

Local decisions: National Scheme

Regulating health
practitioners in the
**Australian Capital
Territory**

ACT Annual Report Summary 2015/16

The Australian Health Practitioner
Regulation Agency and the National
Boards, reporting on the National
Registration and Accreditation Scheme



Aboriginal and Torres Strait Islander health practice	Occupational therapy
Chinese medicine	Optometry
Chiropractic	Osteopathy
Dental	Pharmacy
Medical	Physiotherapy
Medical radiation practice	Podiatry
Nursing and Midwifery	Psychology

Australian Health Practitioner Regulation Agency

This annual report summary is publicly available to download at www.ahpra.gov.au/annualreport.

ISSN: 2204-132X

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At a glance: regulating health practitioners in the Australian Capital Territory in 2015/16

This annual report summary offers a snapshot of our work regulating more than 11,000 registered health practitioners in the Australian Capital Territory (ACT) for the financial year to 30 June 2016.

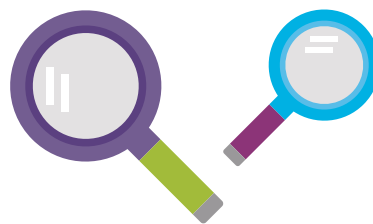
A more detailed national profile is published in the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2015/16 annual report: www.ahpra.gov.au/annualreport/2016.



11,362 health practitioners were registered in the ACT in 2015/16, compared with 10,978 the previous year



1,134 new applications for registration were received in the ACT this year, an increase of **20.5%** year on year



Women comprised **76%** of the registered ACT health workforce



1,083 criminal history checks were carried out for applicants in the ACT. Of 41 disclosable court outcomes, none required regulatory action

2.9% of all midwives were based in the ACT

206 notifications were received about registrants with a principal place of practice in the ACT



0.7% of all Aboriginal and Torres Strait Islander health practitioners were based in the ACT



20 new statutory offence complaints were received, an increase of **100%** from the previous year

117 ACT practitioners were monitored for health, performance and/or conduct

The majority were medical practitioners (**34**), nurses (**31**) and Chinese medicine practitioners (**24**)

2% of all notifications (complaints or concerns) received during the year were about practitioners in the ACT



There was a **15.7%** increase in notifications, from 178 in 2014/15

About the National Scheme

Who

The National Registration and Accreditation Scheme (the National Scheme) regulates almost 660,000 registered health practitioners across Australia.

The Australian Health Practitioner Regulation Agency (AHPRA) supports the 14 National Boards that are responsible for regulating the health professions. The primary role of the National Boards is to protect the public.

The 14 National Boards are:

- ▶ Aboriginal and Torres Strait Islander Health Practice Board of Australia
- ▶ Chinese Medicine Board of Australia
- ▶ Chiropractic Board of Australia
- ▶ Dental Board of Australia
- ▶ Medical Board of Australia
- ▶ Medical Radiation Practice Board of Australia
- ▶ Nursing and Midwifery Board of Australia
- ▶ Occupational Therapy Board of Australia
- ▶ Optometry Board of Australia
- ▶ Osteopathy Board of Australia
- ▶ Pharmacy Board of Australia
- ▶ Physiotherapy Board of Australia
- ▶ Podiatry Board of Australia
- ▶ Psychology Board of Australia

The National Scheme makes sure that only practitioners who have the skills and qualifications to provide safe and ethical care are registered to practise in Australia.

What

The National Boards set professional standards that all registered health practitioners must meet. The Boards hold practitioners to account against these standards when they respond to complaints about practitioners.

Registered health practitioners can register once and practise across Australia within the scope of their registration, creating a more flexible and sustainable health workforce.

The online national registers provide a one-stop shop for the community about the current registration status of all registered health practitioners in Australia, including current restrictions on practice.

Agreed regulatory principles underpin the work of the National Boards and AHPRA in regulating Australia's health practitioners in the public interest. The National Scheme is responsible for the quality education of health practitioners, by setting a standardised framework for the accreditation of health practitioner education and training in Australia.

The searchable database for the registers of practitioners (also known as the public register) can be found at www.ahpra.gov.au/registration/registers-of-practitioners.

When

The National Scheme started in July 2010. Since then, there has been an increase in the number of registered practitioners, from 530,115 in June 2011 to 657,621 on 30 June 2016.

Where

The National Scheme operates across Australia with local offices in each capital city. It builds local decision-making into a national standards and policy framework. Every state and territory parliament has passed a national law – the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which came into effect on 1 July 2010 (and 18 October 2010 in Western Australia).

Why

Public safety is the core focus of regulation. Other objectives and guiding principles of the National Scheme are set down in the National Law.

For more information on the National Law, see www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.

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Foreword from the AHPRA Chair and CEO

The regulation of almost 660,000 registered health practitioners across 14 health professions and a federation of eight states and territories is a large and important task.

AHPRA and the National Boards rely on the local knowledge and expertise of boards, committees and our offices in each state and territory to protect the public Australia-wide. Our number one priority is patient safety while enabling a competent and flexible health workforce to meet the current and future health needs of the community.

The ACT has 11,362 registered health practitioners. This represents 1.7% of all Australian practitioners, with growth of 3.5% from last year.

Along with local Boards and committees, AHPRA's ACT office is the local face of the National Scheme. It takes a collaborative approach to decision-making. The team's combined insight ensures the ACT community has access to registered health practitioners who have met national registration standards, and, once registered, that those practitioners improve efficiency, effectiveness and national consistency.

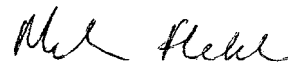
A key focus for the ACT office in 2015/16 was on collaboration and building new ways of working to continue to meet required standards. The ACT and Tasmanian registration teams now work as a single team, using the same processes, and a new digital approach has been implemented which has cut down on paperwork and time.

Another area of focus has been continuing to build relationships, including by meeting with the Health Services Commissioner, ACT Civil and Administrative Tribunal and professional associations, and giving presentations to local universities and major health employers.

The ACT office ensures timely and effective

regulatory decision-making, working in partnership with local territory boards and committees. This is consistent with our shared regulatory principles and our commitment to being a risk-based regulator.

We thank the staff of the AHPRA ACT office, board and committee members for their hard work and commitment over the past year. While much has been achieved, there is always more to do. We look forward to continuing to work with them to serve the ACT community.



Mr Martin Fletcher
Chief Executive
Officer, AHPRA



Mr Michael Gorton AM
Chair, Agency
Management Committee

Foreword from Acting ACT Territory Manager, Catherine Miedecke

The ACT office has undergone significant change over the past year. We strengthened intra-jurisdictional processes by partnering with the Tasmanian office, which aided the management of work volume and ensured consistency in the application of the National Law in the ACT.

Highlights of 2015/16

- ▶ **Successful collaboration:** The ACT and Tasmanian offices combined strengths to deliver more consistent and efficient ways of working across jurisdictions.
- ▶ **A period of growth:** The number of registrants in the ACT grew by 3.5% from 2014/15, to 11,362 registered health practitioners.
- ▶ **Strong stakeholder engagement:** The ACT office and Boards met with, and presented to, a number of health associations, universities and governmental departments throughout the year to ensure thorough, current understanding of registration requirements.

Working in partnership with National Boards

The National Boards have this year revised a number of registration standards and policy and guideline documents. The staff of the ACT office have supported local board and committee members to ensure that these changes have flowed through to local professional knowledge networks.

The state and territory boards and committees of the medical, dental and nursing and midwifery professions have this year revised meeting schedules and continue to look for ways to deliver the requirements of the independent review of the National Scheme for more efficient and effective health practitioner regulation.

Registration staff provided support to the Medical Board of Australia in ensuring that all relevant stakeholders were aware of new supervision guidelines for international medical graduates.

Building stakeholder relationships

AHPRA staff and Board members continued to engage and build stakeholder relationships. A particular area of focus this year was the revision of information exchange processes with the ACT Health Services Commissioner. Information is now exchanged on a more regular basis and, where possible, by electronic means, which has strengthened the joint consideration process uniquely legislated in the ACT, and ensured more timely outcomes.

Managing risk through local decision-making

The mechanisms for managing risk are consistent in each state and territory under the National Scheme, and may include some or all of the following: immediate action; imposing restriction; accepting undertakings; suspension or cancellation of registration; ongoing compliance monitoring of practitioners; and/or audits.

Boards may also refuse or impose conditions on registration while making decisions on registration applications.

While the number of notifications about practitioners in the ACT increased by 15.7% in 2015/16, the number of open notifications as of 30 June 2016 was four less than at the same time the previous year (110, compared with 114 as of 30 June 2015). We continue to look at ways to improve timely closure of cases.

The notifications team in the ACT, in conjunction with the teams in Tasmania and Victoria, has been trialling a new risk-assessment process. The revised process strengthens the initial risk assessment undertaken by notification staff upon receipt of a complaint or concern about a practitioner by ensuring relevant risk factors are identified as early as possible. It assists in identifying any additional information that may be required by local boards and committees to make sound and timely decisions about notifications in accordance with the regulatory principles of the National Scheme.

Local office, national contribution

The collaboration between the Tasmanian and ACT AHPRA offices, and our partnership with local boards and committees, have provided opportunities to identify best practice for working across jurisdictions. While there are common issues that can be managed with a nationally consistent view, others require specific local focus. The input of ACT practitioners, AHPRA staff and community members is integral to our success and vital to ongoing improvement.

Thank you to the AHPRA staff for their willingness to adapt to new ways of working across two offices, especially the Directors of Registration and Notification who have led these changes with their respective teams.

I would also like to thank the Chairs and members of the ACT Boards and committees for their continued enthusiasm and commitment to regulating health professionals in the public interest in the ACT.

I would like to acknowledge the retirement of Associate Professor Stephen Bradshaw as Chair of the ACT Medical Board, who greatly assisted the Board transitioning into the National Scheme and engaged in a positive and willing manner with stakeholders and AHPRA.



Catherine Miedecke
Acting ACT Territory
Manager, AHPRA

Part 1:

Decision-making in the ACT:
Board and committee reports

ACT Registration and Notification Committee, Dental Board of Australia: Chair's message

The ACT committee of the Dental Board of Australia (the National Board) has had a busy year in 2015/16, working to meet the objectives of the National Scheme in managing risk to patients. As ever, our goal is to ensure that the community has access to the best dental care.

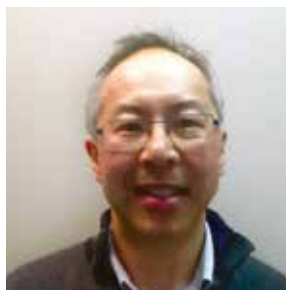
With the guidance of the local AHPRA office, over the past year a number of initiatives were introduced to improve the timeliness and efficiency of managing notifications about local dental practitioners. This included more collaborative information gathering and sharing to ensure the right decisions are made when a dental practitioner in the ACT has been the subject of a complaint or concern.

The committee is the local face for the regulation of the dental profession in the ACT. The committee is comprised of practitioner and community members, who work together to make decisions guided by the national standards and policies set by the National Board.

As well as making decisions about the registration and regulation of local dental practitioners, the committee seeks to grow and maintain strong relationships with stakeholders in the region. Over the past year, we have met with the Chair of the local Australian Dental Association (ADA) and also the CEO of ADA NSW.

Members of the committee attended the National Scheme meeting and the Chair also attended a National Board meeting. These meetings were to keep the local committee up to date with knowledge and also the procedures of the National Board.

I thank my colleagues on the committee for their energy and commitment to the people of the ACT over the past year.



Dr Peter Wong
Chair, ACT Registration
and Notification
Committee, Dental
Board of Australia



Dr John Lockwood AM
Chair, Dental Board
of Australia

Members of the ACT Committee in 2015/16

Dr Peter Wong (Chair)

Ms Tanya Fane

Dr Donald Malcolmson

Dr Murray Thomas

ACT Board of the Medical Board of Australia: Chair's message

In 2015/16, the ACT Board of the Medical Board of Australia (the Board) continued to provide the ACT community with a safe medical environment, where they can be confident that registered health practitioners are qualified and experienced, and practice in a competent, ethical manner.

In collaboration with the ACT AHPRA office, local medical and community members of the Board make decisions about medical registration applications and the resolution of notifications involving practitioners with a principal place of practice in the ACT. These stakeholders bring local knowledge and professional experience to make timely, efficient and transparent decisions.

The Board and the ACT AHPRA office continue to work together to strategically review and assess processes to best serve the ACT community and keep the public safe.

The ACT Board has continued with a triage trial of notifications, which was initiated in 2014/15 to manage complaints and concerns in a timely and efficient manner. We have had constructive input from our Health Complaints Commissioner (HCC), and have improved our processes for matters needing joint consideration.

We also reviewed the implementation of the international medical graduate (IMG) supervision guidelines, which included stakeholder engagement with local general practice consortiums.

Stakeholder engagement continued throughout 2015/16, with Chair meetings with the ACT Minister for Health, the president of the ACT Civil and Administrative Tribunal, representatives of ACT and Federal Departments of Health, the HCC, Health Care Consumers Association, and the Australian Medical Association.

Former Board Chair Associate Professor Stephen Bradshaw retired at the end of the June 2015, after serving the ACT community by working on the ACT Board for 19 years. We thank him for his committed professional contribution to medical regulation in our jurisdiction. We also thank Dr Barbara (Sally) Somi, who also retired after many years of working on the Board. They will be missed. We welcome new members Dr Emma Adams and Dr Janelle Hamilton, and returning members Dr Tobias Angstmann and Ms Vicki Brown.



Dr Kerrie Bradbury
Chair, ACT Board of
the Medical Board
of Australia



Dr Joanna Flynn AM
Chair, Medical Board
of Australia

Members of the ACT Board in 2015/16

Dr Kerrie Bradbury (Chair)

Associate Professor Stephen Bradshaw (Chair)
(until 30 August 2015)

Dr Emma Adams (from 1 July 2016)

Dr Tobias Angstmann

Dr Bryan Ashman

Ms Vicki Brown

Dr Janelle Hamilton (from 1 July 2016)

Mr Robert Little

Mr Donald Malcolmson

Dr Barbara Somi (until 30 June 2016)

Professor Peter Warfe

ACT Board of the Nursing and Midwifery Board of Australia: Chair's message

In 2015/16, the ACT Board of the Nursing and Midwifery Board of Australia (the Board) upheld our legislative responsibilities to protect the public by regulating local registrants of the nursing and midwifery professions.

We are a local board comprised of local members, and the decision maker for registration and notification matters in the ACT. These may be decisions about complex applications for registration that require detailed individual assessment, or deciding what action is required to manage the risk to patients as a result of a notification about a nurse or midwife.

The decisions we make in the ACT are guided by the national standards, regulatory guidelines and policies set by the National Board and are supported by the ACT AHPRA office.

During the year, the ACT Board has worked closely with our colleagues on the National Board and other state and territory boards to share learnings and ensure consistent decision-making under the National Law.

In response to the release of the findings of the independent review of the National Scheme in late 2015, AHPRA and the National Boards have continued to improve notifications management and the timeliness of decision-making. One of the steps the ACT Board took to improve processes was to revise its meeting schedule and merge the notifications and registration committee meetings.

The ACT Board has explored options for professional development throughout the year and considered inviting relevant stakeholders to monthly meetings, and continued to engage with, and provide feedback to, the National Board as required.

We welcomed two new ACT Board members in 2015/16: Ms Tina Calisto, who is an Enrolled Nurse and practitioner member, and Ms Alison Archer, community member, and Dr Carmel McQuellin was reappointed to the Board.



Ms Emma Baldock
Chair, ACT Board of the Nursing and Midwifery Board of Australia



Associate Professor Lynette Cusack
Chair, Nursing and Midwifery Board of Australia

I would like to thank the ACT Board members and our colleagues for their hard work during the year. Thank you also to outgoing members Ms Jane Ferry, community member, and Ms Natalie Robinson, health practitioner member, for their service to the Board and the ACT community.

Members of the ACT Board in 2015/16

Ms Emma Baldock (Chair)

Mrs Alison Archer (from 1 January 2016)

Ms Tina Calisto (from 1 January 2016)

Ms Alison Chandra

Ms Felicity Dalzell

Ms Kate Gauthier

Ms Eileen Jerga AM

Dr Carmel McQuellin (from 1 January 2016)

Ms Alison Reardon

Pharmacy Board of Australia: Chair's message

The Pharmacy Board of Australia (the National Board) makes decisions about all registered pharmacists in the ACT. Regulation of pharmacists at a state and territory level is guided by the standards and policies set by the National Board.

Practitioner representation from each of the states and territories on the National Board helps to ensure consistency and transparency in the Board's work to implement the National Scheme at a local level. This is supported by a public perspective, which comes from community member representatives from four states. As well as being the Chair of the National Board, I am also the ACT practitioner member.

To ensure local knowledge informs nationally consistent decisions, the National Board has a notifications committee to make decisions about individual registered pharmacists in the ACT. In addition to five core members from the National Board, there are two representatives from each state and territory on this committee.

The ACT representatives (jurisdictional members) on the notifications committee are:

- ▶ Ms Susan Alexander, and
- ▶ Ms Jennifer Bergin.

Input throughout the year from stakeholders in the ACT has been important in helping the Board to complete significant work.

The National Board consulted widely before publishing revised registration standards on:

- ▶ professional indemnity insurance arrangements
- ▶ continuing professional development and related guidelines
- ▶ recency of practice
- ▶ supervised practice arrangements, and
- ▶ examinations for eligibility for general registration.



Mr William Kelly
Chair, Pharmacy Board
of Australia

Feedback received after the publication of the Board's *Guidelines on compounding of medicines* resulted in a further period of consultation with stakeholders in relation to the expiry of compounded parenteral medicines. The Board continues to work closely with technical experts, the Therapeutic Goods Administration and other stakeholders to finalise this guidance.

The National Board also worked with an external service provider to create a revised training program for oral examiners. This drew on the skills and expertise of local pharmacists who support the Board through their participation as examiners for the national pharmacy examination.

Information for students and interns published on the National Board's website was reviewed and updated. New resources were also created, including PowerPoint presentations that explain the Board's requirements and can be used by local education providers.

Data showing the work of the National Board in the ACT are detailed in this report. More comprehensive information about the work of the Board nationally is included in the 2015/16 annual report of AHPRA and the National Boards.

ACT, Tasmania and Victoria Regional Board of the Psychology Board of Australia: Chair's message

The Regional Board of the Psychology Board of Australia (the Board) serves communities in the Tasmania, Victoria and the ACT. We are the local face of the psychology profession.

The decisions we make about psychologists in our region are guided by the national standards and policies set by the Psychology Board of Australia. The Regional Board is supported by AHPRA's office in Victoria, with assistance from teams in Tasmania and the ACT.

The main focus of the Regional Board has continued to be on public safety as we make decisions about the registration and regulation of individual psychologists. Most of our work in 2015/16 considered what action we needed to take to manage risk to the public as a result of a notification (complaint). Another priority was to assess complex applications for registration, particularly those who have been registered overseas.

We endeavoured to engage with our stakeholders as much as possible during the year, including an annual visit to Hobart to meet with registrants in Tasmania. The meeting was well attended with practitioners present from the local area and a separate group dialling in via Skype from Launceston. The Board's yearly practitioner forums in the ACT and Tasmania are an important way to maintain and grow collegiate connections with staff in each office. They also provide an opportunity to discuss information relevant to local practitioners, and for practitioners to engage with the Board on local matters of relevance or concern.

This year, we welcomed Professor Anthony Love to the Regional Board.

I would like to thank all members of the Regional Board for their continued hard work and for their commitment to protecting the public by ensuring that psychologists in our region are suitably qualified and uphold the standards that are expected of the profession.



Dr Cristian Torres
Chair, Regional Board
of the Psychology Board
of Australia



Professor Brin Grenyer
Chair, Psychology
Board of Australia

The work of the Psychology Board of Australia will be released in a profession-specific annual report summary, due to be released in late February 2017. For a more complete picture of AHPRA and the National Boards' work on a national level in 2015/16, visit www.ahpra.gov.au/annualreport/2016.

Members of the Regional Board in 2015/16

Dr Cristian Torres (Chair)

Mr Simon Kinsella (Deputy Chair)

Mr Robin Brown

Dr Melissa Casey

Ms Anne Horner

Associate Professor Terry Laidler

Professor Anthony Love (from 1 June 2016)

Dr Patricia Mehegan

Ms Maree Riley

Associate Professor Kathryn Von Treuer (until 30 August 2015)

National Boards and committees: making local decisions

The remaining nine National Boards in the National Scheme have taken a different approach to decision-making about local practitioners, with national committees comprising state and territory representatives.

The committees were established to manage the risk profile, complexity and size of their professions. See the 'Meet the Chairs' panel below to find out which National Boards have national committees that oversee decision-making on a local level.

The committees are appointed by the National Boards on merit and include Board members in most cases. Additional members may be appointed to bring specific professional or jurisdictional expertise when needed. Committees are overseen by the National Boards, who support consistent and robust decision-making to keep the public safe.

Using national committees is an important way to cut the cost of regulation for these professions, while maintaining the benefits of scale and public protection provided by the National Scheme. National Boards also work closely with our network of AHPRA state and territory managers, so they can monitor and respond to any jurisdiction-specific issues for their professions.

Throughout 2015/16, National Boards engaged with local stakeholders in a range of ways, including:

- ▶ holding stakeholder forums in states and territories to meet local practitioners and community members, and to discuss important issues for health practitioner regulation
- ▶ responding to invitations to address professional and employer organisations, education providers and other interested groups
- ▶ participating in joint, cross-board consultations about common registration standards, codes, guidelines and policies, and
- ▶ sharing advice and feedback from the National Scheme Community Reference Group and Professions Reference Group.

For more information about the work of National Boards during the year, read the 2015/16 annual report of AHPRA and the National Boards, at: www.ahpra.gov.au/annualreport/2016.

Meet the Chairs



Ms Lisa Penrith
Presiding Member,
Aboriginal and Torres
Strait Islander Health
Practice Board of
Australia



Professor Charlie Xue
Chair, Chinese
Medicine Board of
Australia



Dr Wayne Minter AM
Chair, Chiropractic
Board of Australia



Mr Neil Hicks
Chair, Medical
Radiation Practice
Board of Australia



Ms Julie Brayshaw
Chair, Occupational
Therapy Board of
Australia



Mr Ian Bluntish
Chair, Optometry
Board of Australia



Dr Nikole Grbin
Chair, Osteopathy
Board of Australia



Dr Charles Flynn
Presiding Member,
Physiotherapy Board
of Australia



**Ms Catherine
Loughry**
Chair, Podiatry Board
of Australia



Part 2:
The National Scheme
at work in the ACT

ACT: data snapshot

Five insights for 2015/16

- ▶ As at 30 June 2016, there were 11,362 registered health practitioners with a principal place of practice in the ACT.
- ▶ The ACT is the principal place of practice for 2.9% of all registered midwives in Australia.
- ▶ 1,134 new applications were received for registration in the ACT, an increase of 20.5% from the previous year.
- ▶ Complaints about practitioners in the ACT increased by 15.7% year on year, to 206 new notifications received.
- ▶ Of the 1,348 new statutory offence complaints received nationally, 20 were made about practitioners in the ACT.

Background

Data in the ACT jurisdiction summary are drawn from the 2015/16 annual report published by AHPRA and the National Boards. ACT data have been extracted from national source data to highlight the work we've undertaken over the past year to keep the public safe. All data were correct as at 30 June 2016.

Throughout, national figures are also provided to show how the ACT compares with the national average. Where possible, we have included the previous year's data for comparison.

In the following pages, you'll find registration data, such as the number of practitioners in each profession whose principal place of practice (PPP) is the ACT, including a breakdown by registration type, registration division (for professions with divisions), information about specialties (for dental, medical and podiatry practitioners), and endorsements or notations held. A gender breakdown of practitioners by profession is also included.

Notifications data¹ (about complaints lodged) are also included, with details of notifications received and closed during the year, as well as those that remained open at the end of the reporting year. Details of mandatory reports received and immediate actions taken are included, as well as information on the rate of notifications and mandatory notifications in the jurisdiction.

Note:

1. In general, national data about notifications include data from the Health Professional Councils Authority (HPCA) in NSW, except when categories used differ between NSW and the other states and territories.

Information on statutory offence matters, tribunal and panel hearings, active monitoring cases and criminal history checks is also included.

To view the 2015/16 annual report in full, along with national, profession-specific data and other state and territories' data, visit www.ahpra.gov.au/annualreport/2016.

In early 2017, each of the 14 National Boards will publish a summary report outlining their profession's performance in 2015/16.

Registration in the ACT

Tables 1–8 provide details of registered health practitioners with a principal place of practice in the ACT. At 30 June 2016, the number of registered health practitioners in the ACT was 11,362, an increase of 384 (3.5%) from 2014/15. This jurisdiction represents 1.7% of all registered health practitioners in Australia.

At a profession level, ACT practitioners account for 2.9% of registered midwives nationally (the largest groups of registrants) to 0.7% of Aboriginal and Torres Strait Islander health practitioners nationally.

Data also showed that in 2015/16 the ACT had:

- ▶ 1.9% of registered health practitioners with a recognised specialty nationally, and
- ▶ 2.1% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2015/16, applications received for registration in the ACT increased by 20.5%, with 1,134 new applications. This equates to 1.7% of new applications received nationally during the year. Details of new registration applications received, with a breakdown of profession and registration type, are provided in Table 7.

Profession	ACT	National total ⁴	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	4	587	0.7%
Chinese Medicine Practitioner	66	4,762	1.4%
Chiropractor	67	5,167	1.3%
Dental Practitioner	402	21,741	1.8%
Medical Practitioner	2,042	107,179	1.9%
Medical Radiation Practitioner	264	15,303	1.7%
Midwife	120	4,122	2.9%
Nurse	5,382	346,387	1.6%
Nurse and Midwife ²	579	29,699	1.9%
Occupational Therapist	335	18,304	1.8%
Optometrist	75	5,142	1.5%
Osteopath	34	2,094	1.6%
Pharmacist	516	29,717	1.7%
Physiotherapist	539	28,855	1.9%
Podiatrist	61	4,655	1.3%
Psychologist	876	33,907	2.6%
Total 2015/16	11,362	657,621	1.7%
Total 2014/15	10,978	637,218	1.7%
Population as a proportion of national population³	393,000	23,940,300	1.6%

Notes:

1. Data are based on registered practitioners as at 30 June 2016.
2. Practitioners who hold dual registration as both a nurse and a midwife.
3. Based on Australian Bureau of Statistics demographics statistics as at 30 December 2015.
4. National total also includes registrants who have no specified principal place of practice.

Profession/registration type	ACT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	4	587	0.7%
General	4	585	0.7%
Non-practising		2	0.0%
Chinese Medicine Practitioner	66	4,762	1.4%
General	64	4,535	1.4%
Non-practising	2	227	0.9%
Chiropractor	67	5,167	1.3%
General	64	4,875	1.3%
Non-practising	3	292	1.0%
Dental Practitioner	402	21,741	1.8%
General	357	19,458	1.8%
General and non-practising ¹		1	0.0%
General and specialist	38	1,632	2.3%
Limited	1	74	1.4%
Non-practising	5	546	0.9%
Specialist	1	30	3.3%
Medical Practitioner	2,042	107,179	1.9%
General	764	36,953	2.1%
General (teaching and assessing)		36	0.0%
General (teaching and assessing) and specialist		2	0.0%
General and specialist	923	50,622	1.8%
Limited	40	2,705	1.5%
Non-practising	32	2,655	1.2%
Provisional	112	5,408	2.1%
Specialist	171	8,798	1.9%
Medical Radiation Practitioner	264	15,303	1.7%
General	248	14,541	1.7%
Limited		6	0.0%
Non-practising	5	234	2.1%
Provisional	11	522	2.1%

Profession/ registration type	ACT	National total	% of national total
Midwife	120	4,122	2.9%
General	120	4,050	3.0%
Non-practising		72	0.0%
Nurse	5,382	346,387	1.6%
General	5,293	341,071	1.6%
General and non-practising ¹		25	0.0%
Non-practising	88	5,161	1.7%
Provisional	1	130	0.8%
Nurse and Midwife	579	29,699	1.9%
General	536	27,680	1.9%
General and non-practising ²	27	1,337	2.0%
General and provisional		6	0.0%
Non-practising	16	671	2.4%
Provisional		5	0.0%
Occupational Therapist	335	18,304	1.8%
General	325	17,552	1.9%
Limited	2	69	2.9%
Non-practising	5	643	0.8%
Provisional	3	40	7.5%
Optometrist	75	5,142	1.5%
General	74	4,977	1.5%
Limited		5	0.0%
Non-practising	1	160	0.6%
Osteopath	34	2,094	1.6%
General	33	2,020	1.6%
Non-practising	1	66	1.5%
Provisional ³		8	0.0%
Pharmacist	516	29,717	1.7%
General	465	26,948	1.7%
Limited		7	0.0%
Non-practising	15	1,035	1.4%
Provisional	36	1,727	2.1%

Profession/ registration type	ACT	National total	% of national total
Physiotherapist	539	28,855	1.9%
General	528	27,667	1.9%
Limited	2	346	0.6%
Non-practising	9	842	1.1%
Podiatrist	61	4,655	1.3%
General	59	4,524	1.3%
General and specialist	1	30	3.3%
Non-practising	1	101	1.0%
Psychologist	876	33,907	2.6%
General	741	27,627	2.7%
Non-practising	37	1,658	2.2%
Provisional	98	4,622	2.1%
Total	11,362	657,621	1.7%

Notes:

1. Practitioners holding general registration in one division and non-practising registration in another division.
2. Practitioners holding general registration in one profession and non-practising registration in the other profession.
3. The Osteopathy Board introduced a category of provisional registration in 2013/14.

Table 3. Registered practitioners who hold an endorsement or notation with the ACT as the principal place of practice

Profession/endorsement or notation	ACT	National total	% of national total
Chiropractor		32	0.0%
Acupuncture		32	0.0%
Dental Practitioner	4	95	4.2%
Area of Practice	4	95	4.2%
Medical Practitioner	5	573	0.9%
Acupuncture	5	573	0.9%
Midwife¹	3	342	0.9%
Eligible Midwife ²	1	91	1.1%
Midwife Practitioner		1	0.0%
Scheduled Medicines	2	250	0.8%
Nurse¹	47	2,804	1.7%
Eligible Midwife ³	3	289	1.0%
Nurse Practitioner	38	1,418	2.7%
Scheduled Medicines	6	1097	0.5%
Optometrist	32	2,387	1.3%
Scheduled Medicines	32	2,387	1.3%
Osteopath		2	0.0%
Acupuncture		2	0.0%
Physiotherapist		8	0.0%
Acupuncture		8	0.0%
Podiatrist	1	74	1.4%
Scheduled Medicines	1	74	1.4%
Psychologist	278	11,167	2.5%
Area of Practice	278	11,167	2.5%
Total	370	17,484	2.1%

Notes:

1. Nursing and midwifery registrants may hold dual nursing and midwifery registration and may have endorsements against each registration. Nursing and midwifery registrants may hold one or more endorsement/notation in each profession.
2. Holds notation of Eligible Midwife.
3. Holds dual registration as a nurse and a midwife, and holds notation of Eligible Midwife.

Table 4. Registered practitioners with the ACT as the principal place of practice, by profession and gender

Profession/gender	ACT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	4	587	0.7%
Female	2	452	0.4%
Male	2	135	1.5%
Chinese Medicine Practitioner	66	4,762	1.4%
Female	36	2,602	1.4%
Male	30	2,160	1.4%
Chiropractor	67	5,167	1.3%
Female	33	1,989	1.7%
Male	34	3,178	1.1%
Dental Practitioner	402	21,741	1.8%
Female	229	10,737	2.1%
Male	173	11,004	1.6%
Medical Practitioner	2,042	107,179	1.9%
Female	925	44,492	2.1%
Male	1,117	62,687	1.8%
Medical Radiation Practitioner	264	15,303	1.7%
Female	176	10,369	1.7%
Male	88	4,934	1.8%
Midwife	120	4,122	2.9%
Female	119	4,107	2.9%
Male	1	15	6.7%
Nurse	5,382	346,387	1.6%
Female	4,722	306,450	1.5%
Male	660	39,937	1.7%
Nurse and Midwife	579	29,699	1.9%
Female	567	29,177	1.9%
Male	12	522	2.3%
Occupational Therapist	335	18,304	1.8%
Female	296	16,749	1.8%
Male	39	1,555	2.5%
Optometrist	75	5,142	1.5%
Female	42	2,658	1.6%
Male	33	2,484	1.3%

Profession/gender	ACT	National total	% of national total
Osteopath	34	2,094	1.6%
Female	16	1,137	1.4%
Male	18	957	1.9%
Pharmacist	516	29,717	1.7%
Female	337	18,243	1.8%
Male	179	11,474	1.6%
Physiotherapist	539	28,855	1.9%
Female	368	19,639	1.9%
Male	171	9,216	1.9%
Podiatrist	61	4,655	1.3%
Female	33	2,822	1.2%
Male	28	1,833	1.5%
Psychologist	876	33,907	2.6%
Female	705	26,909	2.6%
Male	171	6,998	2.4%
Total	11,362	657,621	1.7%

Table 5. Registered Chinese medicine, dental and medical radiation practitioners, and nurses and midwives with the ACT as the principal place of practice, by division

Profession/division	ACT	National total	% of national total
Chinese Medicine Practitioner	66	4,762	1.4%
Acupuncturist	25	1,722	1.5%
Acupuncturist and Chinese Herbal Dispenser ¹		2	0.0%
Acupuncturist and Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹	7	779	0.9%
Acupuncturist and Chinese Herbal Medicine Practitioner ¹	34	2,147	1.6%
Chinese Herbal Dispenser		45	0.0%
Chinese Herbal Dispenser and Chinese Herbal Medicine Practitioner ¹		17	0.0%
Chinese Herbal Medicine Practitioner		50	0.0%
Dental Practitioner	402	21,741	1.8%
Dental Hygienist	42	1,414	3.0%
Dental Hygienist and Dental Prosthetist ¹		3	0.0%
Dental Hygienist and Dental Prosthetist and Dental Therapist ¹		2	0.0%
Dental Hygienist and Dental Therapist ¹	11	480	2.3%
Dental Hygienist and Dental Therapist and Dentist		2	0.0%
Dental Hygienist and Dental Therapist and Oral Health Therapist		1	0.0%
Dental Hygienist and Dentist ¹		3	0.0%
Dental Hygienist and Oral Health Therapist ¹		6	0.0%
Dental Prosthetist	16	1,250	1.3%
Dental Prosthetist and Dental Therapist ¹		1	0.0%
Dental Prosthetist and Dentist ¹		1	0.0%

Profession/division	ACT	National total	% of national total
Dental Therapist	18	1,016	1.8%
Dental Therapist and Dentist		1	0.0%
Dental Therapist and Oral Health Therapist ¹		4	0.0%
Dentist	294	16,264	1.8%
Dentist and Oral Health Therapist ¹		2	0.0%
Oral Health Therapist	21	1,291	1.6%
Medical Radiation Practitioner	264	15,303	1.7%
Diagnostic Radiographer	175	11,840	1.5%
Diagnostic Radiographer and Nuclear Medicine Technologist ¹		14	0.0%
Diagnostic Radiographer and Radiation Therapist ¹		2	0.0%
Nuclear Medicine Technologist	25	1,095	2.3%
Radiation Therapist	64	2,352	2.7%
Nurse	5,382	346,387	1.6%
Enrolled Nurse (Division 2)	703	62,994	1.1%
Enrolled Nurse (Division 2) and Registered Nurse (Division 1) ¹	67	6,465	1.0%
Registered Nurse (Division 1)	4,612	276,928	1.7%
Nurse and Midwife	579	29,699	1.9%
Enrolled Nurse and Midwife ¹	2	64	3.1%
Enrolled Nurse and Registered Nurse and Midwife ¹	1	66	1.5%
Registered Nurse and Midwife ¹	576	29,569	1.9%
Total	6,693	417,892	1.6%

Note:

1. Practitioners who hold dual or multiple registration.

Table 6. Health practitioners with specialties at 30 June 2016¹

Profession/area of specialty practice	ACT	National total	% of national total
Dental Practitioner	39	1,714	2.3%
Dento-maxillofacial radiology		10	0.0%
Endodontics	7	163	4.3%
Forensic odontology	2	26	7.7%
Oral and maxillofacial surgery	4	202	2.0%
Oral medicine		35	0.0%
Oral pathology		24	0.0%
Oral surgery		51	0.0%
Orthodontics	11	605	1.8%
Paediatric dentistry	2	130	1.5%
Periodontics	8	223	3.6%
Prosthodontics	5	213	2.3%
Public health dentistry (community dentistry)		16	0.0%
Special needs dentistry		16	0.0%
Medical Practitioner	1,208	64,463	1.9%
Addiction medicine	4	168	2.4%
Anaesthesia	79	4,782	1.7%
Dermatology	6	528	1.1%
Emergency medicine	37	1,904	1.9%
General practice	426	24,471	1.7%
Intensive care medicine	22	856	2.6%
Paediatric intensive care medicine		7	0.0%
No subspecialty declared	22	849	2.6%
Medical administration	12	331	3.6%

Profession/area of specialty practice	ACT	National total	% of national total
Obstetrics and gynaecology	31	1,932	1.6%
Gynaecological oncology		46	0.0%
Maternal-fetal medicine	1	40	2.5%
Obstetrics and gynaecological ultrasound		76	0.0%
Reproductive endocrinology and infertility		54	0.0%
Urogynaecology	1	31	3.2%
No subspecialty declared	29	1,685	1.7%
Occupational and environmental medicine	15	308	4.9%
Ophthalmology	15	991	1.5%
Paediatrics and child health	39	2,555	1.5%
Paediatric intensive care medicine		6	0.0%
Clinical genetics		26	0.0%
Community child health	2	52	3.8%
General paediatrics	26	1,825	1.4%
Neonatal and perinatal medicine	5	174	2.9%
Paediatric cardiology		36	0.0%
Paediatric clinical pharmacology		1	0.0%
Paediatric emergency medicine		51	0.0%
Paediatric endocrinology	1	32	3.1%
Paediatric gastroenterology and hepatology		24	0.0%
Paediatric haematology		11	0.0%
Paediatric immunology and allergy	1	20	5.0%
Paediatric infectious diseases		19	0.0%
Paediatric medical oncology		27	0.0%
Paediatric nephrology		11	0.0%
Paediatric neurology		35	0.0%
Paediatric palliative medicine		2	0.0%

Profession/area of specialty practice	ACT	National total	% of national total
Paediatric rehabilitation medicine		8	0.0%
Paediatric respiratory and sleep medicine	1	27	3.7%
Paediatric rheumatology		12	0.0%
No subspecialty declared	3	156	1.9%
Pain medicine	3	276	1.1%
Palliative medicine	6	312	1.9%
Pathology	51	2,073	2.5%
Anatomical pathology (including cytopathology)	19	892	2.1%
Chemical pathology	4	95	4.2%
Forensic pathology		48	0.0%
General pathology	2	123	1.6%
Haematology	11	513	2.1%
Immunology	6	118	5.1%
Microbiology	6	231	2.6%
No subspecialty declared	3	53	5.7%
Physician	193	9,779	2.0%
Cardiology	19	1,313	1.4%
Clinical genetics		72	0.0%
Clinical pharmacology	1	55	1.8%
Endocrinology	13	658	2.0%
Gastroenterology and hepatology	25	836	3.0%
General medicine	33	1,785	1.8%
Geriatric medicine	12	661	1.8%
Haematology	9	532	1.7%
Immunology and allergy	7	159	4.4%
Infectious diseases	9	408	2.2%
Medical oncology	10	626	1.6%
Nephrology	13	522	2.5%
Neurology	9	567	1.6%
Nuclear medicine	9	261	3.4%
Respiratory and sleep medicine	10	651	1.5%
Rheumatology	8	365	2.2%
No subspecialty declared	6	308	1.9%

Profession/area of specialty practice	ACT	National total	% of national total
Psychiatry	58	3,565	1.6%
Public health medicine	28	434	6.5%
Radiation oncology	13	380	3.4%
Radiology	50	2,368	2.1%
Diagnostic radiology	40	2,023	2.0%
Diagnostic ultrasound		4	0.0%
Nuclear medicine	5	186	2.7%
No subspecialty declared	5	155	3.2%
Rehabilitation medicine	6	497	1.2%
Sexual health medicine	4	123	3.3%
Sport and exercise medicine	11	119	9.2%
Surgery	99	5,711	1.7%
Cardio-thoracic surgery	6	201	3.0%
General surgery	27	1,974	1.4%
Neurosurgery	7	247	2.8%
Oral and maxillofacial surgery	4	123	3.3%
Orthopaedic surgery	26	1,394	1.9%
Otolaryngology – head and neck surgery	9	498	1.8%
Paediatric surgery	4	103	3.9%
Plastic surgery	6	450	1.3%
Urology	6	434	1.4%
Vascular surgery	4	229	1.7%
No subspecialty declared		58	0.0%
Podiatrist	1	30	3.3%
Podiatric surgeon	1	30	3.3%
Total	1,248	66,207	1.9%

Note:

- The data above record the number of practitioners with registration in the specialist fields listed. Individual practitioners may be registered to practise in more than one specialist field.

Table 7. Applications received, by profession and registration type			
Profession/registration type	ACT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	1	269	0.4%
General	1	268	0.4%
Non-practising		1	0.0%
Chinese Medicine Practitioner	6	742	0.8%
General	4	546	0.7%
Non-practising	2	196	1.0%
Chiropractor	3	394	0.8%
General	3	340	0.9%
Limited		3	0.0%
Non-practising		51	0.0%
Dental Practitioner	25	1,536	1.6%
General	21	1,280	1.6%
Limited		46	0.0%
Non-practising	4	143	2.8%
Specialist		67	0.0%
Medical Practitioner	310	16,203	1.9%
General	109	5,280	2.1%
Limited	31	1,720	1.8%
Non-practising	4	393	1.0%
Provisional	121	5,453	2.2%
Specialist	45	3,357	1.3%
Medical Radiation Practitioner	29	1,722	1.7%
General	17	1,160	1.5%
Limited		6	0.0%
Non-practising	1	82	1.2%
Provisional	11	474	2.3%
Midwife	40	1,715	2.3%
General	32	1,401	2.3%
Non-practising	8	297	2.7%
Provisional		17	0.0%
Nurse	426	28,854	1.5%
General	387	27,031	1.4%
Non-practising	33	1,513	2.2%
Provisional	6	310	1.9%

Profession/ registration type	ACT	National total	% of national total
Occupational Therapist	48	2,200	2.2%
General	38	1,799	2.1%
Limited	3	81	3.7%
Non-practising	5	287	1.7%
Provisional	2	33	6.1%
Optometrist	8	399	2.0%
General	8	365	2.2%
Limited		6	0.0%
Non-practising		28	0.0%
Osteopath	4	207	1.9%
General	4	163	2.5%
Non-practising		28	0.0%
Provisional		16	0.0%
Pharmacist	60	3,324	1.8%
General	22	1,622	1.4%
Limited	2	29	6.9%
Non-practising	3	151	2.0%
Provisional	33	1,522	2.2%
Physiotherapist	46	2,505	1.8%
General	45	2,101	2.1%
Limited		244	0.0%
Non-practising	1	160	0.6%
Podiatrist	5	445	1.1%
General	4	408	1.0%
Non-practising	1	36	2.8%
Specialist		1	0.0%
Psychologist	123	4,759	2.6%
General	59	1,773	3.3%
Non-practising	14	529	2.6%
Provisional	50	2,457	2.0%
Total 2015/16	1,134	65,274	1.7%
Total 2014/15	941	61,517	1.5%

Table 8. Outcome of applications for registration finalised in 2015/16

Outcome	ACT	National total ²	% of national total
Register	958	57,260	1.7%
Register with conditions	27	1,716	1.6%
Register in a type other than applied for	3	150	2.0%
Register in a type other than applied for with conditions	2	130	1.5%
Refuse application	31	2,706	1.1%
Withdrawn	65	3,823	1.7%
Other	7	191	3.7%
Total 2015/16 (PPP)¹	1,093	65,976	1.7%

Notes:

1. Based on state and territory of the applicant's principal place of practice (PPP).
2. National total figure includes overseas applicants and applicants who did not indicate their PPP.

Table 9. Domestic and international criminal history checks in the ACT and nationally, by profession, and cases where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings

State/territory ¹	ACT					National 2015/16			
Profession	Number of CHCs ²	Number of DCOs ³	% of DCOs resulting from CHCs	Conditions/undertakings resulting from CHCs	% of total national CHCs resulted in conditions/undertakings	Number of CHCs ²	Number of DCOs ³	% of DCOs resulting from CHCs	Conditions/undertakings resulting from CHCs
Aboriginal and Torres Strait Islander Health Practitioner	1	1	100.0%		0.0%	396	193	48.7%	1
Chinese Medicine Practitioner	6	1	16.7%		0.0%	933	60	6.4%	
Chiropractor	10	1	10.0%		0.0%	787	66	8.4%	
Dental Practitioner	22	2	9.1%		0.0%	1,992	96	4.8%	1
Medical Practitioner	217	1	0.5%		0.0%	11,891	267	2.2%	
Medical Radiation Practitioner	26	1	3.8%		0.0%	1,728	61	3.5%	
Midwife	32	3	9.4%		0.0%	859	52	6.1%	
Nurse	557	23	4.1%		0.0%	36,140	1,977	5.5%	6
Occupational Therapist	43	1	2.3%		0.0%	2,288	66	2.9%	
Optometrist	5		0.0%		0.0%	408	5	1.2%	
Osteopath			0.0%		0.0%	185	15	8.1%	
Pharmacist	48	1	2.1%		0.0%	2,516	86	3.4%	1
Physiotherapist	52	2	3.8%		0.0%	2,702	94	3.5%	
Podiatrist	8	2	25.0%		0.0%	814	54	6.6%	
Psychologist	56	2	3.6%		0.0%	3,059	183	6.0%	1
Total 2015/16	1,083	41	3.8%	0	0.0%	66,698	3,275	4.9%	10
Total 2014/15	723	58	8.0%	3	8.1%	51,947	3,100	6.0%	37

Notes:

1. For 2015/16, figures are reported by principal place of practice. For 2014/15, figures are reported by the state/territory location of the preferred address as advised by the applicant/registrant. Where this can't be identified, the location of the office assessing the application is used.
2. Criminal history checks. Refers to both domestic and international criminal history checks submitted. International criminal history checks started in 2014/15.
3. Disclosable court outcomes.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal history checks. A common criminal history standard is used across all 14 National Boards.

Nationally, AHPRA undertook 66,698 domestic and international criminal record checks of registrants in 2015/16, an increase of 28.4% from the previous year. The increase is largely due to a new approach to checking international criminal history, which was introduced in 2014/15.

In 2015/16, there were 1,083 criminal history checks undertaken for applicants with a principal place of practice in the ACT. Of those, 41 resulted in disclosable court outcomes. See Table 9, on page 24.

Table 10 provides an overview of national cases where a criminal history check resulted in, or contributed to, the imposition of conditions by a Board or undertakings given by a practitioner. There were no such cases (0) in the ACT in 2015/16.

Table 10. Cases in 2015/16 where a criminal history check resulted in, or contributed to, imposition of conditions or undertakings, by profession

Profession	ACT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		1	0.0%
Chinese Medicine Practitioner		0	0.0%
Chiropractor		0	0.0%
Dental Practitioner		1	0.0%
Medical Practitioner		0	0.0%
Medical Radiation Practitioner		0	0.0%
Midwife		0	0.0%
Nurse		6	0.0%
Occupational Therapist		0	0.0%
Optometrist		0	0.0%
Osteopath		0	0.0%
Pharmacist		1	0.0%
Physiotherapist		0	0.0%
Podiatrist		0	0.0%
Psychologist		1	0.0%
Total 2015/16	0	10	0.0%
Total 2014/15	3	37	8.1%

Notifications in the ACT

Notifications are complaints or concerns that are raised with AHPRA about registered health practitioners or students practising in Australia, excluding in NSW, where complaints are handled by the Health Professional Councils Authority (HPCA), and in Queensland, where complaints may be referred to AHPRA by the Office of the Health Ombudsman (OHO).

Tables 11–23 contain data relating to notifications about registered health practitioners with a principal place of practice (PPP) in the ACT. Some tables do not contain data from the HPCA in NSW, as indicated in the table headings.

Nationally, notifications received in 2015/16 increased by 19.7% (including those managed by the HPCA). Notifications received about practitioners with a PPP in the ACT increased by 15.7%, to 206 complaints, compared with 178 in the previous year. This represents 2% of all notifications received nationally.

Of the new notifications received, mandatory notifications in the ACT increased from 17 in 2014/15 to 44 in 2015/16; this represents 4.5% of mandatory notifications nationally in 2015/16.

There were four fewer open notifications in the ACT as at 30 June 2016 than the previous year (110, compared with 114 in 2014/15). This represents 1.9% of open matters nationally.

The percentage of the ACT registrant base with notifications received in 2015/16 was 1.8%, which was 0.3% higher than the national percentage.

The majority of notifications (87) were about clinical care. See Table 14.

Most complaints came directly from a patient (72) or via a health complaints entity (53).

There were 19 cases where immediate action was initiated against practitioners in the ACT. In 12 of these the registration of the practitioner was suspended or restricted in order to protect the public. In the remaining seven cases the Board determined that no further action was required¹. See Table 16.

There were no open notifications in the ACT in 2015/16 that had been received before the National Law took effect in 2010. See Table 17.

Tables 18–22 detail the outcomes of key stages in the notifications process during 2015/16; note the national data in these tables do not include data for NSW, because complaints in that jurisdiction are managed by the HPCA.

The majority of the 247 enquiries received about ACT registrants in 2015/16 were considered to meet the criteria for a notification (202) and an assessment commenced.

On completion of assessment of cases in 2015/16, 127 were closed and 68 were taken to a further stage. See Table 19.

Six cases were closed following a panel hearing and 14 were closed following a tribunal hearing. See Tables 21 and 22.

In total, 206 matters were closed in the ACT in 2015/16. See Table 23.

Note:

1. No further action is usually taken when, based on the available information, the Board determines there is no risk to the public that meets the threshold for regulatory action or because a practitioner has taken steps to voluntarily address issues of concern.

Table 11. Notifications received or closed in 2015/16 or remaining open at 30 June 2016, by profession

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	ACT	National total	% of national total	ACT	National total	% of national total	ACT	National total	% of national total	ACT	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		5	0.0%		1	0.0%		9	0.0%		1	0.0%
Chinese Medicine Practitioner	1	54	1.9%		4	0.0%	1	36	2.8%		33	0.0%
Chiropractor	1	146	0.7%		10	0.0%		101	0.0%	2	126	1.6%
Dental Practitioner	16	1,025	1.6%	3	27	11.1%	24	794	3.0%	7	621	1.1%
Medical Practitioner	105	5,371	2.0%	12	272	4.4%	109	4,714	2.3%	52	2,882	1.8%
Medical Radiation Practitioner		48	0.0%		7	0.0%		38	0.0%		27	0.0%
Midwife	5	103	4.9%	3	16	18.8%	2	83	2.4%	5	82	6.1%
Nurse	35	1,942	1.8%	16	519	3.1%	32	1,762	1.8%	23	1,226	1.9%
Occupational Therapist		59	0.0%		2	0.0%		56	0.0%		25	0.0%
Optometrist	1	39	2.6%		1	0.0%	1	44	2.3%		15	0.0%
Osteopath	2	23	8.7%		1	0.0%	2	27	7.4%		9	0.0%
Pharmacist	20	570	3.5%	9	38	23.7%	16	537	3.0%	14	330	4.2%
Physiotherapist	2	102	2.0%		5	0.0%	1	93	1.1%		67	0.0%
Podiatrist		57	0.0%		5	0.0%		49	0.0%		28	0.0%
Psychologist	18	528	3.4%	1	72	1.4%	18	484	3.7%	7	316	2.2%
Unknown ¹		10	0.0%			0.0%		12	0.0%		1	0.0%
Total 2015/16 (PPP)²	206	10,082	2.0%	44	980	4.5%	206	8,839	2.3%	110	5,789	1.9%
Total 2014/15 (PPP)²	178	8,426	2.1%	17	833	2.0%	236	9,003	2.6%	114	4,531	2.5%
Total 2014/15 (Responsible Office)³	194	8,426	2.3%	20	833	2.4%	267	9,003	3.0%	121	4,531	2.7%

Notes:

1. Profession of registrant is not always identifiable in the early stages of a notification.
2. For 2015/16, notifications are based on the state or territory of the practitioner's principal place of practice (PPP).
3. Prior to the above, notifications were based on the location of the AHPRA state or territory office that handled the notification (Responsible Office).

Profession	ACT	National total
Aboriginal and Torres Strait Islander Health Practitioner	0.0%	0.9%
Chinese Medicine Practitioner	1.5%	1.1%
Chiropractor	1.5%	2.8%
Dental Practitioner	4.0%	4.7%
Medical Practitioner	5.1%	5.0%
Medical Radiation Practitioner	0.0%	0.3%
Midwife ²	0.7%	0.3%
Nurse ³	0.6%	0.5%
Occupational Therapist	0.0%	0.3%
Optometrist	1.3%	0.8%
Osteopath	5.9%	1.1%
Pharmacist	3.9%	1.9%
Physiotherapist	0.4%	0.4%
Podiatrist	0.0%	1.2%
Psychologist	2.1%	1.6%
Total 2015/16 (PPP)⁴	1.8%	1.5%
Total 2014/15 (PPP)⁴	1.6%	1.3%
Total 2014/15 (Responsible Office)⁴	1.8%	1.3%

Notes:

1. Percentages are based on registrants whose profession and principal place of practice (PPP) have been identified.
2. The registrant base for midwives includes registrants with midwifery or with nursing and midwifery registration.
3. The registrant base used for nurses includes registrants with midwifery or with nursing and midwifery registration.
4. For 2015/16, notifications are based on the practitioner's PPP. Prior to this, notifications were based on the state or territory where the notification was handled (Responsible Office).

Issue	ACT	National total	% of national total
Behaviour	3	374	0.8%
Billing	3	178	1.7%
Boundary violation	5	344	1.5%
Clinical care	87	4,208	2.1%
Communication	18	668	2.7%
Confidentiality	7	248	2.8%
Conflict of interest		20	0.0%
Discrimination	4	27	14.8%
Documentation	7	436	1.6%
Health impairment	16	932	1.7%
Infection/hygiene		87	0.0%
Informed consent	6	116	5.2%
Medico-legal conduct		146	0.0%
National Law breach	3	299	1.0%
National Law offence		277	0.0%
Offence	4	329	1.2%
Offence by student		9	0.0%
Other	1	170	0.6%
Pharmacy/medication	35	1,062	3.3%
Research/teaching/assessment	1	20	5.0%
Response to adverse event		43	0.0%
Teamwork/supervision	6	65	9.2%
Not recorded		24	0.0%
Total	206	10,082	2.0%

Year	2015/16 (PPP) ¹		2014/15 (PPP) ¹		2014/15 (Responsible Office) ²	
	No. practitioners ³	Rate/10,000 practitioners ⁴	No. practitioners ³	Rate/10,000 practitioners ⁴	No. practitioners ³	Rate/10,000 practitioners ⁴
ACT	39	34.3	16	14.6	19	17.3
Total Australia	920	14.0	789	12.4	789	12.4

Notes:

1. Principal place of practice (PPP).
2. State or territory where the notification is handled for registrants, including those registrants who do not reside in Australia.
3. Figures represent the number of practitioners involved in the mandatory reports received.
4. Practitioners with no PPP are not represented in the calculation of a rate for each state, but are included in the calculation of the Total Australia rate.

Table 15. Source of notifications received in 2015/16

Source	ACT	National total (excluding HPCA) ¹	% of national total (excluding HPCA)
Anonymous	2	112	1.8%
Drugs and poisons		24	0.0%
Education provider		21	0.0%
Employer	19	568	3.3%
Government department	11	155	7.1%
Health complaints entity	53	434	12.2%
Health advisory service	1	28	3.6%
Hospital		71	0.0%
Insurance company		14	0.0%
Lawyer		44	0.0%
Member of Parliament		2	0.0%
Member of the public	8	340	2.4%
Ombudsman		35	0.0%
Other Board		39	0.0%
Other practitioner	24	741	3.2%
Own motion	9	329	2.7%
Patient	72	2,022	3.6%
Police		93	0.0%
Relative	3	596	0.5%
Self	3	182	1.6%
Treating practitioner		58	0.0%
Unclassified	1	148	0.7%
Total	206	6,056	3.4%

Note:

1. The national total excludes Health Professional Councils Authority (HPCA) data as the categorisation of 'source' differs between the HPCA and AHPRA.

Table 16. Immediate action cases about notifications received in 2015/16

Outcome	ACT	National total	% of national total
Not take immediate action	7	139	5.0%
Accept undertaking	5	67	7.5%
Impose conditions	6	405	1.5%
Accept surrender of registration		13	0.0%
Suspend registration	1	106	0.9%
Decision pending		19	0.0%
Total	19	749	2.5%

Table 17. Notifications under previous legislation open at 30 June 2016, by profession (excluding HPCA)

Profession	ACT	National total ¹	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		0	0.0%
Chinese Medicine Practitioner		0	0.0%
Chiropractor		2	0.0%
Dental Practitioner		0	0.0%
Medical Practitioner		7	0.0%
Medical Radiation Practitioner		0	0.0%
Midwife		0	0.0%
Nurse		0	0.0%
Occupational Therapist		0	0.0%
Optometrist		0	0.0%
Osteopath		0	0.0%
Pharmacist		3	0.0%
Physiotherapist		0	0.0%
Podiatrist		0	0.0%
Psychologist		2	0.0%
Total 2015/16	0	14	0.0%
Total 2014/15	0	38	0.0%

Note:

1. Of the 14 open matters in the national total for 2015/16, 13 are lodged with a tribunal.

Outcome	ACT	National total	% of national total
Moved to notification, complaint or offence	202	6,214	3.3%
Closed at lodgement	34	1,576	2.2%
Yet to be determined	11	374	2.9%
Total	247	8,164	3.0%

Outcome of decisions to take the notification further	ACT	National total (excluding HPCA)	% of national total
Health or performance assessment	7	295	2.4%
Investigation	61	1,975	3.1%
Panel hearing		16	0.0%
Tribunal hearing		3	0.0%
Total	68	2,289	3.0%
Outcome of notifications closed following assessment			
No further action	100	2,358	4.2%
Health complaints entity to retain	9	109	8.3%
Refer all or part of the notification to another body		33	0.0%
Dealt with as enquiry	2	47	4.3%
Managed as a complaint by a co-regulator		5	0.0%
Managed as an offence under Part 7 of the National Law		7	0.0%
Caution	9	367	2.5%
Accept undertaking	3	46	6.5%
Impose conditions	4	164	2.4%
Practitioner surrenders registration		2	0.0%
Total	127	3,138	4.0%

Outcome of decisions to take the notification further	ACT	National total (excluding HPCA)	% of national total
Assessment	7	16	43.8%
Health or performance assessment	2	116	1.7%
Panel hearing	2	79	2.5%
Tribunal hearing	5	100	5.0%
Total	16	311	5.1%
Outcome of notifications closed following investigation			
No further action	26	838	3.1%
Health complaints entity to retain	6	8	75.0%
Refer all or part of the notification to another body	1	11	9.1%
Dealt with as enquiry		1	0.0%
Managed as a complaint by a co-regulator		5	0.0%
Caution	10	272	3.7%
Accept undertaking		72	0.0%
Impose conditions	5	189	2.6%
Suspend registration		1	0.0%
Total	48	1,397	3.4%

Outcome	ACT	National total (excluding HPCA)	% of national total
No further action	1	32	3.1%
Accept undertaking		1	0.0%
Caution		39	0.0%
Reprimand		11	0.0%
Impose conditions	5	88	5.7%
Practitioner surrenders registration		1	0.0%
Suspend registration		1	0.0%
Total	6	173	3.5%

Outcome	ACT	National total (excluding HPCA)	% of national total
No further action		18	0.0%
Caution	1	3	33.3%
Reprimand		21	0.0%
Fine registrant		5	0.0%
Accept undertaking		2	0.0%
Impose conditions	3	28	10.7%
Practitioner surrenders registration		3	0.0%
Suspend registration	7	44	15.9%
Cancel registration	3	34	8.8%
Not permitted to reapply for registration for a period of 12 months		8	0.0%
Withdrawn		9	0.0%
Total	14	175	8.0%

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2015/16
Aboriginal and Torres Strait Islander Health Practitioner						0
Chinese Medicine Practitioner	1					1
Chiropractor						0
Dental Practitioner	14	9	1			24
Medical Practitioner	68	28	4	2	7	109
Medical Radiation Practitioner						0
Midwife	1			1		2
Nurse	14	7	3	3	5	32
Occupational Therapist						0
Optometrist	1					1
Osteopath	2					2
Pharmacist	13	2			1	16
Physiotherapist	1					1
Podiatrist						0
Psychologist	13	2	2		1	18
Not identified ¹						0
Total 2015/16	128	48	10	6	14	206

Note:

1. Practitioner profession may not have been identified in notifications closed at an early stage.

Monitoring and compliance

AHPRA's monitoring and compliance team monitors health practitioners and students with restrictions on their registration, or whose registration has been suspended or cancelled.

Monitoring ensures practitioners are complying with restrictions placed on their registration. Each case is assigned to one of five streams, where the below affects a practitioner or student's ability or performance:

- ▶ **health:** physical or mental impairment, disability, condition or disorder (including substance abuse or dependence)
- ▶ **performance:** deficiencies in knowledge, skill, judgement or care
- ▶ **conduct:** where they have a criminal history or have demonstrated a lesser standard of professional care than expected
- ▶ **suitability/eligibility:** they do not hold an approved or equivalent qualification; lack English-language skills; do not meet the requirements for recency of practice or do not meet approved registration standards, or
- ▶ **prohibited practitioner/student:** they are subject to a cancellation order, surrender of registration or change to non-practising registration or suspension.

At 30 June 2016, there were 117 cases under active compliance monitoring in the ACT.

The ACT accounted for 2.4% of all cases nationally under active monitoring. The majority of these registrants were medical practitioners (34), nurses (31) and Chinese medicine practitioners (24). See Tables 24 and 25.

Table 24. Active monitoring cases at 30 June 2016, by profession (excluding HPCA)

Profession	ACT	National total (excluding HPCA)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner		73	0.0%
Chinese Medicine Practitioner	24	954	2.5%
Chiropractor		46	0.0%
Dental Practitioner	7	141	5.0%
Medical Practitioner	34	1,767	1.9%
Medical Radiation Practitioner	3	109	2.8%
Midwife	3	144	2.1%
Nurse	31	1,274	2.4%
Occupational Therapist		36	0.0%
Optometrist	1	17	5.9%
Osteopath		9	0.0%
Pharmacist	6	178	3.4%
Physiotherapist	2	60	3.3%
Podiatrist		21	0.0%
Psychologist	6	134	4.5%
Total	117	4,963	2.4%

Table 25: Active monitoring cases at 30 June 2016 in the ACT and nationally, by stream

Jurisdiction	Conduct ¹	Health ¹	Performance ¹	Prohibited practitioner/student	Suitability/eligibility ²	Total 2015/16
ACT	10	25	24	8	50	117
National 2015/16 ³	709	1,000	677	219	3,129	5,734
% of national total	1.4%	2.5%	3.5%	3.7%	1.6%	2.0%

Notes:

1. Includes cases to be transitioned from AHPRA to HPCA for Conduct, Health and Performance streams.
2. AHPRA performs monitoring of compliance cases in 'suitability/eligibility' matters for NSW registrations.
3. Includes cases monitored by the HPCA.

Statutory offence complaints

In order to protect the public, the National Law sets out the following types of statutory offences:

- ▶ unlawful use of protected titles
- ▶ performing restricted acts
- ▶ holding out (unlawful claims by individuals or organisations as to registration), and
- ▶ unlawful advertising.

These offences are prosecuted in the Magistrates' Court (or equivalent) of the relevant state or territory, and carry penalties or fines that may be imposed on a finding of guilt.

Nationally, AHPRA received 1,348 statutory offence complaints in 2015/16 (166% more than in 2014/15). This increase was largely due to a series of complaints made by organisations about

alleged advertising breaches, which made up 75% of all complaints. Of these, 57.3% were about chiropractors, 16% were about dental services and 13.1% were about medical services.

Twenty new statutory offence complaints were made about ACT practitioners. Noting that the total numbers are relatively small, this represents an increase of 100% from 2014/15. The ACT received 1.5% of all offence complaints nationally. See Table 26.

Fifteen statutory offences were closed in 2015/16, eight more than were closed in 2014/15.

Almost all new matters in the ACT related to title protection or advertising concerns.

Profession	ACT		National total ²		% of national total	
	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner			0	0	0.0%	0.0%
Chinese Medicine Practitioner			26	12	0.0%	0.0%
Chiropractor	10	1	601	68	1.7%	1.5%
Dental Practitioner	2	2	196	157	1.0%	1.3%
Medical Practitioner	1	1	202	128	0.5%	0.8%
Medical Radiation Practitioner			8	7	0.0%	0.0%
Midwife			33	6	0.0%	0.0%
Nurse	2	3	54	40	3.7%	7.5%
Occupational Therapist		1	6	5	0.0%	20.0%
Optometrist			9	9	0.0%	0.0%
Osteopath			12	25	0.0%	0.0%
Pharmacist	2	2	13	13	15.4%	15.4%
Physiotherapist		1	66	40	0.0%	2.5%
Podiatrist	3	3	26	17	11.5%	17.6%
Psychologist		1	83	64	0.0%	1.6%
Unknown ³			13	9	0.0%	0.0%
Total 2015/16 (PPP)⁴	20	15	1,348	600	1.5%	2.5%
Total 2014/15 (PPP)⁴	10	7	506	518	2.0%	1.4%

Notes:

1. This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.
2. The national total includes offences managed about unregistered persons where there is no PPP recorded.
3. AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.
4. Based on state and territory of the practitioner's PPP.

CONTACT/COPIES

Mail

Publications Manager
AHPRA National Office
GPO Box 9958
Melbourne VIC 3000

Phone

1300 419 495

Email

Via the online enquiry form at the AHPRA website:
www.ahpra.gov.au

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PUBLISHED

Australian Health Practitioner Regulation Agency
Melbourne, December 2016
ISSN: 2204-132X

ACKNOWLEDGEMENTS

Thank you to all AHPRA contributors.

PRINTED

Cover printed on Precision Offset 310 gsm
Internals printed on Precision Offset 120 gsm



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