation Agency, and we also work closely with Safer Care Victoria, who also have responsibility around quality improvement across the system.

Today I have prepared a submission that has drawn on complaints made to the Health Complaints Commissioner where they have been connected to the Transport Accident Commission. While the TAC claims operate within an administrative framework, complaint data demonstrates what the experience has been of consumers of those services. The findings that we have presented indicate both personal and consequential processes, and they are typically occurring during periods of injury, trauma and financial uncertainty for those people. Complaints indicate that systems can be complex, poorly explained and inconsistent when they are applied, and the consequences are things such as delayed care, interrupted treatment and compromised recovery. In the submissions that I have prepared, we have taken a thematic approach. What we have done is used some direct searching terms to identify complaints from 1 July 2023 to March 2026 where TAC was identified in the description that was provided by the consumer.

This was a fairly manual process and very resource intensive. We have applied a thematic analysis and aligned it really to the objectives – the terms of reference of the committee. In doing that we have identified that we get about six complaints per month to the TAC or related or connected to the TAC. Over those 200-odd complaints we have identified some recurring themes, and that was prepared in the submission that I have provided to the committee. I think what we have identified is that these consistent themes affect access to care, difficulty understanding decisions and processes, and interactions with health service providers and other systems, and they appear to be most pronounced for people who are already vulnerable or disadvantaged. This submission is relevant to the terms of reference, particularly around processes around legitimate and disputed claims, fees and billing practices, interactions with health service providers and other systems and the handling and sharing of health information. I have got a minute left.

The CHAIR: You have done well. Thank you so much for that. I will go first, and then we will go through all the rest of the committee members. One of the things you mentioned was that your preference is to have

someone go directly to a provider. In this case we are talking about the TAC. I was going to ask: did you have many instances where you said to someone who came to you for a complaint, 'Go and talk to the TAC,' but then they have come back to you and said, 'We just can't resolve it'?

Bernice REDLEY: Just to clarify, when we say to go back to their provider, while the TAC may have been identified in the complaint, a lot of the complaints were not necessarily about the TAC directly, but the TAC is implicated in the complaints. If we looked at the sorts of providers that were involved, there were registered practitioners and hospitals. We also had some prison health complaints and non-registered providers.

The CHAIR: I was more just trying to get to: if you have had people come to you and complain about the TAC for whatever the case might be, have you said to them, 'Maybe you should take that up with TAC first,' but then they have come back to you and said, 'We really can't resolve this'?

Bernice REDLEY: I do not have specific data, but I can tell you generally just over 50 per cent of people that come to us we will refer back to their provider, and less than about 7 per cent of those will actually come back to us. I cannot answer that specifically for the TAC, but that is the general –

The CHAIR: That is okay. That is fine. I appreciate that. I noticed that 37 per cent of complaints identified a lack of clarity around TAC processes – documentation required. I think 35 per cent of complaints were about health records and the information-handling issues. These are really important issues. Thirty-seven per cent, 35 per cent – that is not insignificant.

Bernice REDLEY: No.

The CHAIR: What do you do with that? Do you send it to the TAC and say, 'We've have got some issues here'? How do you handle that from your point of view?

Bernice REDLEY: We work with the consumer and the provider to try and get resolution of that complaint, depending on what the consumer actually wants as an outcome from that. While these are issues that are raised in the complaints – and this is about the complaints that have come to us and what people have identified – in terms of getting outcomes for those matters, sometimes we are able to achieve outcomes, sometimes we are not able to achieve those outcomes.

The CHAIR: There is quite a significant amount of complaints – 37 per cent about documentation requirements and interactions with the TAC. As a result of those, working with the TAC, have you said to them, 'These are the issues that are coming through'? Have they had a response to what you have raised with them?

Bernice REDLEY: One of the approaches that I will often take with providers, where we identify common issues, is that we will meet with those providers directly and share with them complaints that we have received. I will say I have not actually done that with the TAC directly, although I do have a plan to do that in the near future. This inquiry has led me to undertake the analysis, which has uncovered some issues. Certainly the approach that I would generally take is to raise those thematic issues with them to make sure that that feeds into their governance process and their complaint-handling processes.

The CHAIR: I guess my question is: what is the big thing you are going to tell them, then?

Bernice REDLEY: Yes, well, absolutely that there is complexity in the system and that people do find it really difficult to navigate. There have clearly been a number of cases where people have raised their concerns about health information and the way health information has been shared. I specifically looked for complaints that came in under the *Health Records Act*. There were very few of those that were directly related to that.

The CHAIR: Thanks. My time is up. I am going to hand over to Mr Galea.

Michael GALEA: Thank you, Chair. Good morning. Thank you very much for joining us today, Adjunct Professor Redley. Those 193 complaints over close to a three-year-period – I understand that the TAC have around 43,000 active cases in any given year. Obviously we would prefer to have everything resolved, but that strikes me as actually an extraordinarily low number of complaints. When compared to your experience dealing with other health sectors, whether it is WorkCover or whether it is any other part of the health support service sector, would it be fair to say that this is actually quite low?

Bernice REDLEY: Generally speaking, it is a relatively low number. Most of our complaints will come from our large health services, while I do not like to always put numbers on things. I think numbers are not always the best indicator of the severity, and sometimes a good reporting culture can mean that lots of people will raise their complaints.

Michael GALEA: Indeed. How confident are you in that 193 figure? Because I am assuming it is not like you have got a pile of TAC and non-TAC. There is probably a lot more –

Bernice REDLEY: Yes, it is very nuanced. The way we identified these cases was actually using a free word search through the words that people used in their complaints.

Michael GALEA: We have got roughly just over a third that relate to the complexity of the system, and I will try to come back to that in a moment, but are the majority of these 193 complaints specifically related to the TAC or related to the providers that the patient has engaged under the TAC? Then the second part is: is that their own provider or is that a TAC IME, for example?

Bernice REDLEY: I can tell you the types of providers that were involved in the complaints. Typically this is because the person may have gone to a particular provider to raise or to seek care, which are the sorts of complaints that we receive, and they have raised their concerns about that and there has been a TAC sort of element to that.

Michael GALEA: Sure. Thank you. So, going back to the Chair's questions, it is more about those actual health providers because that is your role – not to monitor the TAC system, for example.

Bernice REDLEY: That is right, yes.

Michael GALEA: In terms of the complexity of the system, is there a key pattern that you think could be addressed that would resolve that for most people? Indeed in a lot of the evidence we heard yesterday, people referred back to the early stages and the trauma and the confusion. How does the TAC and how do we make the system clearer and more transparent for people to know where they stand and know how to access it?

Bernice REDLEY: Certainly the issues that are coming up relate to the documentation – the difficulty of navigating documentation and timeframes. There are some inconsistencies in when people get the information about the TAC. People have been in hospital and, as you say, are either not provided or have not been able to recall that that information has been provided. There is also, I think, an element there of when they are engaging a health service provider what their understanding of the process is as well. That also seems to be an issue, and clarity for those people who are providing health services about how they navigate the system also, I think, has emerged as an issue.

Michael GALEA: Thank you. I realise, and you have said, you have not discussed this with the TAC, but you have reached out to them, is that right? Or are you about to?

Bernice REDLEY: We have reached out. We have some time set aside to speak with them.

Michael GALEA: Wonderful. Thank you very much.

The CHAIR: Thank you, Mr Galea. I am going to go to Mr Limbrick now.

David LIMBRICK: Thank you for your submission – it is very helpful – and the work that you did in putting it together. It sounds like it was a fair bit of effort. Just to clarify for the committee on the delineation between AHPRA and non-AHPRA providers, what are some examples of non-AHPRA providers that you would be taking complaints about – the types of services?

Bernice REDLEY: Allied health-type services, assistant-type roles, massage is a good one, counsellors are another sort of fairly popular one in our complaints and other sorts of physio assistants or allied health assistants – those sorts of roles are what we would see in there.

David LIMBRICK: And of course we would not expect that all complaints would – I do not know what the proportion is between AHPRA and non-AHPRA-regulated complaints, but would you have any visibility of that or not really?

Bernice REDLEY: Just under half would have identified a registered provider. Now, under national law we are required to notify AHPRA if we receive a complaint where a registered provider is identified. So we share that information with AHPRA, and then we work with them to work out where is the best place for that complaint to be managed. About a quarter –

David LIMBRICK: So you sort of refer on complaints –

Bernice REDLEY: Yes. We refer on.

David LIMBRICK: If it happens to be an AHPRA-regulated provider, you will refer it on.

Bernice REDLEY: Yes. If it relates to the conduct and behaviour of the provider, then AHPRA will typically take that on. But say it relates to processes in a clinic – a doctor's clinic, where a doctor has been identified – then they might be matters that we would take on. So we do agree with them, and we do refer on. I have some numbers here that can help you. Between about four and 15 per year are referred to AHPRA.

David LIMBRICK: Okay. We heard some evidence yesterday, and it probably relates to non-AHPRA providers as well. We had people who were saying that they wanted to complain – they had a dispute with the TAC. Under discovery they had obtained medical reports that they disputed, thought were inappropriate, wrong, had a whole bunch of problems with them, but they were prevented from making complaints to AHPRA because of legal privilege about those particular documents because they were held under privilege. I suspect that this might apply to non-AHPRA-regulated – or to any – providers. Have you come across this issue before, and is there some way of resolving it?

Bernice REDLEY: People have a right to access their own health information, and they can raise complaints with us when they are unable to do that.

David LIMBRICK: They have said to us that they found it exceedingly difficult to do that and, in fact, had to go through extensive FOI procedures in many cases.

Bernice REDLEY: So the FOI Act is sort of separate to us. We are a little bit different to other states, which I think does make it a little bit more difficult. We have the *Health Records Act* in Victoria, and if people have complaints about their access or correction of records or those sorts of issues, they can raise those matters with us. If we are unable to resolve those matters or help people to resolve those, we can actually help to refer those through to VCAT as well, to help people get outcomes, particularly those really tricky ones. In the main, we are able to actually assist people getting access to records. Correction of records can sometimes be very tricky, particularly when there is a dispute of facts.

David LIMBRICK: We had a man yesterday who had a report that claimed that he had another daughter that he was unaware of, and they would not provide any information on it. He was very upset about it.

Bernice REDLEY: Yes, I can understand that that would be very upsetting. And certainly people have raised with us in their complaints, as outlined, that they feel that some of the information may not have been correct as well.

The CHAIR: I will hand over now to Dr Heath.

Renee HEATH: Thanks for coming in and sharing today. A few questions: from the time you receive a complaint to the time it is resolved, what is that timeframe, or when does a person at least get a hearing or a conversation?

Bernice REDLEY: That is a difficult question to answer. We use a risk-based approach to the way we manage our matters. When somebody contacts us in the first instance, if their matter – for example, if we refer them back to their provider or if they are seeking information, we are often able, particularly if they contact us by telephone, to actually resolve those matters pretty much straightaway. Off the top of my head – I will try and remember – about 60 per cent of matters are resolved within three days and just under 90 per cent within 90 days. But there are some matters that do take a very long time, and the range can be up to over a year, depending on the complexity of the matter and sometimes also depending on the complainant. Complainants sometimes will take time in responding or providing documents. Sometimes it can be difficult engaging with their providers as well. Very complex matters can take a long time to resolve.

Renee HEATH: The documents you were talking about, is that similar to what Mr Limbrick said about people needing to FOI, essentially, their own medical records?

Bernice REDLEY: Typically, in the matters that we are dealing with, people may have already FOI-ed their records before they came to us, because that is how they have identified that maybe there is a discrepancy or something they want to challenge.

Renee HEATH: Why aren't they released to people? Why would you have to use the *Freedom of Information Act* to get your own records? This does not involve anyone else. Your medical documents are your own.

Bernice REDLEY: To access medical records – the *Freedom of Information Act* applies to our public health services, and the *Health Records Act* applies to our private services. I think OVIC have some very good guidance, and I think the intent is that people should be able to access their own health information. I cannot answer why services would not provide people with access to their own health information, because I think that it is important that people do have access.

Renee HEATH: Do you find it inappropriate that people have to go to such lengths to access their documents?

Bernice REDLEY: I cannot make a judgement on whether it is appropriate or inappropriate, but I think the general principle is that people should be able to access their own health information in reasonable circumstances as well.

Renee HEATH: Yes, absolutely. In one of these it talks about how 35 per cent of complaints are about health records and information handling. Does the TAC have access to My Health records or things like this, or is there that gap? What are people generally complaining about – the fact that their information is being shared or that it is not being shared?

Bernice REDLEY: In relation to access to My Health Record, I cannot comment on that. I am not aware of that. The things that people have raised with us relate to where there may be a difference of opinion about accuracy of health records. They might be seeking additional information or challenging whether the information is correct or not. It is not up to us to make that judgement.

Renee HEATH: No, that is fine.

Bernice REDLEY: It is actually up to us to help that person resolve that with their provider.

Renee HEATH: Yes, absolutely. I have one last question. Often people speak about the complexity of the system. If you had a recommendation, is there a situation where maybe the doctors – like, I am registered with AHPRA. We are never really sure – I was a practising chiropractor – what it is that needs to be on the record in terms of TAC. As the Health Complaints Commissioner, do you see any space or any value in some sort of training or guidelines in what might be needed for a TAC claim that will cover people down the track et cetera?

Bernice REDLEY: I think my response to that is the system needs to be easy for everyone to use, both consumers and providers. I would say that many of the matters that are raised with us are a combination of both – the challenges experienced both by consumers and by providers. Anything that makes it easier for people to be aware – training is one thing – but there is a whole range of other things that are potentially available. I think using the information that we have gathered through complaints should be used to help improve services.

Renee HEATH: Yes, wonderful. Have you got any recommendations of how to do that?

Bernice REDLEY: Not at the moment specifically.

Renee HEATH: Thanks.

The CHAIR: Thanks. I am now going to go to Ms Gray-Barberio, who is online, so you will just see her on the screen there. Anasina, over to you.

Anasina GRAY-BARBERIO: Thank you very much, Chair. And thank you, Professor Redley, for being with us this morning. I have got a few questions. Is the Health Complaints Commissioner properly resourced?

Bernice REDLEY: That is a –

Anasina GRAY-BARBERIO: Just yes or no is fine.

Bernice REDLEY: We have experienced quite significant growth, and we operate on a fixed budget. We have had 30 per cent growth in demand, but we have not had any change in our operating budget.

Anasina GRAY-BARBERIO: Okay, so I will take that as a no. With regard to investigations, you said in your presentation you are averaging six complaints related to TAC or where TAC is implicated?

Bernice REDLEY: Yes.

Anasina GRAY-BARBERIO: Is it only because of this inquiry that you were able to collect this data? Is this normal practice for you?

Bernice REDLEY: In response to the inquiry, I discussed this with our executive team and our executive team identified that the staff had raised that TAC seemed to be something that they were aware of. So we purposefully did this analysis in order to use consumer voice and raise that consumer voice for this inquiry, because we thought it was important that we used this opportunity.

Anasina GRAY-BARBERIO: You said in your presentation that your experience covers consumer engagement and preventing harm. We heard many, many stories yesterday where there was systemic harm for claimants and clients. If this analysis had not come about and if this inquiry had not come about, what do you have to say – your expert opinion around consumer engagement and prevention of harm? You have got a meeting coming up with the TAC. Have you ever had any prior meetings with the TAC?

Bernice REDLEY: We would not typically engage with organisations like the TAC in the sense – I just want to clarify here that when we have identified these complaints, there are a range of actors that are actually involved. There are the consumers, there are their health providers, and TAC has been identified as being relevant in the complaints. Whether that person has made a complaint to the TAC directly or raised it with their service provider – that is generally what we would encourage.

Anasina GRAY-BARBERIO: You also said, though, in your presentation that there were issues.

Bernice REDLEY: Yes.

Anasina GRAY-BARBERIO: The extent or the depth of those issues: will you be raising that with TAC when you meet with them?

Bernice REDLEY: Yes, we will be sharing the information we shared with the commission with the TAC. Yes.

Anasina GRAY-BARBERIO: Okay. Obviously putting on your hat as consumer engagement and preventing harm, will you be advocating strongly? Because you have actually referred 50 per cent of these cases back to TAC. Is this just because of the risk lens put on it, that it is not serious enough for you guys to investigate, or because you are hamstrung with regard to resources?

Bernice REDLEY: Just in response to your question, when we refer people back to their provider, we will refer them back to whoever it is that they are raising the complaint about. In good complaint handling it is actually really important that people have the opportunity to raise their concerns with their providers in the first instance, because that can help (a) build trust and avoid the deterioration of that relationship, but also make sure that the provider is aware of the issues that the person is raising. So when you say 'back to TAC', I am not saying that we have sent these people back to TAC, I am saying we have referred them back to the provider about which they have been raising their complaint. Now, that may be TAC, or it may be their GP or their counsellor or their physiotherapist.

Anasina GRAY-BARBERIO: I guess that segues into my next question. You have health complaint handling standards.

Bernice REDLEY: Yes, we do.

Anasina GRAY-BARBERIO: How much of that framework is used to be able to determine whether complaints should be going back to providers? Because it seems to me like you are just referring complaints on, back here and back there. How much are you –

The CHAIR: Sorry, Anasina, you have run out of time, but if you finish off this question, I will let you go.

Anasina GRAY-BARBERIO: Thank you, Chair, I appreciate that. It just seems like it is such a maze for complainants trying to get their disputes handled. How much of the process is actually fair and impartial?

Bernice REDLEY: From our perspective, being fair and impartial is actually really important. We support both complainants and providers, but we also recognise that there is an inherent power imbalance in healthcare relationships and that consumers are typically more vulnerable in those relationships. The complaint handling standards are very much focused on the standards that we expect of providers when they are handling complaints. Certainly if we see instances or patterns where we think those standards are not being met, then we will work with those providers to try and make sure that they raise those standards. Did I answer your question?

Anasina GRAY-BARBERIO: Yes. Thank you, Professor. I appreciate that but also acknowledge that as the Commissioner you also hold a lot of power too.

The CHAIR: Thanks. I will now hand over to Ms Payne, who is also online.

Rachel PAYNE: Thank you, Chair. And thank you to you both for presenting before us today and for your very thoughtful submission. I just had some questions around clarity and process. In your submission you refer to 37 per cent of complaints you receive identifying a lack of clarity around the processes. We heard from some of the representatives yesterday, but what impact does this have on injured people?

Bernice REDLEY: Clearly if people are very concerned about it, it is why they come to us and they raise these issues with us. This is an issue that we have identified by analysing the complaints that people have come to us with and what people have told us, which is why we have actually presented it in the way that we have – really raising those issues around the clarity of the documentation, the processes, the service provider understanding. This is leading to things like delays and errors because of the difficulty that they are actually having in navigating the system.

Rachel PAYNE: As you mention, people are already vulnerable and disadvantaged in submitting their claims and how they are further impacted. What safeguards do you recommend to support these claimants, and what support would you like to see going forward?

Bernice REDLEY: In my role as Commissioner really my job is around receiving these complaints, analysing them and providing the information to those people that are actually able to enact and use this information for improvement. I think there are a number of recommendations around providing easy-to-use services; making sure that both consumers and providers are clear around their roles and responsibilities – those people who are the most vulnerable are typically the people that are most at risk as well; and making sure that we have those safeguards around those people to make sure that they are aware and able to access the services and entitlements. I think that is really important.

Rachel PAYNE: Just on that, in your submission you refer to 21 per cent of complaints received relating to fees and bills. Have you received any complaints relating to gap fees or unexpected out-of-pocket expenses, and if that is the case, does that have an impact on claimants accessing treatment?

Bernice REDLEY: I can say that consumers did report unexpected out-of-pocket costs, confusion about gaps between provider fees and TAC, confusion about whether they are they are using Medicare or using TAC to pay their bills and delays in getting reimbursements, which then causes financial strain. They are some of the issues that have been raised for us. In particular, if someone is experiencing financial hardship, I think we all recognise that there is a lot of financial hardship in the community at the moment and that that can impact on them accessing services. Does that answer your question?

Rachel PAYNE: Yes, it does. Thank you. As I have time, I might just also ask questions in relation to – as the Legalise Cannabis member of Parliament, I have received correspondence and complaints from people who are going through the TAC claiming process around access to medicinal cannabis. Is this something that the commission has flagged as an issue for some claimants being denied access to medication that they are finding effective?

Bernice REDLEY: It is not something that has been specifically identified in the complaints that we have received.

Rachel PAYNE: Okay. Because when I have spoken to the minister about it, I am told that each application is treated case by case. Is that sort of the information that you are receiving by way of any complaints coming through to the commission?

Bernice REDLEY: For us, each person that comes to us is treated on a case-by-case basis. And as I mentioned earlier, we use a risk-based approach to prioritise those matters, particularly around if there is the risk of harm to somebody – and harm not just being physical harm but also psychological and financial harm.

Rachel PAYNE: Okay, Thank you. Thank you, Chair.

The CHAIR: Thanks, Rachel. I will hand over now to Ms Watt.

Sheena WATT: Lovely. Commissioner, thank you very much for joining us today. I have just got a couple of questions, and I might begin by perhaps flagging my concern for people that come with language or literacy barriers. Frankly, everyone that we heard from yesterday, I believe, their mother tongue was English. I am really keen to understand if you have received any particular complaints from those that have some language barriers but also understand what specific obligations you consider to fall on the statutory insurer with respect to identifying the kinds of impacts on the most vulnerable people, and particularly those vulnerabilities that are particularly compounded by mental health injuries, language and literacy barriers. Who is doing it well, so that we can look to best practice out there?

Bernice REDLEY: I am not quite sure I can answer all of your question. But to start with the first part, yes, language, literacy and communication barriers – and cognitive barriers is another one – often can impact people and increase the level of vulnerability that somebody may experience in any healthcare relationship in particular. That did emerge through this. We offer language services as part of the service that we provide. It is not uncommon for us to receive a call from someone and have the interpreter on the phone, you know, the language services on the phone with the person. In this particular group of complaints, we did identify that there were people that had raised their concerns about experiencing literacy and cognitive barriers, but we did not identify very specifically any individuals.

Sheena WATT: Are there any specific obligations by the TAC, frankly, with respect to supporting clients through the system that may have language barriers or mental health or cognitive challenges? The complexity of managing this if it is in fact also layered with language challenges or other cognitive challenges I imagine is enormous, and I just want to know what the obligations are for TAC to support clients.

Bernice REDLEY: We have our health service principles that really underpin the rights and responsibilities, and there is a responsibility for all health service providers to offer fair, equitable and accessible services. The challenges of doing that often increase with levels of vulnerability that people experience, but certainly the expectation is that people are provided with the services that they need to be able to seek the health care that they need.

Sheena WATT: Yesterday we had a witness, Kerryn Airs, who reported that she actually received letters that detailed other clients' medical history, what surgery they were getting and issues around the medical treatment and whatnot. I am quite concerned about privacy management and systems within TAC that allow a client to receive, frankly, a letter in the post about an entirely different client that includes private medical history. I am interested too in your work around identifying patterns in system failure, because to my mind it is a system failure when you are receiving somebody else's private medical information from TAC. Where is the point where you guys might step in if you find that this is systemic and there is a pattern there?

Bernice REDLEY: That is clearly a breach of privacy and a breach of the *Health Records Act*.

Sheena WATT: Yes, it is. And it has happened more than once, we heard from Kerryn. She has not received it once off; she has received other people's –

Bernice REDLEY: I would encourage her to raise that with us, and we will be able to provide some assistance for her. That is very concerning, I agree.

Sheena WATT: They are not her records. They are somebody else's.

Bernice REDLEY: Yes, but there has clearly been a breach of privacy, and we take complaints about that and assist people to manage that.

Sheena WATT: Okay. I am interested in how many we would need to –

Thank you very much, Commissioner. I appreciate that. I will return to the Chair.

The CHAIR: Thank you, Ms Watt. That brings an end to our questions. If we do have any more questions, are you happy to take any on notice that we can email through and that sort of thing? There might be some that we think of at midnight tonight, who knows. But yes, from us to you, thanks very much for your time today and for your submission. We will bring this session to a close. Thank you.

Witnesses withdrew.