HEALTH COMPLAINTS COMMISSIONER

Supporting safe and ethical healthcare











ANNUAL REPORT

2025-26

Our purpose

Support the consumer's voice and learn from complaints to help drive ongoing improvement in the quality of health services in Victoria.

Our mission

Our independent service assists consumers and healthcare providers, through fair and effective complaint handling, education and regulatory actions.

Our values

Act with integrity

We operate in an impartial and independent way. We always maintain high professional standards.

Be respectful

We respect others and always take a person-focused approach.

Be supportive

We focus on protecting and promoting the health and wellbeing of our people and the community. We strive to equip people to help themselves thrive.

Be innovative

We are committed to continuous learning and improvement in the health services sector and in the way we operate every day.

Acknowledgement of Aboriginal and Torres Strait Islander Peoples Living in Victoria

The Health Complaints Commissioner acknowledges Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and recognises the rich diversity of Traditional Owners across Victoria. We honour the enduring strength, resilience and cultures of the world's oldest living peoples and recognise their continuing connection to Country, culture, community and waterways.

We are committed to advancing equity, cultural safety, self-determination, truth-telling and reconciliation. We acknowledge the ongoing impacts of colonisation and pay our deepest respects to Elders past and present and all Aboriginal and Torres Strait Islander peoples living and working throughout Victoria.

Diversity statement

At the Health Complaints Commissioner, diversity, equity and inclusion are fundamental to who we are and how we work.

We are committed to providing an accessible, culturally safe and inclusive service for all Victorians. We recognise that diverse perspectives and experiences strengthen our organisation and improve the services we provide.

Our commitment to diversity, equity and inclusion supports our mission to assist consumers and health service providers through fair, independent and effective complaint resolution, education and regulatory action.

We strive to foster a workplace where all people feel respected, valued and empowered to contribute, and where our workforce reflects the diversity of the Victorian community we serve.

Contents

04 Executive summary

05 Strategic plan

06 Our impact at a glance

07 Year-on-year performance report

08 Strategic pillar 1: Our people

09 Strategic pillar 2: Our process

12 Strategic pillar 3: Our users

16 Strategic pillar 4: Our impact

24 Collaboration with Ahpra

25 Safeguarding the public through enforcement

28 Protected disclosures and disclosures under the HCA

29 Our Advisory Council

For more information

This Annual Report details our performance over the 2025-26 financial year against the Commissioner's functions under the *Health Complaints Act 2016* (Vic) (HCA), our Strategic Plan, and our Service Charter. The Health Complaints Commissioner administers the HCA and the *Health Records Act 2001* (Vic) (HRA).

For consumers

For more information about our role, or to make a complaint about a health service provided in Victoria, visit **hcc.vic.gov.au** or call 1300 582 113.

For health service providers

For information about our complaint handling process, training and resources, or your obligations under the HCA and HRA, visit **hcc.vic.gov.au** or call 1300 582 113.

Disclaimer

The names used in case studies throughout this report have been changed to protect privacy. Images accompanying case studies do not depict actual complainants, patients or health service providers.

Data disclaimer

The data presented in this report represent information available at the time of publication. Complaint and enquiry data are dynamic and may change as matters progress, additional information becomes available, or cases are reclassified in accordance with HCC reporting definitions. Where multiple contacts relate to the same matter, records may be consolidated. In some circumstances, complaints may be reopened following closure if new information is received.

Executive summary

I am pleased to present the Health Complaints Commissioner's 2025–26 Annual Report.

The third year of our 2023–27 Strategic Plan was characterised by unprecedented demand for our services, embedding our new user-focused operating model, two office relocations and new people in key leadership roles. Despite these challenges we maintained continuity of our service delivery, and used our regulatory powers to safeguard the Victorian community.

Throughout the year, we remained focused on supporting the consumer voice and learning from complaints to help improve the quality and safety of health services in Victoria. As an independent statutory body, the Health Complaints Commissioner (HCC) provides fair, accessible and effective pathways for all members of the Victorian community to raise concerns about health service providers, while maintaining public confidence through independent oversight and action.

We continued to work collaboratively with government and stakeholders to support reform and improve efficiency while maintaining the regulatory safeguards and consumer protections established under the *Health Complaints Act 2016* (Vic) (HCA) and the *Health Records Act 2001* (Vic) (HRA).

The year also highlighted the growing importance of the HCC's role in identifying emerging risks and promoting system improvement. Increasing demand, growth in online health service delivery, concerns relating to sexual boundary breaches, management of health records and other complex issues reinforced the value of complaint insights in improving healthcare quality and safety.

Our achievements and progress throughout the year are reflected in the four pillars of our Strategic plan.

Our people:

Our people remain central to delivering high-quality services to Victorians. In 2025–26, we strengthened workforce capability, wellbeing and engagement through targeted learning and development, an enhanced Staff Capability Framework, Mental Health First Aid training and a continuing focus on psychological safety. These investments delivered significant improvements in People Matters Survey results, including work-life balance, psychological safety, role clarity, service quality and confidence in addressing improper conduct.

Our processes:

We strengthened complaint handling processes to respond to increasing demand while targeting resources where they have the greatest impact. Dedicated teams for key provider groups, a new risk-based triage system, and enhanced complaint classification supported faster identification and management of high-risk complaints. As a result, more enquiries were finalised within 3 days and 30 days than ever before. While delays remain for some matters, we continue to pursue service improvements and apply a risk-based approach to prioritise complaint resolution and investigation.

Our users:

This year we continued to improve accessibility of our services delivering enhanced digital engagement and improved written correspondence. We also strengthened opportunities for user feedback with over 73% of respondents reporting their satisfaction with our phone service. We continue to learn from consumer and provider feedback to inform ongoing improvements to deliver accessible, responsive and user-centred services.

Our impact:

This year we strengthened our use of complaint insights, data and stakeholder engagement to help drive improvement across Victoria's health system. The introduction of initial risk ratings and Health Complaints Analysis Tool (HCAT) categories enhanced our ability to identify emerging risks and trends and share learnings with providers.

We safeguarded the public through our regulatory powers, issuing 48 Interim Prohibition Orders (IPOs) and 10 Prohibition Orders (POs) to address the most serious risks to health, safety and welfare. We also monitored compliance with existing orders, investigated suspected breaches and worked with partner agencies to support enforcement and public protection.

Our engagement with health services and a wide range of stakeholders has strengthened the HCC's role as a trusted regulator that delivers independent and impartial complaint handling to support safer care and better outcomes for Victorian health consumers.

Despite experiencing unprecedented demand and ongoing pressure on our services, our staff demonstrated professionalism, resilience and an unwavering commitment to serving the Victorian community. Together, our people, processes, regulatory activities and stakeholder engagement helped ensure Victorians continued to have access to an independent, effective and trusted complaint service and regulator that promotes safe, ethical and responsive healthcare.



Adjunct Professor

Bernice Redley

Health Complaints Commissioner

Strategic plan

Our people

Create a great place to work

We are a thriving organisation, with a high performing and engaged workforce, enabled by a culture of support and continuous learning.

Our processes

Best practice in complaint management

We deliver efficient, effective, and fit-for-purpose complaints management.

Our users

Excellence in customer service

Our service demonstrates understanding, impartiality and transparency for all involved.

Our impact

Making a difference with system-wide change

We use our data, insights, and collaborative relationships to identify regulatory and other changes to improve quality of the health sector.

Our impact at a glance

12,398 total cases received

6,358 total complaints received

4,438 total enquiries received

11,389 total cases finalised

5,402 total complaints finalised

4,426 total enquiries finalised

Investigations at a glance

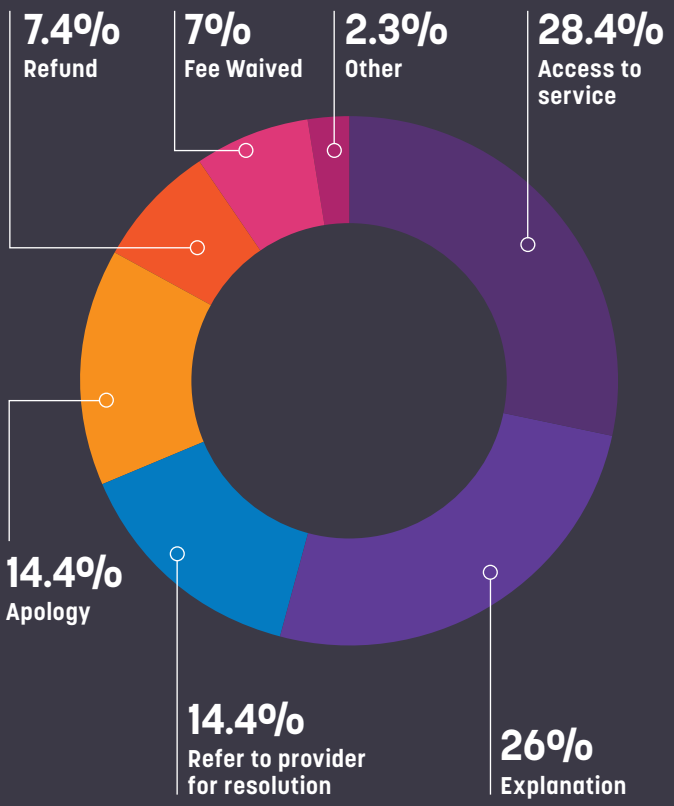
19 Investigations commenced

30 Investigations finalised

48 Interim prohibition orders published

10 Prohibition orders published

Agreed outcomes of HCA complaints



Consumer insight

Male	35%
Female	36%
Unknown Gender	29%
Indigenous	1%
Prisoner	12%

Year-on-year performance report

	2023-24	2024-25	2025-26
Complaints received	5,538	5,473	6,538
Enquiries received	3,514	3,599	4,438
Complaints finalised	5,675	5,596	5,402
Enquiries finalised	3,449	3,665	4,426
Investigations commenced	17	27	19
Investigations finalised	15	38	30

Strategic pillar 1: Our people

At the HCC, creating a great place to work is critical to support our people deliver high-quality service to Victorians. During a year of unprecedented demand and change, supporting workforce capability, wellbeing and safety remained a key priority.

Targeted investments supported staff to identify high risk, manage increasing workloads, respond to complex matters and continue delivering services to consumers and health service providers across Victoria.

Key achievements included:

- Strengthening psychological safety through clear role definitions, proactive workload management, wellbeing support, regular check-ins and debriefing opportunities.
- Delivering Mental Health First Aid training for staff and managers.
- Updating the Staff Capability Framework and Learning and Development Plan to support workforce capability and career growth.
- Fostering a culture of continuous learning through new training modules, human rights training, professional development and workplace learning opportunities.
- Up to 28% improvement in staff survey results across work-life balance, psychological safety, role clarity, service quality and confidence in addressing improper conduct.

Together, these initiatives strengthened our ability to respond to growing demand while maintaining a skilled, engaged and resilient workforce.

People Matter Survey	Areas most improved	
In my team, it is clear who is responsible for what	69%	↑ 28%
My team learns from mistakes	74%	↑ 26%
I understand how my job helps my workplace reach its goals	92%	↑ 20%
I feel safe to call out unacceptable behavior	74%	↑ 19%
My direct line manager supports me when I need it	85%	↑ 16%

Strategic pillar 2: Our process

Every interaction with the HCC is guided by our commitment to provide timely, clear and fair support. In 2025-26, unprecedented demand for our services reinforced the importance of having efficient, risk-based processes to ensure resources were directed to matters posing the greatest risk to consumers and the community. Throughout the year, we continued to strengthen our complaint handling processes, identify and improve timeliness for high-risk matters and support meaningful outcomes for consumers and health service providers.

Process improvements included:

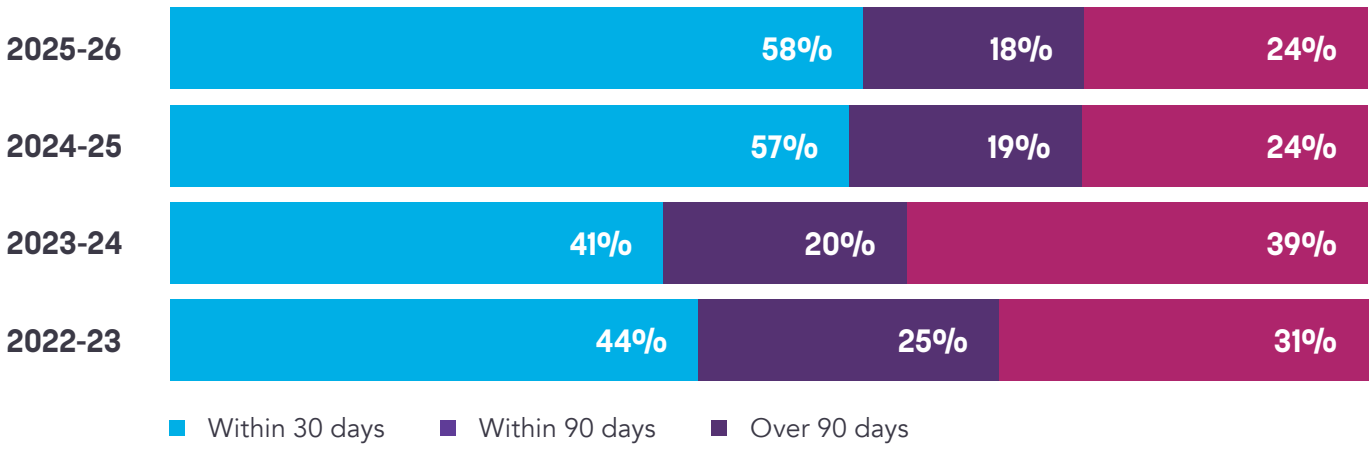
- Dedicated teams and tailored processes for different provider groups.
- Rapid triage to identify high-risk complaints and same-day action where required to protect health, safety and wellbeing. Of all complaints received, 6% were high risk.
- Adding Health Complaints Analysis Tool (HCAT) problem categories to our data capture has strengthened analysis of complaint complexity and emerging trends. It shows that 26% of complaints involve three or more issues, highlighting the complexity of matters raised by consumers.
- Improved complaint and enquiry workflows that supported timely resolution despite increasing demand.

Despite increased demand, we continued to improve timeliness across key complaint and enquiry measures:

- Finalised 72% (3,165) of enquiries within 3 days.
- Finalised 58% (3,129) of complaints within 30 days.
- Finalised 76% (4,123) of complaints within 90 days.

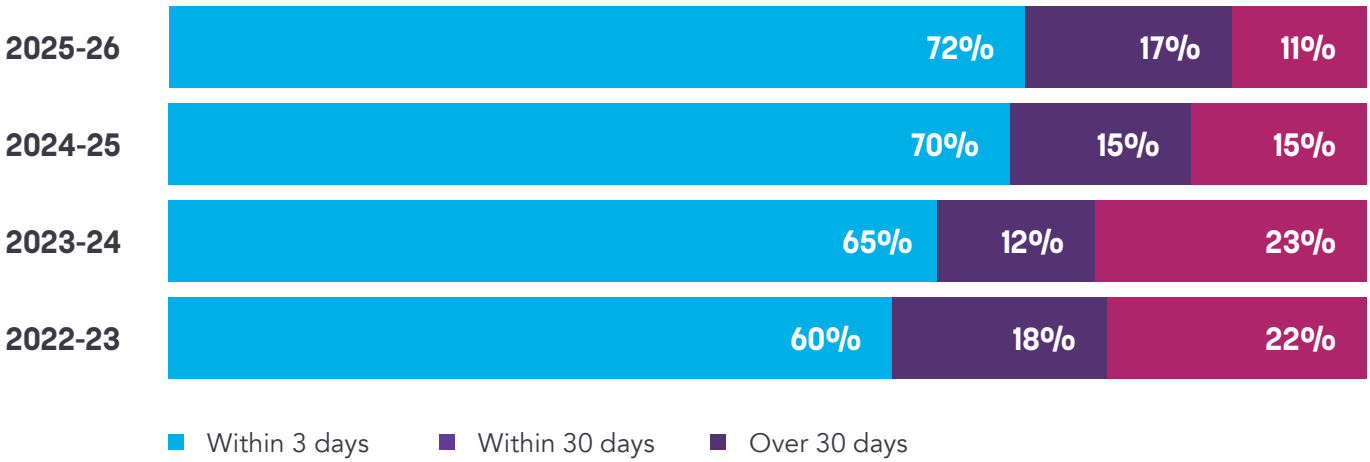
These results reflect continued improvement in helping more Victorians access our service when they need it most.

Year-on-year comparison of time to finalise complaints



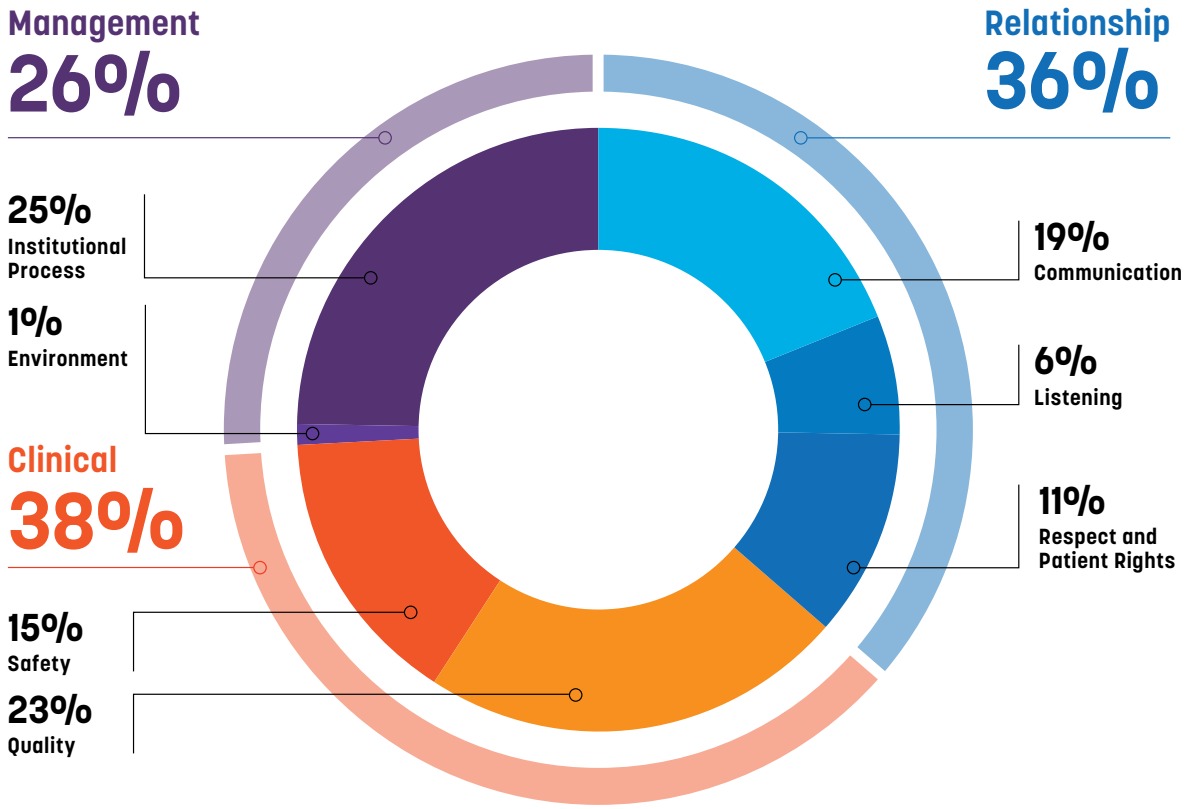
*These figures are cumulative. The 4,123 complaints finalised within 90 days includes the 3,129 complaints finalised within 30 days.

Year-on-year comparison of time to finalise enquiries



**These figures are cumulative. The 3,925 enquires finalised within 30 days is inclusive of the 3,165 finalised enquires within 3 days.*

Healthcare Complaints Analysis Tool (HCAT)



Responding quickly when a complaint presents significant risk



The complaint

Amira* contacted the HCC while undergoing cancer treatment and managing a stoma following bowel surgery. She urgently required additional stoma bags but had exhausted her funded allocation and was unable to access further supplies.

Despite repeated attempts to obtain assistance, she had been unable to secure the support she needed and was experiencing significant distress as a result.

What we did

The matter was identified through the HCC's risk assessment process as requiring urgent attention due to the potential impact on Amira's health, wellbeing and continuity of care.

A HCC staff member immediately contacted relevant parties to better understand the circumstances and available options. During these enquiries, it became apparent that Amira was experiencing a high level of distress and that timely intervention was required.

The matter was escalated to the treating hospital through a facilitated direct resolution process to support urgent engagement and help ensure the support she needed was provided as quickly as possible.

The outcome

Following escalation by the HCC, the hospital arranged an urgent supply of the required stoma bags and provided support to address Amira's immediate needs.

This case demonstrates how the HCC's risk triage and escalation processes help identify matters requiring urgent attention and enable timely intervention where a consumer's health and wellbeing may be at risk.

**Name has been changed to protect privacy.*

Strategic pillar 3: Our users

At the HCC, our users are at the centre of everything we do. Our users include those who raise a complaint with us and the health service providers who engage in complaint handling processes with us.

Throughout 2025–26, we continued to enhance our accessible, responsive and user-centred services through improved user engagement, clearer communication and introduction of a style guide, dedicated teams with key contacts that support better complaint outcomes.

We maintained a user-focused and responsive phone service

Our phone service remains a critical access point for people seeking information, support and complaint resolution. In 2025-26, we answered 76% of 13,826 calls, with an average wait time of 9 minutes and 2 seconds.

Listening to our users

Since its introduction in 2024-25, our after-call survey program has continued to grow, providing valuable insights into consumer experiences and service quality. In 2025-26, survey participation increased by 107%, from 268 to 555 completed surveys.

We use this feedback to monitor experiences over time, identify areas for improvement and inform service delivery. In 2025-26, 73% of respondents reported being satisfied or very satisfied with the service they received.

Meeting with hospitals

We engaged directly with a number of metropolitan and regional health services to share complaint insights, improve complaint handling capability and support early resolution of consumer concerns.

Outcomes included:

- early effective complaint resolution
- improved complaint outcomes for consumers and providers
- use of complaint insights to identify quality improvement opportunities
- promotion of complaint handling standards and strategic priorities.

Engaging through education and training

Our education services are designed to help build complaint handling capability across Victoria's health sector and supports compliance with relevant legal obligations.

We delivered five live seminar topics with 422 registrations and 2,661 e-learning completions.

Registrations for HCC training seminars

General code of conduct	Successful compliant handling	Health Records Act (public)	Health Records Act (private)	Complaint handling standards
38	163	106	49	66

Active users of our e-learning modules

Health Records Act	Successful compliant handling	General code of conduct
2,068	333	260

Connecting online

Changes in use of the HCC website shows the increasing importance of this access point for community to get self-help information, access complaint services and find out about providers who pose a risk to public safety.

In 2025–26:

- website page views increased to 248,302 (+7%)
- active users increased to 92,084 (+10%)
- the Make a Complaint page received 38,547 views (+19%)
- direct traffic increased by 42%.

The most visited pages were:

- Home page: 52,331 views (+1%)
- Make a Complaint: 38,547 views (+19%)
- Prohibition Orders: 9,488 views (+26%).

The growth in traffic to our website, especially to the Make a Complaint page, aligns with the increase in complaints and enquiries received during the year and highlights the website's role as a key access point for complaint lodgement and information.

The increased visits to the Prohibition Orders page reflects a growing interest in the role of the HCC in keeping Victorians safe.

Social media

HCC refreshed its social media presence in 2025-26 with a new visual style to improve consistency, accessibility and engagement with our users.

Social media continued to support awareness of the HCC's role, complaint pathways and consumer rights. Instagram engagement improved per post by 496%, representing an almost six-fold increase in engagement per post compared to the previous year.

HCC website performance review

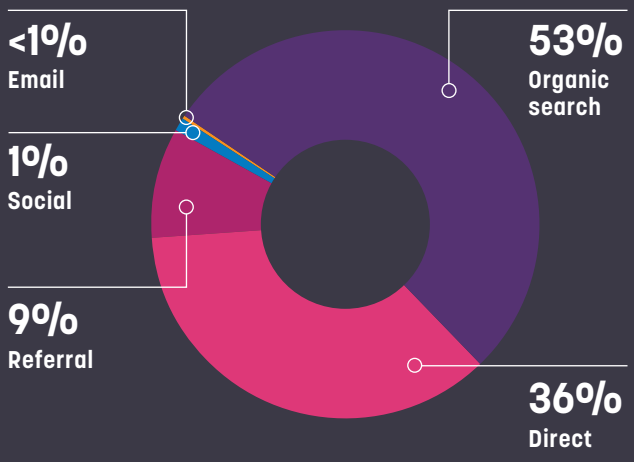
248,302
total views
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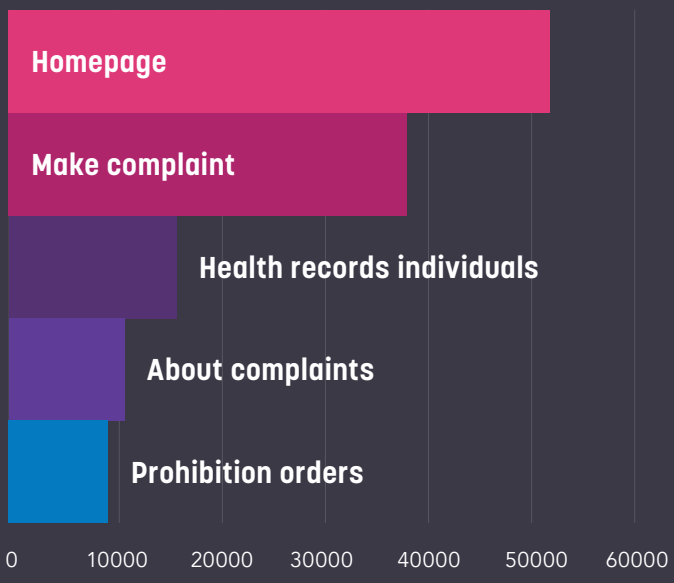
57s
average session duration

2.7
views per active user

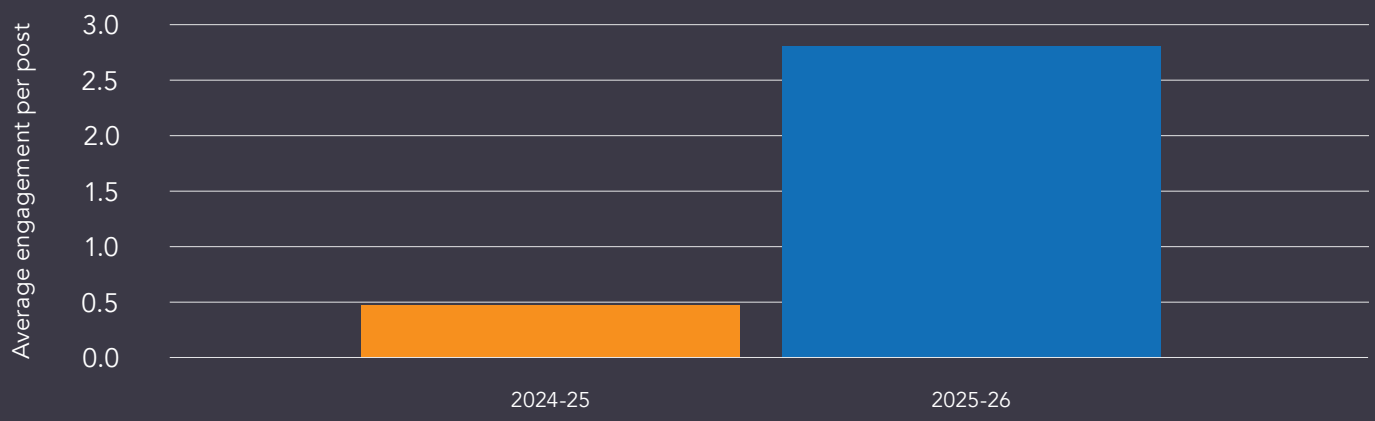
Traffic sources



Top performing pages



Instagram engagement per post



Supporting a consumer to find answers, acknowledgement and resolution

The complaint

Natalia* contacted the HCC seeking assistance to resolve concerns about care she received during a hospital admission that resulted in the loss of her baby.

Despite the time that had passed, Natalia wanted to discuss her concerns with the hospital, understand what had happened and whether any changes had been made to prevent similar experiences.

What we did

The HCC worked with Natalia and the hospital to arrange a facilitated resolution meeting between Natalia, her support person and senior hospital representatives. Natalia was able to ask questions and explain the impact on her family. The hospital acknowledged concerns about her care, apologised and outlined improvements to its sepsis pathways and clinical processes.

The outcome

The meeting provided Natalia with additional information, acknowledgement of her experience and reassurance that lessons had been learned.

Following the meeting, Natalia advised that the process had been productive and helped relieve feelings of self-blame she had carried. She appreciated the hospital's willingness to listen to her concerns, take responsibility, provide answers and explain how her complaint had contributed to improvements in care. Natalia subsequently advised that she considered the matter resolved.

Why it matters

This case demonstrates the value of effective complaint handling in providing consumers with an opportunity to be heard, treated with respect, receive meaningful acknowledgement of their experience and answers to support a clear understanding of what occurred.

**Name has been changed to protect privacy.*

Strategic pillar 4: Our impact

Our improvements across people, processes and users enabled us to deliver meaningful benefits for Victorians and the health system. Despite the demand for our services, we identified and acted on emerging risks, shared complaint insights to drive system improvement and exercised our regulatory powers to protect the public.

Through our work, we:

- strengthened the use of complaint data and insights to identify new and emerging issues, trends and risks
- shared complaint insights to support local and system-wide quality improvement
- partnered with multiple health services, including prison health providers, to use complaint data to promote safer, higher-quality care
- used complaints to drive practice improvements, address risks and improve consumer outcomes.

In 2025-26 we received

Complaints

6358

426
Complaints under the HRA

5872
Complaints under the HCA

Enquiries

4438

Ahpra notifications

1425

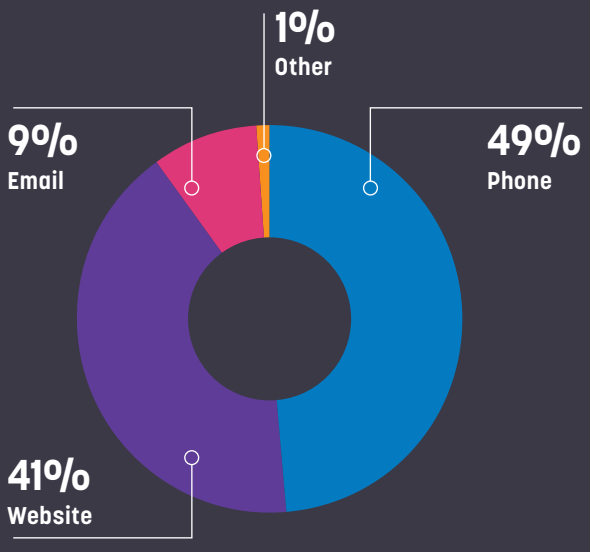
Privacy Incidents

74

Service delivery complaints

103

How complaints were made



Phone calls

We recieved	We answered	Users waited an average of	
13,826	**76%**	**9m 02s**	**107%**
Calls	of all calls (Target 80%)	of all calls (Target <10 min)	increase in aftercall survey participation

We finalised



5,402
complaints

How long it took to finalise complaints

58%
3,129 complaints finalised within **30 days**

76%
4,123 complaints finalised within **90 days***

**The remaining 24% took over 90 days*



4,426
enquiries

How long it took to finalise enquiries

79%
3,493 enquiries finalised within **7 days**

89%
3,925 enquiries finalised within **30 days***

**The remaining 11% took over 30 days*

Investigations

We commenced

7
Complaint investigations

12
Own motion investigations

The Commissioner issued

48
Interim Prohibition Orders

10
Prohibition Orders

1
General health warning statement

53
Total IPOs monitored

63
Total POs monitored

5
Suspected breaches assessed

**1 was a PO, and 4 were IPOs.*

1
Prosecution completed

30
Investigations finalised

Hospitals with 10+ closed complaints

	FY 2024/25		FY 2025/26	
Hospital category	% of complaints referred back to attempt direct resolution first	% of cases reopened due to unsuccessful direct resolution	% of complaints referred back to attempt direct resolution first	% of cases reopened due to unsuccessful direct resolution
Metro A	75%	7%	80%	4%
Metro B	53%	3%	66%	6%
Metro C	66%	8%	69%	0%
Metro D	68%	2%	65%	3%
Metro E	77%	2%	76%	8%
Metro F	60%	5%	73%	15%
Metro G	60%	5%	74%	5%
Metro H	65%	13%	65%	0%
Metro I	69%	8%	82%	4%
Regional A	87%	4%	66%	2%
Regional B	60%	10%	85%	0%
Regional C	65%	0%	54%	21%
Regional D	47%	0%	70%	11%
Regional E	73%	9%	83%	5%
Regional F	82%	0%	67%	0%
Regional G	54%	0%	57%	0%
Regional H	92%	0%	73%	0%
Regional I	58%	14%	92%	0%
Specialist A	56%	10%	69%	3%
Specialist B	77%	17%	95%	10%
Specialist C	48%	0%	85%	9%
Specialist D	59%	5%	48%	13%
Specialist E	58%	9%	75%	7%
Private A	61%	10%	67%	7%
Private B	67%	4%	59%	0%
Private C	58%	9%	55%	18%
Private D	64%	7%	80%	0%
Private E	67%	8%	100%	9%
Private F	69%	11%	88%	14%

Who complaints were about

Finalised complaints by provider type

We group complaints into 5 types of health service providers:

1. General health service providers (GHSP)
2. Registered practitioners
3. Hospitals
4. Prison health services
5. Other

This helps us understand issues across the healthcare system and where we can support improvement.

The information below shows details about the complaints we finalised in 2025-2026 for each of these provider types.



1. General health service provider

442

Health service providers who are not required to be registered with Ahpra.

Laboratory services	112
Cosmetic services	64
Mental health services	59
Allied health service	54
Massage therapy	45
Complementary and alternative health service	28
Dental/oral health support service	13
Aged care service	12
Clinic	11
Optical service	10
Community and social services*	10
Birth related services	5
Diet and nutrition service	5
Health promotion	4
Nursing support service	2
Disability service	2
Medical imaging	2
Physical therapy service	1
Operational support service	1
Reproductive/sexual health service	1
Dental	1

**Community and social services comprise of child and family health support workers, community health workers and unregistered palliative care staff.*

Who complaints were about - continued

2. Registered practitioners

910

Health service providers who are required to be registered with Ahpra.

Medical practitioner	672
Dental	97
Psychology	62
Nursing and midwifery	22
Pharmacist	16
Physiotherapy	10
Chiropractic	8
Occupational Therapy	5

Medical radiation practice	5
Optometry	5
Chinese medicine	4
Osteopathy	2
Podiatry	2

3. Hospitals

1,738

Public Hospital	1525
Private Hospital	201
Other	12

4. Prison health services

912

5. Other

1,400

Clinic	1034
Pharmacy	82
Ambulance and patient transport	80
Community health services	71
Medical imaging	49
Non health service provider	40
Day procedure centre	25
Other	19

What complaints were about

Complaints may have multiple issues

Each complaint can include more than one issue or concern. This means the number of issues we record is usually higher than the number of complaints we receive.

Across the

5,402 complaints finalised in 2025–26

We recorded

13,210 issues in all finalised complaints

These issues reflect what people told us they were concerned about when they contacted us.

Common issues recorded

The most common issues in finalised HCA complaints about general health service providers were:

- **53%** service not being provided in a safe and ethical matter
- **13%** financial exploitation
- **6%** complaint management

The most common issues in finalised HCA complaints about non-general health service providers were:

- **40%** treatment
- **17%** access
- **10%** conduct and behaviour

The most common issues in finalised HRA complaints were:

- **34%** access
- **19%** use and disclosure
- **15%** data security and retention

What complaints were about - continued

General health service providers:

1,175

issues were identified for finalised complaints

Safe and ethical manner	**626**
Financial exploitation	153
Misinformation	75
Complaint Management	74
Sexual misconduct	36
Consent	33
Conduct in relation to treatment advice	29
Other	29
Responding to adverse events	27
Record keeping	25
Infection control	20
Privacy	12
Treatment	12
Physical or mental impairment	11
Fees, costs and billing	10
Breach of Prohibition order	2
Insurance	1

Non-general health service providers:

11,437

issues were identified for finalised complaints

Treatment	**4615**
Access	1992
Conduct and behavior	1108
Medication	1042
Communication	793
Fees, costs, and billing	778
Diagnosis	689
Facilities	169
Complaint management	144
Other	107

HRA complaints

598

issues were identified for finalised HRA complaints

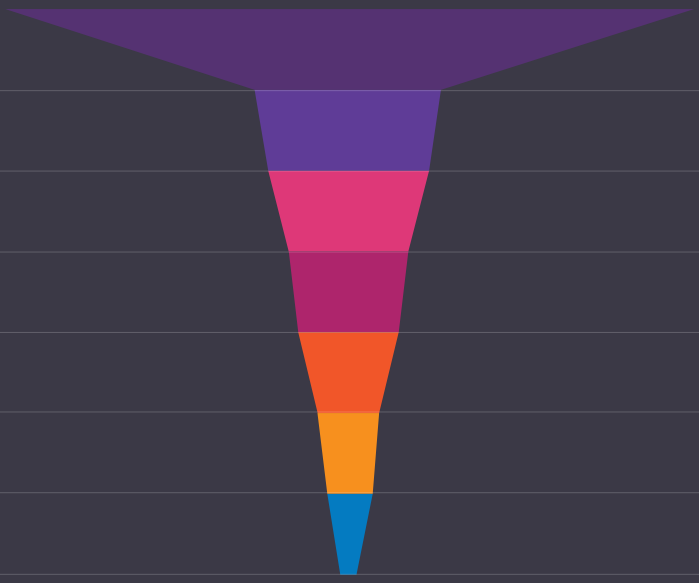
HPP* 6 : Access	204
HPP 2 : Use and Disclosure	116
HPP 4 : Data Security & Retention	88
HPP 11 : Making Information available to another Health Service Provider	33
HPP 3 : Data Quality	56
HPP 6 : Correction	37
HPP 1 : Collection	42
Other	22

**HPP = Health Privacy Principle*

Outcomes in finalised complaints

The most common agreed outcomes under the HCA were:

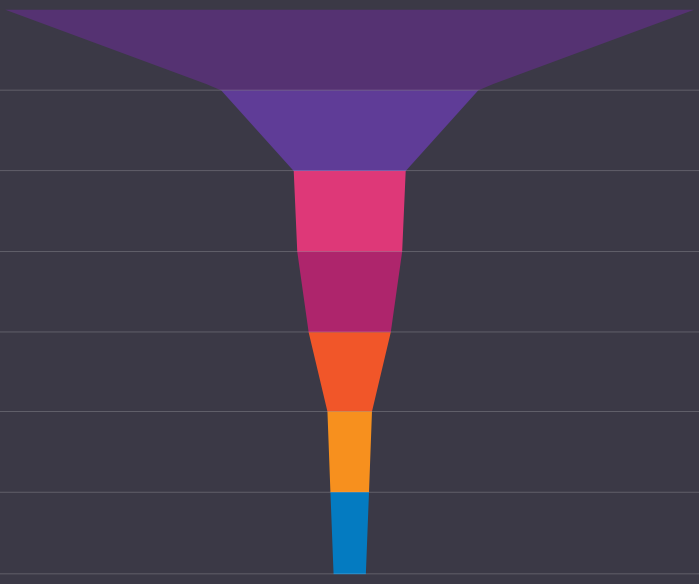
Total HCA complaints with an agreed outcome



Explanation	26.6%
Access to service	23.8%
Apology	17.3%
Refund	14.8%
Refer to provider for resolution	8.8%
Fee waived	6.6%
Other outcomes	2.1%

For HRA complaints the most common agreed outcomes were:

Total HRA complaints with an agreed outcome



Access to records	38.7%
Explanation	16.7%
Compensation	15.6%
Transfer of health information	11.8%
Apology	6.5%
Correction of health information	5.9%
Appropriate fees charged	4.8%

Using complaint data to inform health system regulation

Another health regulator asked the HCC to examine whether complaints had identified any serious patient harm associated with pharmacists directly prescribing medicines under Victoria's Community Pharmacist Statewide Pilot.

Our review of 196 pharmacy-related complaints received over a 12 month period identified no serious adverse outcomes linked to prescribing under the pilot. This work demonstrates the value of complaint data as a source of intelligence for health regulators and policymakers. By sharing insights from complaints, the HCC contributes to evidence-based decision-making and supports improvements across Victoria's health system.

Supporting better health information governance across Victoria

Throughout 2025–26, the HCC participated in the statewide Bridging Research and Quality Assurance (BRaQ) initiative, working alongside government, university, health service and sector stakeholders to support greater consistency in decision-making and practical approaches to health information for health service quality improvement activities.

This work supports greater consistency in health information governance, reduces administrative burden and helps enable the safe and transparent use of health information across Victoria.

Collaboration with Ahpra

The HCC and the Australian Health Practitioner Regulation Agency (Ahpra) work closely together to ensure complaints about registered health practitioners are directed to the agency best placed to respond. This helps ensure complaints are managed efficiently and supports safe and ethical healthcare across Victoria.

In 2025–26, we:

- received 1,425 notifications from Ahpra
- shared information on 1,471 complaints and enquiries with Ahpra
- accepted 358 referrals from Ahpra following consultation
- referred 136 complaints and enquiries to Ahpra

Safeguarding the public through investigations, compliance and enforcement

The HCC investigates general health service providers where there are concerns about alleged breaches of the Code of conduct for general health service providers or serious risks to public health, safety or welfare. Protecting the public through proportionate and timely regulatory action is a core part of our role.

Through investigations, compliance monitoring and enforcement action, we help protect the public and maintain confidence in the health complaints system.

Under the HCA, the Commissioner may issue Interim prohibition orders (IPOs), Prohibition orders (POs) and/or Public interest statements to address serious risks and prevent harm.

Keeping the community safe

This year, the HCC received 442 complaints about general health service providers. Common concerns included unsafe or unethical service delivery, sexual boundary breaches, financial exploitation of consumers and poor complaint handling.

To protect the public, we:

- issued 48 IPOs and 10 POs.
- published 1 General health warning statement

Our enforcement and compliance activity included:

- monitoring 53 IPOs and 63 POs
- revoking 2 IPOs and 1 PO
- assessed 5 suspected breaches of IPOs and POs and gathering evidence
- prosecuting a provider for breaching a PO

We also continued to strengthen our regulatory approach through engagement, sharing complaint trends and education with providers and professional associations, and by applying lessons from tribunal, court and regulatory decisions.

HCC regulatory toolbox

Prevention and guidance

- Education
- Complaint handling guidance
- Health service principles
- Rights and responsibilities
- Information sharing guidance

Assessment and information gathering

- Assess suitability
- Gather information
- Seek responses
- Protections for those making a complaint

Resolution

- Referral to providers
- Referral to Ahpra or other regulators
- Informal complaint resolution
- Formal complaint resolution
- Conciliation
- Make recommendations
- Protection of information shared with us
- Undertakings

Investigations

- Investigations
- Own-motion investigations
- Entry and search powers
- Compel evidence
- Make findings and recommendations

Safeguarding

- Prohibition orders
- Interim orders
- Conditions
- Ongoing monitoring

- **Breach of orders**
- **Prosecution**
- **Issue Public interest statements**

Protecting the public from serious sexual misconduct

Referral and early intervention

The HCC received information from a professional association about allegations of sexual misconduct by a massage therapist during treatment. Following enquiries with the consumer, the HCC identified serious concerns and commenced an investigation. With the consumer's consent, the matter was referred to Victoria Police.

Taking action to protect the public

To reduce the risk of harm while the HCC investigation was being conducted, the Commissioner issued an IPO preventing the provider from practising. Following publication of the IPO, two additional complainants came forward with similar allegations and were supported to provide information to Victoria Police.

Independent regulatory findings

Victoria Police charged the provider with multiple serious offences, including rape and sexual assault. The provider later pleaded guilty and was sentenced by the court.

Following its own investigation, the HCC found that the provider had engaged in serious sexual misconduct and breached the Code of Conduct for General Health Service Providers.

Outcome

The Commissioner issued a Prohibition Order permanently banning the provider from delivering any health services.

This case highlights the HCC's role in supporting consumers, responding to serious risks and taking timely action to protect the public.

For more information please see our report on Complaints made to the HCC about sexual misconduct: 1 July 2019 - 30 June 2025 on our website:

hcc.vic.gov.au

Transparency and accountability

Complaints and feedback are important drivers of continuous improvement at the HCC. They help us strengthen our processes, enhance accountability and ensure our services better meet the needs of consumers and providers across Victoria.

Complaints about the HCC

In 2025–26, we received 103 complaints about HCC services, compared to 68 the previous year (up 52%). Of these, 79 were from complainants, 22 from the Victorian Ombudsman and 2 came through Safer Care Victoria. No matters progressed to a formal investigation.

In 49% of these cases, we acknowledged that we had not met the consumer's expectations and implemented strategies to resolve their concerns. The most common issues related to timeliness, decision-making and complaint handling processes.

To improve our service and respond to increasing demand, we focused on improving complaint resolution timeliness, strengthening communication and streamlining processes for high-risk case criteria to support an early response to urgent matters.

Turning feedback about the HCC into service improvements

The complaint

*Taylor contacted the HCC because disability-related barriers made it difficult to communicate, complete authority requirements and participate in the complaint process.

What we did

A senior staff member who had no previous involvement in the matter independently reviewed Taylor's concerns and spoke with them about their experience. The HCC acknowledged Taylor's concerns and apologised for their experience,

identifying opportunities to improve how we respond to requests for reasonable adjustments. While we could not retrospectively provide Taylor's requested communication method, their feedback was invaluable to help improve accessibility and participation for future consumers.

The outcome

Taylor's feedback informed staff learning and broader improvements in accessibility across our services. We reviewed our written communication templates and continue to strengthen staff capability to identify accessibility needs early, tailor reasonable adjustments to individual circumstances, and use alternative communication methods and electronic consent processes.

Name has been changed to protect privacy.

Protected disclosures and disclosures under the HCA

Protected disclosures

The Public Interest Disclosures Act 2012 (Vic) (PID Act) provides a framework for receiving and managing reports of improper conduct and detrimental action, while protecting individuals who make such disclosures. The Independent Broad-based Anti-corruption Commission (IBAC) is responsible for assessing and investigating protected disclosures and providing guidance to public sector agencies on their obligations under the PID Act.

Under section 14 of the PID Act, any protected disclosure relating to the HCC must be made directly to either IBAC or the Victorian Ombudsman.

During the reporting period, the HCC recorded:

- nil protected disclosures made in relation to the HCC.
- nil public interest disclosures referred to the Victorian Ombudsman or IBAC.
- nil disclosures referred to the HCC.
- nil disclosures of any nature referred to the Victorian Ombudsman.
- nil investigations relating to the HCC taken over by the Victorian Ombudsman.

Disclosures under the HCA

Section 138 of the HCA requires the HCC to report on certain information concerning the exercise of the Commissioner's powers and functions.

During the reporting period, the number of disclosures of information made under Part 13 of the HCA was:

- Section 150(2)(a): Nil
- Section 150(2)(b)(i): Nil
- Section 150(3): Nil

Service Charter

The HCC Service Charter sets out the standards of service that complainants, health service providers and other stakeholders can expect when interacting with our office. It outlines our role, our approach to communication and complaint handling, and our commitment to delivering fair, accessible and respectful services. The Service Charter is available on our website at **hcc.vic.gov.au**

Our Advisory Council

The HCC Advisory Council provides independent advice to the Commissioner on the exercise of the Commissioner's functions and powers, while supporting engagement with health service providers, consumers and the broader health sector.

During 2025–26, we thanked and farewelled two valued members of the Advisory Council. The HCC extends its sincere appreciation to Catherine Dunlop, who concluded nine years of service, including as President, and to Tony McBride, who completed his final term after nine years on the Council.

Their leadership, expertise and commitment have made a significant contribution to the Council's work, helping to strengthen the HCC's engagement with stakeholders and the Victorian community.

Current Advisory Council members



Professor Clarice Tang

Professor of Physiotherapy at Victoria University and registered physiotherapist with extensive expertise in health research, clinical practice and improving outcomes for culturally and linguistically diverse communities.



Ms Kelly Griffiths

Partner and Leader of the Healthcare and Life Sciences team at Gadens Lawyers, bringing specialist expertise in healthcare regulation, investigations and governance.



Ms Kerry May

Chief Executive Officer of Frances Perry House with more than 30 years' experience across public and private healthcare services.



Professor Lisa McKenna

Director of the Health Professions Clinical Education Unit at La Trobe University and a recognised leader in nursing education, research and workforce development.



Ms Cate Grindlay

Executive Director of Integrated and Primary Care at Your Community Health, with extensive experience in clinical leadership, governance and community engagement.

Advisory Council Membership changes in 2026-27

Thank you to these outgoing members



Ms Catherine Dunlop (President)

Partner at Maddocks Lawyers with extensive expertise in workplace relations, investigations and public sector governance. Catherine brought significant experience advising on complex regulatory and public sector matters.



Mr Tony McBride

A respected consumer advocate with more than 40 years' experience across the health and community sectors. Tony brought extensive expertise in consumer participation, health policy and community engagement.



Supporting
safe and ethical
healthcare

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