



16 September 2024

Parliament of New South Wales  
Committee on the Health Care Complaints Commission  
6 Macquarie St,  
Sydney NSW 2000

Dear Committee,

We refer to your correspondence regarding the Health Care Complaints Commission's (*the HCCC*) benchmarks and performance measures, and stakeholder engagement objectives.

Our responses to the survey are summarised below.

### **Benchmarks and Performance Measures**

#### ***Question 1***

60 days is an appropriate timeframe for assessing complaints, however in our experience this time frame is not consistently achieved.

#### ***Question 2***

Reviews of assessment decisions should be done in a shorter timeframe than 60 days. 30 days would be a more appropriate timeframe.

#### ***Question 3***

12 months is not an appropriate timeframe to complete investigations. The length of time taken to complete an investigation is prejudicial for our members who are often subject to regulatory conditions on their registration while an investigation outcome is pending. The length of time taken to investigate and consequently prosecute matters can result in members facing recency of practice issues.

In our experience, the HCCC has not consistently completed investigations within 12 months and has often exceeded this timeframe.

#### ***Question 4***

We do not believe it is necessary for the HCCC to report on additional performance measures.

## **Stakeholder Engagement**

### **Question 5**

In answering this question, we have consulted with our Aboriginal and Torres Strait Islander Engagement Officer to provide a broad response on access issues that First Nations communities face, particularly with regards to health services. First Nations community members living in rural and remote areas have poorer access to internet and technology. This can result in difficulty with accessing online resources about the HCCC to understand its functions and avenues that are available to them. Additionally, a distrust with the healthcare system due to past experiences of racism may result in a reluctance to access the HCCC and its services, or to make complaints about practitioners. The HCCC would benefit from consulting with First Nations communities directly to determine where the deficits in accessibility and engagement are and how to remedy those deficits.

We have also consulted with CALD diverse staff to provide a response on barriers CALD communities may face. Language barriers may result in a lack of understanding of the HCCC and the services it offers, so it is important that information about the complaint process is readily available in simple and plain English. Additionally, some CALD communities may experience distress in making a complaint due to values of compliance and obedience. It is important that these communities are provided with reassurance around the stigma of 'whistleblowing' and the protections available to complainants. Prior experiences of racism may also lead to a reluctance to access the HCCC and its services. Many CALD nurses and midwives who we represent have expressed that they experienced racism in the workplace and did not escalate those concerns to a formal complaint due to fear of backlash. We recommend that the HCCC consult with CALD communities directly to gain a comprehensive understanding of their experiences.

### **Question 6**

Most of the members we assist who are involved in the regulatory process do not have a strong awareness of the role and function of the HCCC. One of the issues we commonly see is a lack of understanding of the HCCC's co-regulatory function with the Nursing and Midwifery Council ('NMC'). The HCCC can remedy this issue by providing fact sheets that break down their processes and how they intersect with the NMC. It would also be beneficial to provide nurses and midwives with an understanding of the threshold required for a matter to be investigated and/or prosecuted by the HCCC, as well as an understanding of the decision-making process when matters are referred to the NMC.

### **Question 7**

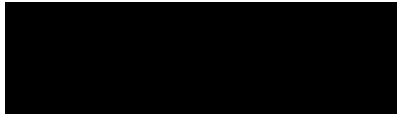
To improve engagement and provision of services to First Nations and CALD communities, the HCCC can offer translation services in the practitioner's native



language. Employing a Multilingual Support Officer may also assist in remedying language barriers.

A First Nations and CALD community outreach officer may also provide a basis for cultural understanding and can reduce practitioner's fears if they have had a prior negative experience with the health care system. As stated above, it would be beneficial for the HCCC to consult with First Nations and CALD communities directly. Consultation would empower those communities and foster inclusivity in the decision-making process.

Kind regards,



On behalf of  
**SHAYE CANDISH**  
General Secretary  
NSW Nurses and Midwives' Association