

# Annual report summary

2016/17

## Your National Scheme: Regulating health practitioners in **Tasmania**

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  
Chinese medicine  
Chiropractic  
Dental  
Medical  
Medical radiation practice  
Nursing and Midwifery

Occupational therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

# Performance summary for 2016/17

This annual report summary offers a snapshot of our work regulating more than 14,500 registered health practitioners in Tasmania for the financial year to 30 June 2017.

For a national perspective, refer to the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2016/17 annual report at [www.ahpra.gov.au/annualreport/2017](http://www.ahpra.gov.au/annualreport/2017).



Tasmanian practitioners accounted for **2.1%** of all registered health practitioners in Australia<sup>1</sup>

### Largest practitioner contingent:

**2.4%** of all nurses in Australia were based in Tasmania

### Smallest practitioner contingent:

**0.5%** of all Aboriginal and Torres Strait Islander Health Practitioners in Australia were based in Tasmania

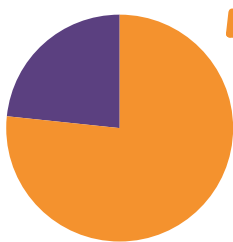


**14,522** health practitioners were registered in Tasmania in 2016/17, compared with 14,123 the previous year



**1,235** new applications for registration were received in Tasmania this year

That's an increase of 8.6% from 2015/16



Women comprised **76.7%** of the registered Tasmanian health workforce<sup>2</sup>



**4.8%** of all notifications (complaints or concerns) received by AHPRA during the year were about practitioners in Tasmania, up from 4% in 2015/16

**329** notifications were received about registrants with a principal place of practice in Tasmania

That's a 36% increase in notifications, from 242 in 2015/16

**106** health practitioners with a principal place of practice in Tasmania were being monitored for compliance with restrictions on their registration<sup>3</sup>



**12** new statutory offence complaints were received; down from 13 in 2015/16

AHPRA and the National Boards closed **284** notifications in Tasmania this year, compared with 251 in the previous year

<sup>1</sup> This percentage is the same as in 2015/16.

<sup>2</sup> The national percentage of women in the registered health workforce is 75.8%.

<sup>3</sup> Data as at 30 June 2017. See page 26 for more information about monitoring cases relating to compliance with restrictions on registration for practitioners in Tasmania.

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# About the National Scheme

## Who

The National Registration and Accreditation Scheme (the National Scheme) regulates almost 680,000 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 those practitioners who are suitably skilled and qualified to provide safe and ethical healthcare 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.

A searchable online database, the *Register of practitioners*, provides the community with information about the current registration status of all regulated health practitioners in Australia, including any restrictions on practice. A register of cancelled health practitioners is also published. Visit the registers on the AHPRA website at [www.ahpra.gov.au/registration/registers-of-practitioners](http://www.ahpra.gov.au/registration/registers-of-practitioners).

Agreed regulatory principles underpin the work of the National Boards and AHPRA in regulating Australia's health practitioners in the public interest (see right).

The National Scheme also sets a standardised framework for the accreditation of health practitioner education and training in Australia.

## 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 678,938 on 30 June 2017.

## Where

The National Scheme operates across Australia with local offices in each capital city. 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 in most states and territories, and on 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, visit [www.ahpra.gov.au/about-ahpra/what-we-do/legislation](http://www.ahpra.gov.au/about-ahpra/what-we-do/legislation).

## Our regulatory principles

Eight regulatory principles underpin AHPRA and the Boards' work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

# Foreword from the AHPRA Chair and the CEO

**This year the number of registered health practitioners in the National Scheme increased to almost 680,000. AHPRA and the 14 National Boards work through our local AHPRA offices, Boards and committees to regulate health practitioners in Australia under the National Law. We are committed to regulating health practitioners efficiently and effectively to protect the public.**

In 2016/17, there was an increase of 2.8% registered health practitioners in Tasmania, bringing the total number to 14,522. This represents 2.1% of all registered health practitioners in Australia. Members of the community can be safe in the knowledge that registered health practitioners must meet national registration standards and be adequately trained and qualified.

A focus of the past year was improving community awareness of both the online *Register of practitioners* and the National Scheme more widely. Greater engagement with our local community and stakeholders means we are better able to respond to issues relevant to the Tasmanian community.

This year, AHPRA received more notifications about health practitioners than ever before, and we worked with the National Boards to respond to these promptly. Tasmania received 329 notifications in the past year, and closed 284. We work closely with the Tasmanian Health Complaints Commission in the management of these concerns.

We are committed to improving the timely and efficient handling of notifications. We recognise that the notifications process can be very stressful and we have made improvements in our information and communication with both notifiers and health practitioners subject to a notification.

The Tasmanian office continues to collaborate with other AHPRA state and territory offices to share its expertise and resources in helping to manage regulatory services and contribute to the efficiency of the National Scheme.

We would like to thank all the staff in our Hobart office and local Boards and committees for their hard work and commitment. Everyone should take great pride in the accomplishments of the past year.



A handwritten signature in black ink, appearing to read 'Michael Gorton'.

**Mr Michael Gorton AM**

Chair,  
Agency Management  
Committee, AHPRA



A handwritten signature in black ink, appearing to read 'Martin Fletcher'.

**Mr Martin Fletcher**

Chief Executive Officer,  
AHPRA

# Foreword from the Tasmanian State Manager

In 2016/17, AHPRA and the National Boards worked to ensure that the Tasmanian community had access to qualified health practitioners and safe healthcare.

## Highlights for 2016/17:

- ▶ Worked in partnership with the Sydney office to review the process for providing notifications support to the NSW Health Care Complaints Commission (HCCC) and the Health Professional Councils Authority (HPCA).
- ▶ Engaged with local professions and health entities to provide education and updates about the National Scheme.
- ▶ Relocated the AHPRA office to new premises, enabling all staff to be accommodated on a single floor.

## Local office

A primary focus for the Tasmanian office towards the end of 2016 and beginning of 2017 was the physical relocation to new premises at 99 Bathurst Street. The new premises allowed for all the staff from the various AHPRA operational streams, Regulatory Operations, Business Services and Strategy and Policy directorates to be accommodated on the one floor.

A special thanks to Tim Behrens, Project Manager and the Consolidation Group who ensured that there was a two-way communication path for all things relating to the Bathurst Street office relocation and that everyone felt well-informed on what and when things were happening. The new office was officially opened by Mr Michael Gorton, AM, Chair, Agency Management Committee on 21 February 2017. Fifty guests and staff attended the opening.

## Working in partnership with National Boards

Hobart staff have continued to build strong relationships with National Boards through direct interaction and working in partnership with state boards and committees. The state boards and committees have continued to share professional development opportunities.

Members of the Nursing and Midwifery Board of Australia (NMBA) were joined by members of the other National Boards for a presentation 'The Nature of Addiction' by Mr Peter Boyles, Chief Pharmacist, Pharmaceutical Services, and Dr Adrian Reynolds, Clinical Director of Alcohol and Drug Services, from the Tasmanian Health Service.

Staff and board members have partnered in presentations for medical interns across the three major health facilities, a regional Australian College of Nursing (ACN) professional development session, graduating students and an 'Open Disclosure and Patient Safety' education seminar.

## Working with our stakeholders

Stakeholder engagement has remained a focus through 2016/17. Meetings occurred with senior representatives of the Tasmanian Health Service and regular meetings took place with the Chief Nurse and Midwife, ministerial advisors, the Tasmanian Health Complaints Commission and professional associations.

The Hobart office also provides meeting space for the Pharmacy Guild and the Australian College of Nursing.

## Local office, national contribution

Collaboration has continued between the Hobart and Canberra offices, and we have also worked more closely with the Sydney office in medical registration. During this reporting period, the Director of Notifications has explored ways of improving the data exchange and interface between AHPRA and the Health Professional Councils in NSW and the NSW HCCC.

I would like to thank the AHPRA staff who continue to demonstrate a commitment and willingness to engage in new ways of working. I also extend my thanks to the Chairs of the Tasmanian boards and committees and members who share their knowledge and professional experience in regulatory decision-making in the interest of the Tasmanian public.

Acknowledgement and thanks to Tasmanian regional board members not seeking reappointment as of 30 June 2016: Ms Kim Gabriel, Mr Paul Brown (NMBA), Ms Maree Riley (Psychology Board of Australia) and Dr Brian Bowring (Medical Board of Australia).



**Catherine Miedecke**

Tasmanian State Manager, AHPRA



## **Part 1**

Decision-making in  
Tasmania: Board and  
committee reports

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

**The Tasmania Registration and Notification Committee of the Dental Board of Australia (the committee) makes decisions about matters relating to the health, performance and conduct of registered dental practitioners to support the safe and competent delivery of oral health services in the state.**

During 2016/17, the committee has continued to work to meet the objectives of the National Scheme to keep the public safe. We make decisions about the registration of individual dentists, students and specialists, as well as overseas-trained practitioners.

Another aspect of our role is to make decisions about registered dentists who have had a complaint made about them through AHPRA's notifications process. Our decisions are made after carefully assessing the risk to the public.

This year, we continued our ongoing commitment to engage with the Dental Board of Australia (the National Board) and our local stakeholders. The Chair regularly attended National Board meetings, which encouraged collaboration and discussion between state Chairs and National Board members, bringing local insight into the National Scheme.

Particular highlights of the past year have been our local stakeholder meetings, which have seen us welcome colleagues from the dental profession in Tasmania to meet local committee members, AHPRA staff and representatives from the National Board. These events have been positively welcomed by all involved and have given the opportunity for further understanding of the roles of the National Board and how it is supported locally and nationally by AHPRA. Several other states have now replicated these events after the success of our model.

As the National Board representative, I have continued to be involved in a cross-profession supervised practice reference group, looking into aligning the processes involved in supervision of practitioners across all Boards. I have also attended several consultation forums and workshops, which have been held to look at areas such as accreditation and notification systems within the National Scheme.

We also engaged in cross-professional learning with colleagues from other Tasmanian registration and notifications committees, attending several joint professional development meetings that have strengthened collaboration.

The committee continues to reflect on our work to make appropriate and timely decisions, and also maintains good relations with our colleagues in the Dental Registration and Notification Committee in the Australian Capital Territory (ACT), as we continue to work effectively within the state offices' cluster model.

I continue to be impressed by the commitment of the Tasmanian AHPRA staff and State Manager Catherine Miedecke, who has developed a wonderful culture within her team and who provides excellent support to our committee. I am again very grateful for the contribution and support that I receive from my colleagues on the committee, Dr Kylie McShane and Mr Leigh Gorringe, who continue to provide an exceptional level of knowledge and commitment to the work we undertake.



**Dr Ioan Jones**  
Chair, Tasmanian  
Registration and  
Notification Committee,  
Dental Board of Australia



**Dr John Lockwood AM**  
Chair, Dental Board of  
Australia

## Members of the committee in 2016/17

Dr Ioan Jones (Chair)  
Mr Leigh Gorringe  
Dr Kylie McShane



# Tasmanian Board of the Medical Board of Australia: Chair's message

The focus of the Tasmanian Board of the Medical Board of Australia (Tasmanian Board) continues to be on supporting the safe and competent delivery of medical services in the state as we make decisions about individual medical practitioners.

These decisions fall into two broad categories: complex applications for registration, which require detailed individual assessment, and action required to manage risk to the public as a result of a notification (complaint).

The Tasmanian Board has continued its extensive stakeholder engagement program throughout the year. This continues to prove to be most successful both in improving the understanding of the Board on a wide range of critical issues affecting both the community and practitioners, and also in developing relationships with key people and organisations.

The Board has frequently included opportunities for professional development with its regular monthly meetings, and these have included sessions on Tasmanian Alcohol and Drug Services, risk management by Avant and aspects of the welfare and the continuing development of young hospital doctors through the Post Graduate Medical Education Council of Tasmania.

The Tasmanian Board continues to work closely with AHPRA to ensure that both registrations and notifications matters are handled in an efficient and timely manner while also ensuring that all matters are considered thoroughly, as required by the National Law. The Board works closely with AHPRA so that decisions are made within appropriate timeframes. We also work together to look at ways we can improve our processes to ensure the community is protected and the provision of health services remains at the highest standards.

Professional development of the Board is an essential component of good governance and the Board this year has undergone an extensive evaluation process with appropriate feedback provided to individual members. Further, Board members have attended a National Board workshop on notifications, examining possible improvements in the management of notifications and changes that will ensure best-practice decision-making is supported by a timely and efficient process.



**Dr Andrew Mulcahy**  
Chair, Tasmanian Board of the Medical Board of Australia



**Dr Joanna Flynn AM**  
Chair, Medical Board of Australia

## Members of the Tasmanian Board in 2016/17

- Dr Andrew Mulcahy (Chair)
- Dr Brian Bowring AM
- Mr David Brereton
- Dr Kristen Fitzgerald
- Dr Fiona Joske
- Mr Fergus Leicester
- Ms Leigh Mackey
- Dr Colin Merridew
- Dr Phillip Moore
- Dr Kim Rooney
- Dr David Saner
- Mrs Joan Wylie

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

**In making decisions about individual nurses and midwives, the focus of the Tasmanian Board of the Nursing and Midwifery Board of Australia (the Tasmanian Board) remains on protecting the public.**

In 2016/17, the Tasmanian Board continued to focus on public safety, most specifically by making sound, clear decisions about individual nurses and midwives who have breached our codes or the National Law and providing guidance to them for safe continued practice. These may be decisions about complex applications for registration that require detailed individual assessment or deciding what action is needed to manage risk to the public as a result of a notification.

Policies and regulatory guidelines inform the decisions we make in Tasmania about local practitioners, and we are grateful to be supported by AHPRA's Tasmanian office.

During the year, the Tasmanian Board has worked closely with our colleagues on the National Board and on other state and territory boards. It is such a partnership that supports a nationally consistent approach to managing and making decisions about notifications and registration issues concerning nurses and midwives.

The Nursing and Midwifery Board of Australia (NMBA) conference was held on 8–10 March 2017 at the Grand Hyatt, Melbourne. This annual conference is the key planned gathering of all stakeholders, members and professional staff associated with the national, state and territory nursing and midwifery Boards. It is the clear opportunity we all relish to meet, share and grow. This year was no disappointment; we experienced excellent speakers, debated many aspects of our roles and workshopped dynamic subject matter. It is a privilege to be invited to the annual conference, and Tasmanian Board members take full advantage of all aspects of this event. This year, we were lucky enough to revisit one of the workshop areas of data mining, reviewing the presentation in our monthly pre-Board education meeting, and considered how this information can help inform our decision-making.

The Tasmanian Board has continued to invite key stakeholders to present at regular Board meetings and engage with members. For example:

- ▶ A professional development workshop entitled 'The Nature of Addiction' was attended by members of the Tasmanian Board. Mr Peter Boyles, Chief Pharmacist, Pharmaceutical Services and Dr Adrian Reynolds, Clinical Director of Alcohol and Drug Services, Tasmanian Health Service, led this session, which was also attended by Tasmanian members of other professions' National Boards. Their attendance enabled an excellent level of cross-professional collaboration and networking.
- ▶ The Chair met with the State Minister for Health, the Honourable Michael Ferguson MP.
- ▶ The NMBA's visit to Tasmania in March 2017 also provided an opportunity to engage with our colleagues in the profession.

I wish to acknowledge the high level of work that AHPRA staff continue to provide to the Tasmanian Board in preparation for our meetings. Their input is invaluable in assisting us with our decision-making and supporting our board on all things administrative.

The Board welcomed new member Professor Rosalind Bull from 1 July 2016.



**Ms Catherine Schofield**

Chair, Tasmanian Board of the Nursing and Midwifery Board of Australia



**Associate Professor Lynette Cusack RN**

Chair, Nursing and Midwifery Board of Australia

## Members of the Tasmanian Board in 2016/17

Ms Catherine Schofield (Chair)  
Ms Carol Baines  
Mr Paul Brown  
Professor Rosalind Bull (from 1 July 2016)  
Ms Emma Curnin (until 11 March 2016)  
Ms Kim Gabriel (Deputy Chair)  
Dr Kylie McShane  
Mr David Paton  
Ms Christine Schokman  
Mrs Lynette Staff

# Pharmacy Board of Australia: Chair's message

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

Practitioner membership on the Board from each state and territory helps to ensure consistency and transparency in its 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. Mr Mark Kirschbaum is the practitioner member from Tasmania on the Board.

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

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

- ▶ Mr Mark Dunn, and
- ▶ Ms Suzanne Hickey.

Other external practitioners who continue to contribute to the work of the Board are the pharmacists who have assessed the competence of intern pharmacists in the oral examinations, which enables the Board to ensure that pharmacists who are registered are competent to practise.

Input throughout the year from stakeholders in Tasmania has been valuable in helping the Board to complete significant work. For example, the finalisation of the Board's guidance on *Compounding of sterile injectable medicines* demonstrated essential and valuable engagement with stakeholders (for more on this, visit our website: [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au)).

Stakeholder engagement routinely extends to other aspects of the Board's work, such as our twice-yearly interstate Board meetings, which include engagement with local stakeholders and pharmacists.

The receipt and review of the report on the 'Pharmacist notifications analysis project' will provide helpful insights to inform the development of right-touch regulatory standards and approaches by the Board during the year ahead. In the coming year, the Board will also develop a series of communication tools to inform the profession, the public and other stakeholders of the outcomes of the research.

The Board developed a pilot survey of interns and preceptors to investigate issues relevant to the quality of the intern training experience. The pilot survey, which was developed by AHPRA with involvement from representatives of pharmacy stakeholders, was aimed at informing the development of a larger-scale study which the Board will conduct during the next year.

Pharmacy professional officers support the Board in its engagement with stakeholders in Tasmania, which includes speaking each year to final-year pharmacy students and intern training providers about the Board's requirements for provisional registration and how to apply, the intern year and the national pharmacy examination.



**Mr William Kelly**

Chair, Pharmacy Board of Australia

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

This year, the ACT, Tasmania and Victoria Regional Board has maintained its primary focus of ensuring public safety.

We continue to receive matters related to the notification and registration of psychology registrants in our region and make regulatory decisions in response. Much of this work remains in the notifications space, some of which has been very complex and has required significant resource and time allocation. The Regional Board receives these matters via our colleagues at AHPRA, and this partnership has worked very effectively in helping to achieve the goal of overseeing the regulation of psychologists in the public interest. We would like to extend our sincere gratitude to all our AHPRA colleagues for the hard work they do in preparing matters for the Board.

The Regional Board has also provided input to the National Board on a number of policies and guidelines. This has been in addition to the provision of feedback on matters of interest and trends identified by the Regional Board during the year, including a paper by Associate Professor Terry Laidler on Family Court matters and identifying issues in registration for provisional psychologists working through the 4 + 2 pathway in the ACT and Tasmania.

One of our other goals is to continue engaging with stakeholders via Board presentations, and this has undoubtedly been the case this year in ACT and Victoria, predominantly to student populations. We have had several speaking engagements over the last 12 months, including those delivered by various Board members in Victoria, and others delivered by myself in the ACT.

This year has also seen the departure of one of the Regional Board's Deputy Chairs, Dr Simon Kinsella, as he has opted to step down after completing two very successful terms as a Regional Board member. I would like to extend my warm and sincere gratitude to Simon for his very significant efforts over the last six years. His contributions both as a Board member and Deputy Chair, at times standing in as Chair in my absence, have been significant and very much appreciated by the Regional Board and AHPRA.



**Dr Cristian Torres**

Chair, Regional Chair of the Psychology Board of Australia



**Professor Brin Grenyer**

Chair, Psychology Board of Australia

## Members of the Regional Board in 2016/17

Dr Cristian Torres (Chair; ACT member)

Mr Robin Brown (ACT member)

Dr Melissa Casey (Vic member)

Ms Anne Horner (Tas Member)

Dr Simon Kinsella (Deputy Chair; Vic member)

Associate Professor Terry Laidler (Vic member)

Professor Anthony Love (Vic member)

Dr Patricia Mehegan (Vic member)

Ms Maree Riley (Tas member)

# National Boards and committees making local decisions

The remaining nine National Boards of the National Scheme use national committees to make decisions about local practitioners.

National Boards of these professions appoint national committees to make decisions about registration and notifications in relation to individual practitioners. These national committees comprise representatives from each state and territory. Additional members may be appointed to these committees to bring specific professional or jurisdictional expertise when needed. Using national committees is an important way to minimise the cost of regulation for professions with proportionately fewer registrants than dental, medical, pharmacy, psychology and nursing and midwifery, while maintaining the benefits provided by the National Scheme.

The national committees are overseen by the National Boards to support consistent and robust decision-making to keep the public safe. See the 'Meet the Chairs' panel below to find out who is the Chair of each of these National Boards.

National Boards work closely with our network of AHPRA state and territory offices so that they can monitor and respond to any jurisdiction-specific issues for their professions.

In 2016/17, 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 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 2016/17 annual report of AHPRA and the National Boards, at [www.ahpra.gov.au/annualreport/2017](http://www.ahpra.gov.au/annualreport/2017).

## Meet the Chairs



**Mr Bruce Davis**  
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 Mark Marcenko**  
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**  
Chair, Physiotherapy  
Board of Australia



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



## **Part 2**

Regulating health  
practitioners in  
Tasmania



# Tasmanian data snapshot

Five local insights for 2016/17

**As at 30 June 2017, there were 14,522 registered health practitioners with a principal place of practice in Tasmania.**

**Tasmania is the principal place of practice for 2.4% of all nurses in Australia.**

**1,235 new applications were received for registration in Tasmania, an increase of 8.6% from the previous year.**

**Notifications about practitioners in Tasmania increased by 36% from the previous year, to 329 new complaints received by AHPRA.**

**Of the 2,297 new statutory offence complaints received by AHPRA nationally, 12 were made about practice in Tasmania.**

## Background

Data in this annual report summary are drawn from the 2016/17 annual report published by AHPRA and the National Boards. Tasmanian 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 2017.

Throughout, national figures are also provided to show how Tasmania compares with national data. Where possible, we have also 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 in Tasmania, 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 data (about complaints or concerns lodged with AHPRA) 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.

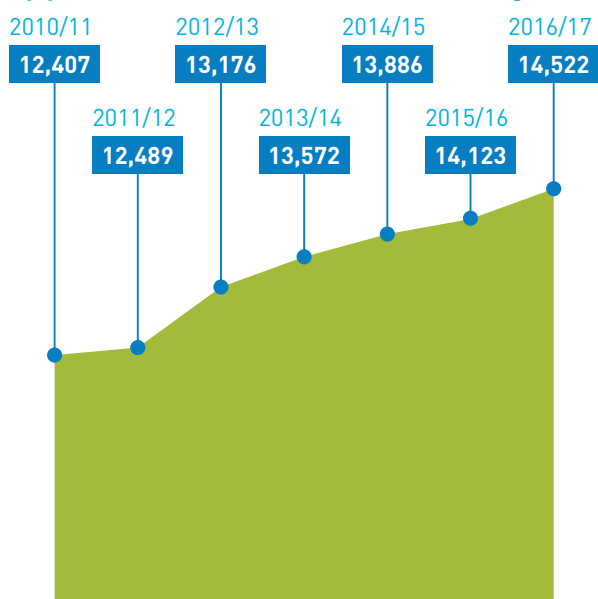
Data on statutory offence matters, tribunal and panel hearings, active monitoring cases and criminal history checks are also included.

To view the full 2016/17 annual report by AHPRA and the National Boards, visit [www.ahpra.gov.au/annualreport/2017](http://www.ahpra.gov.au/annualreport/2017).

Annual report summaries for each of the eight jurisdictions and 14 National Boards are also published on the website.

## Registration in Tasmania

Figure 1: Tasmanian registrant numbers, year by year, since the National Scheme began



Health practitioners who practise in any of the 14 professions regulated by the National Scheme must be registered to a principal place of practice (PPP). Their PPP is the location declared by the practitioner as the address at which they mostly practise the profession.

Tables 1–8 provide details of registered health practitioners with a PPP in Tasmania. At 30 June 2017, the number of registered health practitioners in the state was 14,522, an increase of 399 practitioners (2.8%) from 2015/16. This jurisdiction now represents 2.1% of all registered health practitioners in Australia.

The proportion of practitioners who had a principal place of practice in Tasmania ranged from 0.5% of all practitioners who are registered as midwives or Aboriginal and Torres Strait Islander Health Practitioners to 2.4% of all practitioners who are registered as nurses or pharmacists. See Table 1.

Data also showed that in 2016/17 Tasmania had:

- ▶ 2.1% of registered health practitioners with a recognised specialty nationally, and
- ▶ 2% of health practitioners with a recognised endorsement or notation nationally, which permits an expanded scope of practice within their profession.

In 2016/17, applications received for registration in Tasmania increased by 8.6%, with 1,235 new applications. This equates to 1.8% of new applications received by AHPRA nationally during the year. Details of new registration applications received, with a breakdown of profession and registration type, are provided in Table 7. Registration application outcomes are detailed at Table 8.

Table 1: Registered practitioners with Tasmania as the principal place of practice, by profession<sup>1</sup>

Profession	Tas	National total <sup>4</sup>	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	3	608	0.5%
Chinese medicine practitioner	36	4,860	0.7%
Chiropractor	54	5,284	1.0%
Dental practitioner	371	22,383	1.7%
Medical practitioner	2,298	111,166	2.1%
Medical radiation practitioner	312	15,683	2.0%
Midwife	24	4,624	0.5%
Nurse	8,429	357,701	2.4%
Nurse and midwife <sup>2</sup>	646	28,928	2.2%
Occupational therapist	296	19,516	1.5%
Optometrist	93	5,343	1.7%
Osteopath	41	2,230	1.8%
Pharmacist	738	30,360	2.4%
Physiotherapist	474	30,351	1.6%
Podiatrist	105	4,925	2.1%
Psychologist	602	34,976	1.7%
<b>Total 2016/17</b>	<b>14,522</b>	<b>678,938</b>	<b>2.1%</b>
<b>Total 2015/16</b>	<b>14,123</b>	<b>657,621</b>	<b>2.1%</b>
<b>Tasmania's population as a proportion of national population<sup>3</sup></b>	<b>519,100</b>	<b>24,385,600</b>	<b>2.1%</b>

## Criminal history checks

As part of the registration process, AHPRA requested 70,544 domestic and international criminal history checks of practitioners nationally this year. Overall, 3.8% of the results indicated that the applicant had a disclosable court outcome.

In Tasmania, 1,153 criminal history checks were carried out (compared with 995 in 2015/16). Of these, there were 172 disclosable court outcomes (compared with 388 in 2015/16).

In the majority of cases nationally, the applicant was granted registration because the nature of an individual's disclosable court outcome had little relevance to their ability to practise safely and competently.

No applicants had conditions imposed on their registration due to a disclosable court outcome this year, compared with 10 in 2015/16. No applicants were refused registration, compared with one in 2015/16.

See [www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history](http://www.ahpra.gov.au/Registration/Registration-Standards/Criminal-history).

<sup>1</sup> Data are based on registered practitioners as at 30 June 2017 and are segmented from data in AHPRA and the National Boards' 2016/17 annual report.

<sup>2</sup> Registrants who hold dual registration as both a nurse and a midwife.

<sup>3</sup> Based on Australian Bureau of Statistics (ABS) Demographics Statistics as at 30 December 2016.

<sup>4</sup> National total also includes registrants who have no specified principal place of practice (PPP), including practitioners with an overseas address.



**Table 2: Registered practitioners with Tasmania as the principal place of practice, by registration type**

Profession/registration type	Tas	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	3	608	0.5%
General	3	605	0.5%
Non-practising	0	3	0.0%
Chinese medicine practitioner	36	4,860	0.7%
General	36	4,583	0.8%
General and non-practising	0	3	0.0%
Limited	0	2	0.0%
Non-practising	0	272	0.0%
Chiropractor	54	5,284	1.0%
General	52	4,967	1.0%
Limited	0	2	0.0%
Non-practising	2	315	0.6%
Dental practitioner	371	22,383	1.7%
General	338	20,053	1.7%
General and non-practising <sup>1</sup>	0	1	0.0%
General and specialist	27	1,655	1.6%
Limited	0	58	0.0%
Non-practising	6	576	1.0%
Specialist	0	40	0.0%
Medical practitioner	2,298	111,166	2.1%
General	697	38,798	1.8%
General (teaching and assessing)	3	40	7.5%
General (teaching and assessing) and specialist	0	1	0.0%
General and specialist	1,112	52,264	2.1%
Limited	80	2,473	3.2%
Non-practising	55	2,762	2.0%
Provisional	116	5,495	2.1%
Specialist	235	9,333	2.5%
Medical radiation practitioner	312	15,683	2.0%
General	307	15,010	2.0%
Limited	0	1	0.0%
Non-practising	4	235	1.7%
Provisional	1	437	0.2%
Midwife	24	4,624	0.5%
General	24	4,548	0.5%
Non-practising	0	73	0.0%
Provisional	0	3	0.0%

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 Includes podiatric surgeons.

Profession/registration type	Tas	National total	% of national total
Nurse	8,429	357,701	2.4%
General	8,292	352,011	2.4%
General and non-practising <sup>1</sup>	0	27	0.0%
General and provisional	0	5	0.0%
Non-practising	132	5,421	2.4%
Provisional	5	237	2.1%
Nurse and Midwife	646	28,928	2.2%
General	606	26,835	2.3%
General and non-practising <sup>2</sup>	29	1,401	2.1%
General and provisional	0	8	0.0%
Non-practising	11	679	1.6%
Provisional	0	5	0.0%
Occupational therapist	296	19,516	1.5%
General	289	18,755	1.5%
Limited	0	69	0.0%
Non-practising	7	659	1.1%
Provisional	0	33	0.0%
Optometrist	93	5,343	1.7%
General	92	5,167	1.8%
Limited	0	4	0.0%
Non-practising	1	172	0.6%
Osteopath	41	2,230	1.8%
General	41	2,129	1.9%
Limited	0	1	0.0%
Non-practising	0	89	0.0%
Provisional	0	11	0.0%
Pharmacist	738	30,360	2.4%
General	676	27,544	2.5%
Limited	1	10	10.0%
Non-practising	9	1,097	0.8%
Provisional	52	1,709	3.0%
Physiotherapist	474	30,351	1.6%
General	457	29,114	1.6%
Limited	11	371	3.0%
Non-practising	6	866	0.7%
Podiatrist <sup>3</sup>	105	4,925	2.1%
General	103	4,790	2.2%
General and specialist	0	30	0.0%
Non-practising	2	105	1.9%
Psychologist	602	34,976	1.7%
General	499	28,442	1.8%
Non-practising	27	1,695	1.6%
Provisional	76	4,839	1.6%
Total	14,522	678,938	2.1%

**Table 3: Registered practitioners who hold an endorsement, with Tasmania as the principal place of practice**

Profession/endorsement	Tas	National total	% of national total
Chiropractor	0	31	0.0%
Acupuncture	0	31	0.0%
Dental practitioner	2	96	2.1%
Area of practice - conscious sedation	2	96	2.1%
Medical practitioner	12	583	2.1%
Acupuncture	12	583	2.1%
Midwife <sup>1</sup>	9	333	2.7%
Midwife Practitioner	0	1	0.0%
Scheduled Medicines	9	332	2.7%
Nurse <sup>1</sup>	40	2,676	1.5%
Nurse Practitioner	33	1,559	2.1%
Scheduled Medicines - Rural and isolated practice	7	1117	0.6%
Optometrist	68	2,717	2.5%
Scheduled Medicines	68	2,717	2.5%
Osteopath	0	2	0.0%
Acupuncture	0	2	0.0%
Physiotherapist	0	7	0.0%
Acupuncture	0	7	0.0%
Podiatrist <sup>2</sup>	0	82	0.0%
Scheduled Medicines	0	82	0.0%
Psychologist	241	11,702	2.1%
Area of Practice	241	11,702	2.1%
<b>Total</b>	<b>372</b>	<b>18,229</b>	<b>2.0%</b>

**Table 4: Registered practitioners with Tasmania as the principal place of practice, by profession and gender**

Profession/gender	Tas	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	3	608	0.5%
Female	3	463	0.6%
Male	0	145	0.0%
Chinese medicine practitioner	36	4,860	0.7%
Female	21	2,683	0.8%
Male	15	2,177	0.7%
Chiropractor	54	5,284	1.0%
Female	17	2,064	0.8%
Male	37	3,220	1.1%

Profession/gender	Tas	National total	% of national total
Dental practitioner	371	22,383	1.7%
Female	169	11,244	1.5%
Male	202	11,139	1.8%
Medical practitioner	2,298	111,166	2.1%
Female	964	46,751	2.1%
Male	1,334	64,415	2.1%
Medical radiation practitioner	312	15,683	2.0%
Female	215	10,664	2.0%
Male	97	5,019	1.9%
Midwife	24	4,624	0.5%
Female	23	4,608	0.5%
Male	1	16	6.3%
Nurse	8,429	357,701	2.4%
Female	7,448	315,993	2.4%
Intersex or indeterminate	0	2	0.0%
Male	981	41,706	2.4%
Nurse and midwife	646	28,928	2.2%
Female	631	28,419	2.2%
Male	15	509	2.9%
Occupational therapist	296	19,516	1.5%
Female	268	17,812	1.5%
Male	28	1,704	1.6%
Optometrist	93	5,343	1.7%
Female	36	2,819	1.3%
Male	57	2,524	2.3%
Osteopath	41	2,230	1.8%
Female	23	1,217	1.9%
Male	18	1,013	1.8%
Pharmacist	738	30,360	2.4%
Female	437	18,782	2.3%
Male	301	11,578	2.6%
Physiotherapist	474	30,351	1.6%
Female	336	20,489	1.6%
Male	138	9,862	1.4%
Podiatrist	105	4,925	2.1%
Female	66	2,952	2.2%
Male	39	1,973	2.0%
Psychologist	602	34,976	1.7%
Female	486	27,854	1.7%
Intersex or indeterminate	0	1	0.0%
Male	116	7,121	1.6%
<b>Total</b>	<b>14,522</b>	<b>678,938</b>	<b>2.1%</b>

1 Nursing and midwifery registrants may hold dual nursing and midwifery registration and may have endorsements against each registration.

2 Includes podiatric surgeons.

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

Profession/division	Tas	National total	% of national total
<b>Chinese medicine practitioner</b>	<b>36</b>	<b>4,860</b>	<b>0.7%</b>
Acupuncturist	24	1,726	1.4%
Acupuncturist and Chinese herbal dispenser <sup>1</sup>	0	3	0.0%
Acupuncturist and Chinese herbal dispenser and Chinese herbal medicine practitioner <sup>1</sup>	3	833	0.4%
Acupuncturist and Chinese herbal medicine practitioner <sup>1</sup>	9	2,178	0.4%
Chinese herbal dispenser	0	45	0.0%
Chinese herbal dispenser and Chinese herbal medicine practitioner <sup>1</sup>	0	20	0.0%
Chinese herbal medicine practitioner	0	55	0.0%
<b>Dental practitioner</b>	<b>371</b>	<b>22,383</b>	<b>1.7%</b>
Dental hygienist	19	1,439	1.3%
Dental hygienist and dental prosthetist <sup>1</sup>	0	3	0.0%
Dental hygienist and dental prosthetist and dental therapist <sup>1</sup>	0	2	0.0%
Dental hygienist and dental therapist <sup>1</sup>	2	472	0.4%
Dental hygienist and dental therapist and dentist <sup>1</sup>	0	2	0.0%
Dental hygienist and dental therapist and oral health therapist <sup>1</sup>	0	3	0.0%
Dental hygienist and dentist <sup>1</sup>	0	4	0.0%
Dental hygienist and oral health therapist <sup>1</sup>	0	8	0.0%
Dental prosthetist	49	1,271	3.9%
Dental prosthetist and dental therapist <sup>1</sup>	0	1	0.0%
Dental prosthetist and dentist <sup>1</sup>	0	2	0.0%
Dental therapist	47	965	4.9%
Dental therapist and dentist <sup>1</sup>	0	1	0.0%
Dental therapist and oral health therapist <sup>1</sup>	0	6	0.0%
Dentist	243	16,732	1.5%
Dentist and oral health therapist <sup>1</sup>	0	2	0.0%
Oral health therapist	11	1,470	0.7%
<b>Medical radiation practitioner</b>	<b>312</b>	<b>15,683</b>	<b>2.0%</b>
Diagnostic radiographer	235	12,117	1.9%
Diagnostic radiographer and nuclear medicine technologist <sup>1</sup>	1	17	5.9%
Diagnostic radiographer and radiation therapist <sup>1</sup>	0	2	0.0%
Nuclear medicine technologist	16	1,145	1.4%
Radiation therapist	60	2,402	2.5%
<b>Nurse</b>	<b>8,429</b>	<b>357,701</b>	<b>2.4%</b>
Enrolled nurse (Division 2)	1,498	64,021	2.3%
Enrolled nurse (Division 2) and registered nurse (Division 1) <sup>1</sup>	92	7,264	1.3%
Registered nurse (Division 1)	6,839	286,416	2.4%
<b>Nurse and midwife<sup>2</sup></b>	<b>646</b>	<b>28,928</b>	<b>2.2%</b>
Enrolled nurse and midwife <sup>1</sup>	0	70	0.0%
Enrolled nurse and registered nurse and midwife <sup>1</sup>	1	66	1.5%
Registered nurse and midwife <sup>1</sup>	645	28,792	2.2%
<b>Total</b>	<b>9,794</b>	<b>429,555</b>	<b>2.3%</b>

1 Practitioners who hold dual or multiple registration.

2 Refers to dual-registrant nurses and midwives. Note that there are no divisions within the midwifery profession.

**Table 6: Health practitioners with specialties at 30 June 2017<sup>1</sup>**

Profession/area of specialty practice	Tas	National total	% of national total
<b>Dental practitioner</b>	<b>27</b>	<b>1,745</b>	<b>1.5%</b>
Dento-maxillofacial radiology	0	10	0.0%
Endodontics	3	169	1.8%
Forensic odontology	2	25	8.0%
Oral and maxillofacial surgery	5	211	2.4%
Oral medicine	0	35	0.0%
Oral pathology	0	23	0.0%
Oral surgery	0	51	0.0%
Orthodontics	12	612	2.0%
Paediatric dentistry	1	134	0.7%
Periodontics	4	226	1.8%
Prosthodontics	0	216	0.0%
Public health dentistry (Community dentistry)	0	16	0.0%
Special needs dentistry	0	17	0.0%
<b>Medical practitioner</b>	<b>1,442</b>	<b>66,659</b>	<b>2.2%</b>
<b>Addiction medicine</b>	<b>6</b>	<b>172</b>	<b>3.5%</b>
<b>Anaesthesia</b>	<b>112</b>	<b>4,929</b>	<b>2.3%</b>
<b>Dermatology</b>	<b>7</b>	<b>540</b>	<b>1.3%</b>
<b>Emergency medicine</b>	<b>48</b>	<b>2,059</b>	<b>2.3%</b>
<b>General practice</b>	<b>632</b>	<b>25,240</b>	<b>2.5%</b>
<b>Intensive care medicine</b>	<b>16</b>	<b>888</b>	<b>1.8%</b>
Paediatric intensive care medicine	1	11	9.1%
No sub-specialty declared	15	877	1.7%
Medical administration	6	337	1.8%
<b>Obstetrics and gynaecology</b>	<b>43</b>	<b>1,983</b>	<b>2.2%</b>
Gynaecological oncology	1	47	2.1%
Maternal-fetal medicine	0	40	0.0%
Obstetrics and gynaecological ultrasound	0	73	0.0%
Reproductive endocrinology and infertility	1	54	1.9%
Urogynaecology	0	31	0.0%
No sub-specialty declared	41	1,738	2.4%
<b>Occupational and environmental medicine</b>	<b>7</b>	<b>310</b>	<b>2.3%</b>
<b>Ophthalmology</b>	<b>22</b>	<b>1,016</b>	<b>2.2%</b>
<b>Paediatrics and child health</b>	<b>44</b>	<b>2,698</b>	<b>1.6%</b>
Clinical genetics	0	31	0.0%
Community child health	1	62	1.6%
General paediatrics	35	1,880	1.9%

Profession/area of specialty practice	Tas	National total	% of national total
Neonatal and perinatal medicine	3	181	1.7%
Paediatric cardiology	0	40	0.0%
Paediatric clinical pharmacology	0	1	0.0%
Paediatric emergency medicine	0	59	0.0%
Paediatric endocrinology	0	34	0.0%
Paediatric gastroenterology and hepatology	0	30	0.0%
Paediatric haematology	0	15	0.0%
Paediatric immunology and allergy	0	29	0.0%
Paediatric infectious diseases	0	26	0.0%
Paediatric intensive care medicine	0	6	0.0%
Paediatric medical oncology	0	34	0.0%
Paediatric nephrology	0	11	0.0%
Paediatric neurology	1	40	2.5%
Paediatric palliative medicine	0	4	0.0%
Paediatric rehabilitation medicine	0	8	0.0%
Paediatric respiratory and sleep medicine	0	34	0.0%
Paediatric rheumatology	0	11	0.0%
Paediatric nuclear medicine	0	1	0.0%
No sub-specialty declared	4	161	2.5%
<b>Pain medicine</b>	<b>12</b>	<b>287</b>	<b>4.2%</b>
<b>Palliative medicine</b>	<b>12</b>	<b>329</b>	<b>3.6%</b>
<b>Pathology</b>	<b>43</b>	<b>2,116</b>	<b>2.0%</b>
Anatomical pathology (including cytopathology)	19	914	2.1%
Chemical pathology	2	93	2.2%
Forensic pathology	2	51	3.9%
General pathology	4	112	3.6%
Haematology	11	538	2.0%
Immunology	0	117	0.0%
Microbiology	5	241	2.1%
No sub-specialty declared	0	50	0.0%
<b>Physician</b>	<b>180</b>	<b>10,165</b>	<b>1.8%</b>
Cardiology	23	1,366	1.7%
Clinical genetics	0	70	0.0%
Clinical pharmacology	0	56	0.0%
Endocrinology	10	688	1.5%
Gastroenterology and hepatology	15	874	1.7%

<sup>1</sup> 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 6: Health practitioners with specialties at 30 June 2017** *(Continued from previous page)*

Profession/area of specialty practice	Tas	National total	% of national total
General medicine	37	1,798	2.1%
Geriatric medicine	12	718	1.7%
Haematology	11	563	2.0%
Immunology and allergy	2	163	1.2%
Infectious diseases	7	434	1.6%
Medical oncology	12	667	1.8%
Nephrology	10	556	1.8%
Neurology	7	601	1.2%
Nuclear medicine	6	255	2.4%
Respiratory and sleep medicine	13	685	1.9%
Rheumatology	7	371	1.9%
No sub-specialty declared	8	300	2.7%
<b>Psychiatry</b>	<b>65</b>	<b>3,689</b>	<b>1.8%</b>
<b>Public health medicine</b>	<b>10</b>	<b>433</b>	<b>2.3%</b>
<b>Radiation oncology</b>	<b>9</b>	<b>386</b>	<b>2.3%</b>
<b>Radiology</b>	<b>48</b>	<b>2,464</b>	<b>1.9%</b>
Diagnostic radiology	43	2,097	2.1%
Diagnostic ultrasound	0	4	0.0%
Nuclear medicine	2	188	1.1%
No sub-specialty declared	3	175	1.7%
<b>Rehabilitation medicine</b>	<b>8</b>	<b>517</b>	<b>1.5%</b>
<b>Sexual health medicine</b>	<b>1</b>	<b>127</b>	<b>0.8%</b>
<b>Sport and exercise medicine</b>	<b>2</b>	<b>121</b>	<b>1.7%</b>
<b>Surgery</b>	<b>109</b>	<b>5,853</b>	<b>1.9%</b>
Cardio-thoracic surgery	4	203	2.0%
General surgery	35	2,024	1.7%
Neurosurgery	6	252	2.4%
Oral and maxillofacial surgery	2	133	1.5%
Orthopaedic surgery	26	1,436	1.8%
Otolaryngology - head and neck surgery	9	510	1.8%
Paediatric surgery	2	102	2.0%
Plastic surgery	10	461	2.2%
Urology	11	445	2.5%
Vascular surgery	4	238	1.7%
No sub-specialty declared	0	49	0.0%
<b>Podiatrist</b>	<b>0</b>	<b>30</b>	<b>0.0%</b>
Podiatric surgeon	0	30	0.0%
<b>Total</b>	<b>1,469</b>	<b>68,434</b>	<b>2.1%</b>

**Table 7: Applications received, by profession and registration type**

Profession/registration type	Tas	National total	% of national total
<b>Aboriginal and Torres Strait Islander Health Practitioner</b>	<b>0</b>	<b>141</b>	<b>0.0%</b>
General	0	140	0.0%
Non-practising	0	1	0.0%
<b>Chinese medicine practitioner</b>	<b>3</b>	<b>629</b>	<b>0.5%</b>
General	3	446	0.7%
Limited	0	6	0.0%
Non-practising	0	177	0.0%
<b>Chiropractor</b>	<b>1</b>	<b>388</b>	<b>0.3%</b>
General	1	307	0.3%
Limited	0	2	0.0%
Non-practising	0	79	0.0%
<b>Dental practitioner</b>	<b>20</b>	<b>1,652</b>	<b>1.2%</b>
General	18	1,381	1.3%
Limited	0	30	0.0%
Non-practising	2	142	1.4%
Specialist	0	99	0.0%
<b>Medical practitioner</b>	<b>381</b>	<b>16,953</b>	<b>2.2%</b>
General	115	5,649	2.0%
Limited	58	1,540	3.8%
Non-practising	13	515	2.5%
Provisional	110	5,311	2.1%
Specialist	85	3,938	2.2%
<b>Medical radiation practitioner</b>	<b>18</b>	<b>1,596</b>	<b>1.1%</b>
General	17	1,130	1.5%
Non-practising	0	64	0.0%
Provisional	1	402	0.2%
<b>Midwife</b>	<b>23</b>	<b>1,848</b>	<b>1.2%</b>
General	16	1,557	1.0%
Non-practising	5	269	1.9%
Provisional	2	22	9.1%
<b>Nurse</b>	<b>557</b>	<b>31,412</b>	<b>1.8%</b>
General	509	29,687	1.7%
Non-practising	45	1,415	3.2%
Provisional	3	310	1.0%
<b>Occupational therapist</b>	<b>21</b>	<b>2,282</b>	<b>0.9%</b>
General	20	1,918	1.0%
Limited	0	102	0.0%
Non-practising	1	241	0.4%
Provisional	0	21	0.0%

Profession/registration type	Tas	National total	% of national total
<b>Optometrist</b>	<b>4</b>	<b>328</b>	<b>1.2%</b>
General	4	294	1.4%
Limited	0	3	0.0%
Non-practising	0	31	0.0%
<b>Osteopath</b>	<b>2</b>	<b>258</b>	<b>0.8%</b>
General	2	205	1.0%
Limited	0	1	0.0%
Non-practising	0	39	0.0%
Provisional	0	13	0.0%
<b>Pharmacist</b>	<b>102</b>	<b>3,321</b>	<b>3.1%</b>
General	47	1,576	3.0%
Limited	1	24	4.2%
Non-practising	5	221	2.3%
Provisional	49	1,500	3.3%
<b>Physiotherapist</b>	<b>27</b>	<b>2,695</b>	<b>1.0%</b>
General	21	2,276	0.9%
Limited	5	251	2.0%
Non-practising	1	168	0.6%
<b>Podiatrist</b>	<b>6</b>	<b>468</b>	<b>1.3%</b>
General	5	434	1.2%
Limited	0	1	0.0%
Non-practising	1	33	3.0%
<b>Psychologist</b>	<b>70</b>	<b>5,018</b>	<b>1.4%</b>
General	24	1,892	1.3%
Non-practising	12	515	2.3%
Provisional	34	2,611	1.3%
<b>Total 2016/17</b>	<b>1,235</b>	<b>68,989</b>	<b>1.8%</b>
<b>Total 2015/16</b>	<b>1,137</b>	<b>65,274</b>	<b>1.7%</b>

**Table 8: Outcome of applications for registration finalised in 2016/17**

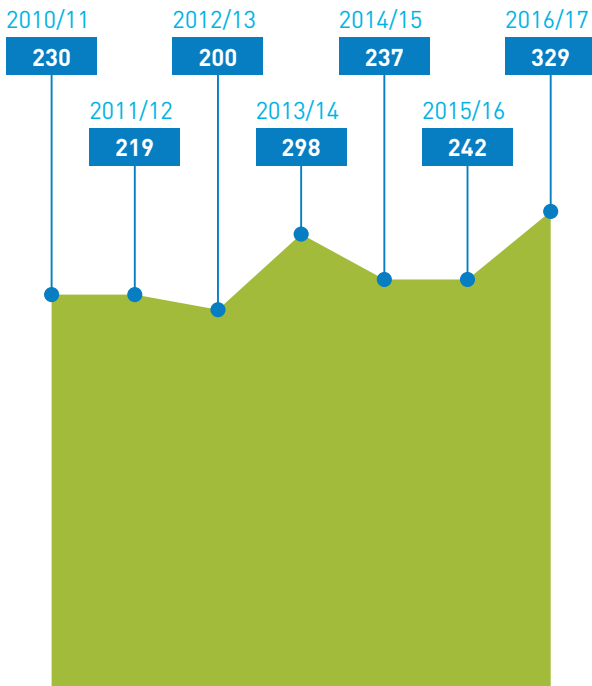
Outcome	Tas	National total <sup>2</sup>	% of national total
<b>Register</b>	<b>1,107</b>	<b>59,559</b>	<b>1.9%</b>
<b>Register with conditions</b>	<b>21</b>	<b>1,505</b>	<b>1.4%</b>
<b>Register in a type other than applied for</b>	<b>1</b>	<b>117</b>	<b>0.9%</b>
<b>Register in a type other than applied for with conditions</b>	<b>4</b>	<b>130</b>	<b>3.1%</b>
<b>Refuse application</b>	<b>6</b>	<b>2,800</b>	<b>0.2%</b>
<b>Withdrawn</b>	<b>52</b>	<b>4,194</b>	<b>1.2%</b>
<b>Total 2016/17<sup>1</sup></b>	<b>1,191</b>	<b>68,305</b>	<b>1.7%</b>

1 Based on state and territory of the applicants' principal place of practice (PPP).

2 National total figure includes overseas applicants and applicants who did not indicate their PPP.

## Notifications in Tasmania

**Figure 2: Total notifications received by AHPRA about practitioners with a principal place of practice in Tasmania, year by year, since the National Scheme began**



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 9–20 contain data relating to notifications about registered health practitioners with a principal place of practice (PPP) in Tasmania. Some tables do not contain data from the HPCA in NSW, as indicated in the table headings.

Nationally, notifications received by AHPRA in 2016/17 increased by 13.9%. Notifications received about practitioners with a PPP in Tasmania increased by 36%, to 329 complaints, compared with 242 in the previous year. This represents 4.8% of all notifications received by AHPRA nationally during the year.

Of the new notifications received, mandatory notifications in Tasmania increased from 35 matters in 2015/16 to 73 matters in 2016/17. This represents 8.6% of mandatory notifications received by AHPRA nationally. See Table 9. Refer to Table 11 for the number of individual practitioners involved in mandatory notifications (noting that a practitioner may have more than one mandatory notification lodged about them in the reporting year).

There were 35 more open notifications in Tasmania as at 30 June 2017 than the previous year (141, compared with 106 in 2015/16). This represents 3.5% of open matters nationally. See Table 9.

The percentage of the Tasmanian registrant base with notifications received in 2016/17 was 1.9%, which was 0.3% higher than the national percentage (1.6%).

The majority of notifications were about clinical care (132). See Table 12. Most complaints came to AHPRA directly from a patient (76) or were referred to AHPRA by a health complaints entity (73). See Table 13.

There were 24 cases where immediate action was considered against practitioners in Tasmania. Of those, nine resulted in suspension of the practitioner's registration as an interim measure to protect the public while the matter was being investigated. See Table 14.

Tables 15–19 detail the outcomes of key stages in the notifications process during 2016/17. Please note that 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 415 enquiries received about Tasmanian registrants in 2016/17 were considered to meet the criteria for a notification or statutory offence complaint (310) and an assessment commenced.

On completion of assessment of cases in 2016/17, 210 were closed and 108 were taken to a further stage. See Table 16. Refer to Table 17 for the outcomes of investigations finalised during the year.

One case was closed following a panel hearing and seven were closed following a tribunal hearing. See Tables 18 and 19.

In total, 284 matters were closed in Tasmania in 2016/17. See Table 20.

**Table 9: Notifications received or closed in 2016/17 or open at 30 June 2017, by profession (excluding HPCA)<sup>1</sup>**

Notifications	All received			Mandatory received			Closed			Open at 30 June		
	Tas	National total	% of national total	Tas	National total	% of national total	Tas	National total	% of national total	Tas	National total	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	0	7	0.0%	0	2	0.0%	0	6	0.0%	0	2	0.0%
Chinese medicine practitioner	0	36	0.0%	0	0	0.0%	0	34	0.0%	0	16	0.0%
Chiropractor	0	103	0.0%	0	11	0.0%	0	88	0.0%	0	108	0.0%
Dental practitioner	11	526	2.1%	1	21	4.8%	11	485	2.3%	5	362	1.4%
Medical practitioner	185	3,617	5.1%	20	224	8.9%	165	3,557	4.6%	67	1,905	3.5%
Medical radiation practitioner	0	23	0.0%	0	6	0.0%	0	29	0.0%	0	17	0.0%
Midwife	0	75	0.0%	0	17	0.0%	1	86	1.2%	0	65	0.0%
Nurse	93	1,568	5.9%	36	471	7.6%	76	1,473	5.2%	46	992	4.6%
Occupational therapist	2	37	5.4%	1	4	25.0%	1	39	2.6%	1	17	5.9%
Optometrist	1	33	3.0%	0	1	0.0%	1	27	3.7%	1	17	5.9%
Osteopath	0	14	0.0%	0	0	0.0%	0	13	0.0%	0	8	0.0%
Pharmacist	24	373	6.4%	13	51	25.5%	17	355	4.8%	15	202	7.4%
Physiotherapist	1	80	1.3%	1	8	12.5%	2	83	2.4%	0	46	0.0%
Podiatrist	2	42	4.8%	0	4	0.0%	0	47	0.0%	2	17	11.8%
Psychologist	10	360	2.8%	1	27	3.7%	10	344	2.9%	4	241	1.7%
Not identified <sup>2</sup>	0	4	0.0%	0	0	0.0%	0	3	0.0%	0	1	0.0%
<b>Total 2016/17</b>	<b>329</b>	<b>6,898</b>	<b>4.8%</b>	<b>73</b>	<b>847</b>	<b>8.6%</b>	<b>284</b>	<b>6,669</b>	<b>4.3%</b>	<b>141</b>	<b>4,016</b>	<b>3.5%</b>
<b>Total 2015/16</b>	<b>242</b>	<b>6,056</b>	<b>4.0%</b>	<b>35</b>	<b>641</b>	<b>5.5%</b>	<b>251</b>	<b>5,227</b>	<b>4.8%</b>	<b>106</b>	<b>3,787</b>	<b>2.8%</b>

**Table 10: Percentage of registrant base with notifications received in 2016/17, by profession<sup>3</sup>**

Profession	Tas	National total
Aboriginal and Torres Strait Islander Health Practitioner	0.0%	1.2%
Chinese medicine practitioner	0.0%	1.2%
Chiropractor	0.0%	3.1%
Dental practitioner	3.0%	3.8%
Medical practitioner	6.8%	5.1%
Medical radiation practitioner	0.0%	0.3%
Midwife <sup>4</sup>	0.0%	0.3%
Nurse <sup>5</sup>	0.8%	0.6%
Occupational therapist	0.7%	0.3%
Optometrist	1.1%	1.1%
Osteopath	0.0%	1.1%
Pharmacist	3.0%	1.8%
Physiotherapist	0.2%	0.4%
Podiatrist	1.9%	1.3%
Psychologist	1.8%	1.6%
<b>Total 2016/17</b>	<b>1.9%</b>	<b>1.6%</b>
<b>Total 2015/16</b>	<b>1.7%</b>	<b>1.5%</b>

1 All national totals include notifications managed by AHPRA only (excludes data from the HPCA in NSW).

2 Profession of registrant is not always identifiable in the early stages of a notification.

3 Percentages for each state and profession are based on registrants whose profession has been identified and whose principal place of practice is an Australian state or territory. Notifications where the profession of the registrant has not been identified and registrants whose principal place of practice is not in Australia are only represented in the state and profession totals above.

4 The registrant base used for midwives includes registrants with midwifery or with nursing and midwifery registration.

5 The registrant base for nurses includes registrants with nursing registration or with nursing and midwifery registration.



**Table 11: Tasmanian registrants involved in mandatory notifications**

Practitioners	Tas	National total
Number of practitioners <sup>1</sup> 2016/17	61	1,023
Rate/10,000 practitioners <sup>2</sup> 2016/17	42	15.1
Number of practitioners <sup>1</sup> 2015/16	32	920
Rate/10,000 practitioners <sup>2</sup> 2015/16	22.7	14.0

**Table 12: Issues in notifications received in 2016/17 (excluding HPCA)**

Issue	Tas	National total	% of national total
Behaviour	16	257	6.2%
Billing	2	70	2.9%
Boundary violation	12	248	4.8%
Clinical care	132	2,950	4.5%
Communication	25	496	5.0%
Confidentiality	10	159	6.3%
Conflict of interest	2	15	13.3%
Discrimination	0	6	0.0%
Documentation	7	272	2.6%
Health impairment	29	581	5.0%
Infection/hygiene	1	71	1.4%
Informed consent	6	54	11.1%
Medico-legal conduct	3	64	4.7%
National Law breach	5	178	2.8%
National Law offence	0	45	0.0%
Offence	9	214	4.2%
Offence by student	0	3	0.0%
Other	2	282	0.7%
Pharmacy/medication	54	821	6.6%
Professional conduct	0	3	0.0%
Research/teaching/assessment	2	3	66.7%
Response to adverse event	7	22	31.8%
Teamwork/supervision	4	47	8.5%
Treatment	0	1	0.0%
Not recorded	1	36	2.8%
<b>Total</b>	<b>329</b>	<b>6,898</b>	<b>4.8%</b>

**Table 13: Source of notifications received in 2016/17**

Source	Tas	National total (excluding HPCA) <sup>3</sup>	% of national total (excluding HPCA)
Anonymous	7	141	5.0%
Drugs and poisons	1	20	5.0%
Education provider	0	26	0.0%
Employer	41	585	7.0%
Government department	11	169	6.5%
Health complaints entity	73	438	16.7%
Health advisory service	1	34	2.9%
Hospital	2	123	1.6%
HPCA/HCCC	0	1	0.0%
Insurance company	4	9	44.4%
Lawyer	3	44	6.8%
Medicare	0	3	0.0%
Member of the public	32	318	10.1%
Ombudsman	0	82	0.0%
Other Board	0	46	0.0%
Other practitioner	38	879	4.3%
Own motion	5	291	1.7%
Patient	76	2,406	3.2%
Police	0	56	0.0%
Relative	14	748	1.9%
Self	15	186	8.1%
Treating practitioner	2	57	3.5%
Unclassified	4	236	1.7%
<b>Total</b>	<b>329</b>	<b>6,898</b>	<b>4.8%</b>

1 Figures present the number of practitioners involved in the mandatory reports received.

2 Practitioners with no principal place of practice are not represented in the calculation of a rate for each state, but are included in the calculation of the national total rate.

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

**Table 14: Immediate action cases about notifications received in 2016/17 (excluding HPCA)**

Outcome	Tas	National total	% of national total
Not take immediate action	5	76	6.6%
Accept undertaking	1	69	1.4%
Impose conditions	8	147	5.4%
Accept surrender of registration	0	1	0.0%
Suspend registration	9	103	8.7%
Decision pending	1	23	4.3%
<b>Total</b>	<b>24</b>	<b>419</b>	<b>5.7%</b>

**Table 15: Outcomes of enquiries received in 2016/17**

Outcome	Tas	National total	% of national total
Moved to notification, complaint or offence	310	7,275	4.3%
Closed at lodgement	41	1,233	3.3%
Yet to be determined	64	1,497	4.3%
<b>Total</b>	<b>415</b>	<b>10,005</b>	<b>4.1%</b>

**Table 16: Outcomes of assessments finalised in 2016/17**

Outcome	Tas	National total (excluding HPCA)	% of national total
<b>Outcome of decisions to take the notification further</b>			
Investigation	84	2,159	3.9%
Health or performance assessment	21	228	9.2%
Panel hearing	0	11	0.0%
Other stage	3	88	3.4%
<b>Total</b>	<b>108</b>	<b>2,486</b>	<b>4.3%</b>
<b>Outcome of notifications closed following assessment</b>			
No further action <sup>1</sup>	134	3,111	4.3%
Health complaints entity to retain	55	148	37.2%
Refer all or part of the notification to another body	1	29	3.4%
Dealt with as enquiry	0	10	0.0%
Caution	17	485	3.5%
Accept undertaking	0	44	0.0%
Impose conditions	3	200	1.5%
<b>Total</b>	<b>210</b>	<b>4,027</b>	<b>5.2%</b>

**Table 17: Outcomes of investigations finalised in 2016/17**

Outcome	Tas	National total (excluding HPCA)	% of national total
<b>Outcome of decisions to take the notification further</b>			
Assessment	0	7	0.0%
Health or performance assessment	3	152	2.0%
Panel hearing	1	61	1.6%
Tribunal hearing	2	153	1.3%
Other stage	0	3	0.0%
<b>Total</b>	<b>6</b>	<b>376</b>	<b>1.6%</b>
<b>Outcome of notifications closed following investigation</b>			
No further action <sup>1</sup>	26	1,170	2.2%
Refer all or part of the notification to another body	0	25	0.0%
Caution	13	400	3.3%
Accept undertaking	1	64	1.6%
Impose conditions	3	261	1.1%
<b>Total</b>	<b>43</b>	<b>1,920</b>	<b>2.2%</b>

**Table 18: Outcomes of panel hearings finalised in 2016/17**

Outcome	Tas	National total (excluding HPCA)	% of national total
No further action <sup>1</sup>	0	11	0.0%
Caution	1	28	3.6%
Reprimand	0	5	0.0%
Impose conditions	0	26	0.0%
Suspend registration	0	2	0.0%
<b>Total</b>	<b>1</b>	<b>72</b>	<b>1.4%</b>

<sup>1</sup> No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public.

**Table 19: Outcomes of matters referred to tribunal finalised in 2016/17**

Outcome	Tas	National total (excluding HPCA)	% of national total
No further action <sup>1</sup>	0	15	0.0%
Caution	0	3	0.0%
Reprimand	0	16	0.0%
Fine registrant	0	11	0.0%
Accept undertaking	0	3	0.0%
Impose conditions	2	60	3.3%
Practitioner surrenders registration	0	1	0.0%
Suspend registration	1	27	3.7%
Cancel registration	4	34	11.8%
Not permitted to reapply for registration for 12 months or more	0	3	0.0%
<b>Total</b>	<b>7</b>	<b>173</b>	<b>4.0%</b>

**Table 20: Notifications closed in Tas in 2016/17, by profession and stage at closure**

Profession	Assessment	Investigation	Health or performance assessment	Panel hearing	Tribunal hearing	Total 2016/17
Aboriginal and Torres Strait Islander Health Practitioner	0	0	0	0	0	0
Chinese medicine practitioner	0	0	0	0	0	0
Chiropractor	0	0	0	0	0	0
Dental practitioner	9	2	0	0	0	11
Medical practitioner	134	23	6	1	1	165
Medical radiation practitioner	0	0	0	0	0	0
Midwife	0	0	1	0	0	1
Nurse	49	14	8	0	5	76
Occupational therapist	1	0	0	0	0	1
Optometrist	0	1	0	0	0	1
Osteopath	0	0	0	0	0	0
Pharmacist	12	3	1	0	1	17
Physiotherapist	2	0	0	0	0	2
Podiatrist	0	0	0	0	0	0
Psychologist	8	1	1	0	0	10
<b>Total 2016/17</b>	<b>215</b>	<b>44</b>	<b>17</b>	<b>1</b>	<b>7</b>	<b>284</b>

<sup>1</sup> No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public.

## Monitoring and compliance

On behalf of the National Boards, AHPRA monitors health practitioners who have had restrictions (conditions or undertakings) placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the National Boards to manage risk to public safety.

Monitoring can be for one or more of the following reasons:

- ▶ suitability/eligibility to be registered to practise
- ▶ compliance with restrictions on their registration – health, conduct, performance, or
- ▶ to make sure that any practitioner who was suspended or cancelled from the register did not practise.

The 107 active monitoring cases shown in Table 21 relate to 106 individuals with a principal place of practice in Tasmania<sup>1</sup>. The majority of these cases related to nurses (46 cases) and medical practitioners (38 cases). See Table 22 for the breakdown by stream.

For more information on monitoring and compliance, visit the AHPRA website at [www.ahpra.gov.au/Registration/Monitoring-and-compliance](http://www.ahpra.gov.au/Registration/Monitoring-and-compliance).

**Table 21: Active monitoring cases at 30 June 2017, by profession (excluding HPCA)**

Profession	Tas	National total (excluding HPCA)	% of national total
Aboriginal and Torres Strait Islander Health Practitioner	0	72	0.0%
Chinese medicine practitioner	2	945	0.2%
Chiropractor	0	49	0.0%
Dental practitioner	3	134	2.2%
Medical practitioner	38	1,620	2.3%
Medical radiation practitioner	5	88	5.7%
Midwife	1	155	0.6%
Nurse	46	1,553	3.0%
Occupational therapist	1	51	2.0%
Optometrist	0	15	0.0%
Osteopath	0	6	0.0%
Pharmacist	7	175	4.0%
Physiotherapist	0	64	0.0%
Podiatrist	1	14	7.1%
Psychologist	3	143	2.1%
<b>Total</b>	<b>107</b>	<b>5,084</b>	<b>2.1%</b>

1 A practitioner who has restrictions for more than one reason may be allocated more than one 'monitoring case'. For example, if a practitioner in Tasmania has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases.

2 Excludes cases monitored by the HPCA.

3 Includes cases to be transitioned from AHPRA to the Health Professional Councils Authority (HPCA) for Conduct, Health and Performance streams.

**Table 22: Active monitoring cases<sup>1</sup> at 30 June 2017, by stream**

Stream	Tas	National total <sup>2</sup>	% of national total
Conduct <sup>3</sup>	8	356	2.2%
Health <sup>3</sup>	18	577	3.1%
Performance <sup>3</sup>	21	552	3.8%
Prohibited practitioner/student	16	256	6.3%
Suitability/eligibility	44	3,343	1.3%
<b>Total</b>	<b>107</b>	<b>5,084</b>	<b>2.1%</b>

## Statutory offence complaints

Breaches of the National Law by health practitioners, unregistered individuals or companies can put the community at risk. 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.

Offences under the National Law are 'summary offences' and are prosecuted in the Magistrates' Court (or equivalent) of the relevant state or territory. All offences under the National Law carry penalties or fines that may be imposed by a court on a finding of guilt.

Nationally, AHPRA received 2,297 statutory offence complaints during 2016/17, which is significantly higher than in 2015/16. This significant increase was largely due to a series of bulk complaints made by a number of external organisations about alleged advertising breaches (these made up 82.5% of all complaints). Of the advertising complaints received nationally, 47.7% were about physiotherapy services, 13.2% were about osteopathy services and 10.8% were about dental services. Read about our advertising compliance and enforcement strategy on the next page.

In 2016/17, 12 new statutory offence complaints were made about Tasmanian practice, a decrease of 7.7% from 2015/16, which is inconsistent with the national pattern. Tasmania received just 0.5% of all offence complaints nationally in the year.

Six statutory offence matters were closed in Tasmania in 2016/17, which was eight less than in 2015/16 (see Table 23). Almost all new matters in Tasmania related to advertising concerns.

Download AHPRA and the National Boards' 2016/17 annual report for more data about statutory offences: [www.ahpra.gov.au/annualreport/2017](http://www.ahpra.gov.au/annualreport/2017).

**Table 23: Statutory offences received and closed, by profession<sup>1</sup>**

Profession	Tas		National total <sup>2</sup>		% of national total	
	Received	Closed	Received	Closed	Received	Closed
Aboriginal and Torres Strait Islander Health Practitioner	0	0	3	2	0.0%	0.0%
Chinese medicine practitioner	0	0	72	38	0.0%	0.0%
Chiropractor	2	0	162	192	1.2%	0.0%
Dental practitioner	0	0	239	295	0.0%	0.0%
Medical practitioner	2	3	273	283	0.7%	1.1%
Medical radiation practitioner	0	0	4	9	0.0%	0.0%
Midwife	0	0	8	35	0.0%	0.0%
Nurse	3	1	76	80	3.9%	1.3%
Occupational therapist	0	0	9	13	0.0%	0.0%
Optometrist	0	0	23	24	0.0%	0.0%
Osteopath	5	1	252	24	2.0%	4.2%
Pharmacist	0	1	53	48	0.0%	2.1%
Physiotherapist	0	0	940	657	0.0%	0.0%
Podiatrist	0	0	20	19	0.0%	0.0%
Psychologist	0	0	116	110	0.0%	0.0%
Unknown <sup>3</sup>	0	0	47	56	0.0%	0.0%
<b>Total 2016/17<sup>4</sup></b>	<b>12</b>	<b>6</b>	<b>2,297</b>	<b>1,885</b>	<b>0.5%</b>	<b>0.3%</b>
<b>Total 2015/16<sup>4</sup></b>	<b>13</b>	<b>14</b>	<b>1,348</b>	<b>600</b>	<b>1.0%</b>	<b>2.3%</b>

## Launch of an advertising compliance and enforcement strategy

There was an unprecedented increase in the number of statutory offence complaints in 2016/17, largely due to a number of bulk complaints relating to advertising by registered health practitioners. In response to this increase, National Boards and AHPRA developed and launched an *Advertising compliance and enforcement strategy* for the National Scheme.

The strategy focuses on managing risks to keep the public safe from false or misleading advertising and to help them make informed choices about their healthcare. AHPRA has also established an advertising compliance team, which is responsible for the triaging of all offence complaints, the assessment of all advertising offence complaints, and the ongoing management of low and moderate risk advertising

complaints under the strategy. In applying the risk threshold, 1,390 advertising offence complaints across all professions nationally were transitioned to this team for ongoing management.

Responsible advertising is a professional and legal obligation. We recognise that most health practitioners want to comply with the law and their professional obligations, and we aim to make compliance as easy as possible. AHPRA continues to work with the National Boards to monitor the effectiveness of the new strategy.

For more information about advertising and the National Law, see [www.ahpra.gov.au/Publications/Advertising-resources](http://www.ahpra.gov.au/Publications/Advertising-resources).

- 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 practitioners' PPP.











## Key data for 2016/17: A national view

This summary report contains jurisdictional data, which have been taken from AHPRA and the National Boards' 2016/17 annual report. Key national insights include:

There were **678,938** health practitioners registered in Australia, across the 14 regulated health professions. That's over 21,000 more registrants across Australia than last year.

**5,374** health practitioners identify as Aboriginal and/or Torres Strait Islander, according to the workforce survey filled out by practitioners when they renewed their registration.

**157,213** students were studying to be health practitioners through an approved program of study or clinical training program.

**401,242** calls were made to AHPRA's customer service team. That's an average of **1,543** phone calls each day, with up to **5,000** calls a day in peak times.

**54,925** web enquiries were received. That's an average of **211** web enquiries each day.

AHPRA and the National Boards' 15 websites received more than **12 million** visits and more than **60 million** page views.

**82%** of health practitioners responded with 'very satisfied' when asked to rate their interaction with our customer service team.

### Download the report

The 2016/17 annual report, and summary reports for the 14 Boards and eight jurisdictions, are available to download at [www.ahpra.gov.au/annualreport](http://www.ahpra.gov.au/annualreport)

### Useful links

**Register of practitioners:** [www.ahpra.gov.au/registration/register-of-practitioners](http://www.ahpra.gov.au/registration/register-of-practitioners)

**Complaints portal:** [www.ahpra.gov.au/About-AHPRA/Complaints](http://www.ahpra.gov.au/About-AHPRA/Complaints)

**Court and tribunal outcomes:** [www.ahpra.gov.au/Publications/Tribunal-Decisions](http://www.ahpra.gov.au/Publications/Tribunal-Decisions)

**National restrictions library:** [www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library](http://www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library)

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Via the online enquiry form at the AHPRA website at [www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry](http://www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry)

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