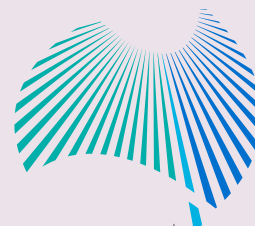


Your National Scheme:

For safer healthcare

Chinese Medicine Board of Australia

Annual report summary
2016/17



Chinese Medicine
Board of Australia

AHPRA

At a glance: The Chinese medicine profession in 2016/17



1,515 registered Chinese medicine students, up **14.9%** from last year



4,860 Chinese medicine practitioners, up **2.1%** from 2015/16

That's **0.7%** of the total health practitioner registrant base



61 notifications lodged with AHPRA and the HPCA about Chinese medicine practitioners¹

1.2% of Chinese medicine practitioners had notifications lodged about them



Male: 44.8%

Female: 55.2%

34 notifications closed by AHPRA this year

23.5% resulted in accepting an undertaking or conditions being imposed on a Chinese medicine practitioner's registration

8.8% resulted in a Chinese medicine practitioner receiving a caution or reprimand by the Board

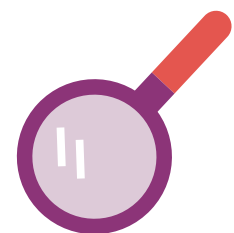
67.6% resulted in no further action being taken

944 Chinese medicine practitioners were being actively monitored for compliance with restrictions on their registration²

72 statutory offence complaints were made; **38** were closed

Over half of new matters related to advertising breaches; the majority of the remainder related to title protection

Immediate action was taken once as an interim step to protect the public³



¹ Includes data from the Health Professional Councils Authority in New South Wales (NSW).

² Data at 30 June 2017. See page 19 for data about monitoring cases relating to compliance with restrictions on registration for Chinese medicine practitioners.

³ Immediate action is an interim step the Board can take to suspend or cancel a Chinese medicine practitioner's registration while a complaint is being considered. Refer to the [2016/17 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

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Message from the Chair, Chinese Medicine Board of Australia

This report summarises data relating to the Chinese medicine profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2016/17 annual report. It offers a unique insight into the regulatory landscape.

One of the main focuses for the Chinese Medicine Board of Australia (the Board) during the year was to ensure practitioners are aware of their professional obligations as registered practitioners through continuing engagement via interstate practitioner forums. It has also broadened input through the [Chinese Medicine Reference Group](#).

The Board has worked on strengthening its planning process, supporting Board development and sharing knowledge and experience with international regulators.

Significant professional/policy issues have been:

- ▶ Developing a strategy for managing potential advertising breaches
- ▶ Implementing the [Guidelines for safe practice herbal medicine practice](#), including publication of clear, concise quick reference guides for practitioners
- ▶ Preliminary consultation on draft revised registration standards
- ▶ A [Position statement on endangered species and Chinese medicine in Australia](#), and
- ▶ New [Guidelines for creating and maintaining health records](#).

Operationally, the Board continues to improve processes and consolidate its financial position, while freezing annual registration fees for the benefit of practitioners.

One of the key objectives of the National Scheme is to facilitate the provision of high-quality education and training of health practitioners. The Board works collaboratively with the Chinese Medicine Accreditation Committee, which delivers the core function of assessing and accrediting Chinese medicine degree programs and courses so graduates are eligible to apply for registration upon completion of their training.

I acknowledge and thank all members who contributed to the work of the Board in the past year and who, through their hard work, dedication and collective wisdom, ensured the effective delivery of Chinese medicine regulation in Australia.



Professor Charlie Xue

Chair of the Chinese Medicine Board of Australia

The Chinese Medicine Board of Australia

Members of the Board in 2016/17:

Professor Charlie Xue (Chair)
Ms Christine Berle
Dr Liang Zhong Chen
Mr Ian Dummett (until 6 January 2017)
Dr Anne Fletcher (until 29 July 2016)
Dr David Graham
Dr Di Wen Lai
Mr Roderick Martin
Mrs Virginia Ryan (from January 2017)
Professor Craig Zimitat

Committees

The following national committees support the Board:

- ▶ the Immediate Action Committee
- ▶ the Policy, Planning and Communications Committee, and
- ▶ the Registration and Notifications Committee.

Executive and policy support



Ms Debra Gillick

Executive Officer, Chinese Medicine

Ms Gillick supports the Chinese Medicine Board of Australia. She works in AHPRA's National Office in Melbourne.

Executive Officers provide a vital link between the National Boards and AHPRA.

About us

The Chinese Medicine Board of Australia (the Board) has worked in partnership with AHPRA to protect the public since the profession joined the National Registration and Accreditation Scheme (the National Scheme) in 2012. Together, we regulate the profession by ensuring that only those Chinese medicine practitioners who are suitably trained and qualified can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and by the regulatory principles (see right).

Visit the Board's website at www.chinesemedicineboard.gov.au.

For more information about the National Scheme and AHPRA, visit www.ahpra.gov.au/About-AHPRA.

About this report

This annual report summary provides a profession-specific view of AHPRA and the Board's work to manage risk to the public in 2016/17. Information provided in this report is drawn from data in the 2016/17 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2017.

Whenever possible, historical data are provided to show trends over time.

Profession-specific summaries for all 14 National Boards in the National Scheme are available to download from www.ahpra.gov.au/annual-report/2017.

Annual report summaries that segment the registrant base by state and territory are also published online.

An important note about our data

AHPRA and the National Boards do not manage all complaints made about health practitioners in Australia and the data in this report reflect this. In the pages that follow, we are reporting mainly on matters received and managed by AHPRA and the Chinese Medicine Board of Australia, unless otherwise stated.

The notification process is different in NSW and Queensland:

- ▶ In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission (HCCC).
- ▶ In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage.

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at 30 June 2017). Please refer to the HPCA's 2016/17 annual report on its [website](#), as data may have been subsequently reconciled.

Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. The OHO receives all health complaints in Queensland, including those about registered Chinese medicine practitioners, and decides whether the complaint:

- ▶ is serious, in which case it must be retained by the OHO for investigation
- ▶ should be referred to AHPRA and the relevant National Board for management, or
- ▶ can be closed, or managed by way of conciliation or local resolution.

This means that we only have access to the data relating to matters referred to us by the OHO. We do not report on all complaints about registered health practitioners in Queensland.

Our regulatory principles

Eight regulatory principles underpin our 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

The Chinese Medicine Board of Australia: Year in review

The Board undertook a number of major initiatives in 2016/17. Here are the highlights:

Spotlight on: Board trip to China

The Board successfully secured an Australia-China Council (ACC) grant of \$20,000 to support a delegation of the Board for its first visit to China (Beijing, Shanghai and Hong Kong).



A Board delegation made this visit in May 2017. The aim was to facilitate dialogue and strengthen engagement with other international authorities that regulate Chinese medicine practice, and enhance the regulatory role of the Board. The delegation built relationships with fellow international Chinese medicine regulators that will have a positive effect for both patients and practitioners of Chinese medicine in Australia.

Board Chair, Professor Charlie Xue, said, 'Our discussions in China help lay the foundation for future opportunities in the region.'

These discussions included:

- ▶ strengthening regulatory partnerships
- ▶ research, and
- ▶ progressing practitioner education in Chinese medicine.

To keep up to date with the work of the Board, visit www.chinesemedicineboard.gov.au.

Sharing our knowledge and experience

This year, the Board engaged with stakeholders, practitioners and the public via social media posts in both English and simplified Chinese:



Australian Health Practitioner Regulation Agency - AHPRA

English • May 6, 2017

The Chinese Medicine Board of Australia (CMBA) delegation is departing for China this weekend thanks to funding support from Australian Government Department of Foreign Affairs and Trade / Australia-China Council.

'In the interest of the Australian community, this is a valuable opportunity to share learning, build relationships and gather information in partnership with other international authorities that regulate Chinese medicine practice.' – CMBA Chair, Professor Charlie Xue

More info: <http://bit.ly/2qGg6Bs>



Chinese Medicine Board departs for China on the Australia-China Council Grant Project

A Chinese Medicine Board of Australia (the Board) delegation departs for China on Sunday (7 May 2017) thanks to funding support from an Australia-China...

CHINESEMEDICINEBOARD.GOV.AU



Australian Health Practitioner Regulation Agency - AHPRA

Chinese (Simplified) • May 6, 2017

得益于澳大利亚外交与贸易部澳中理事会的资金支持，澳大利亚中医管理局(CMBA)将于本周末启程前往中国考察访问。

@dfat.gov.au / @Australia-China Council

“考量对澳大利亚社会的利益，这是与国际上其他管理中医实践的机构开展合作、分享知识、建立关系和采集信息的宝贵机会。”——澳大利亚中医管理局主席薛长利教授

更多资讯:<http://bit.ly/2qGg6Bs>



Chinese Medicine Board departs for China on the Australia-China Council Grant Project

A Chinese Medicine Board of Australia (the Board) delegation departs for China on Sunday (7 May 2017) thanks to funding support from an Australia-China...

CHINESEMEDICINEBOARD.GOV.AU



Chinese Medicine Reference Group

The Board established a Chinese Medicine Reference Group (the reference group), comprising individuals and representatives of organisations that can bring their collective advice to the Board. The purpose of the reference group is to enhance a common understanding of the National Scheme from the differing perspectives of key stakeholders.

The Board needs to be aware of the views and needs of the wider community when it is fulfilling its public protection role. The reference group will:

- ▶ receive regular information about the progress of the Board's work when appropriate
- ▶ be advised of, and asked for, advice on any significant changes in the broader policy or legislative environment
- ▶ provide information on current or anticipated developments and issues
- ▶ provide advice on policy development or revisions
- ▶ report on the impact of existing policies, and
- ▶ consider any issues arising from any other developments.

The reference group held its first meeting in February 2017. Further information about the group is published on [the Board's website](#).

Taking a multi-profession approach to regulation

The Board continued to work collaboratively with the other 13 National Boards in the National Scheme on many policy issues. For example, the Board considered and endorsed a cross-profession national strategy to help keep health service consumers safe from misleading advertising.

National Boards across the National Scheme continue to discuss issues about claims made in advertising and, in particular, claims about benefits of treatments.

See the AHPRA website for more on the advertising compliance and enforcement strategy: www.ahpra.gov.au/Publications/Advertising-resources.

Information for Chinese medicine practitioners about advertising obligations

Building on the significant work already done by the Board in this area, the strategy provided an approach to managing advertising complaints and taking appropriate action to achieve compliance.

The Board published information to help registered Chinese medicine practitioners better understand their advertising obligations under the National Law. The Board reminded all Chinese medicine practitioners that they must comply with the provisions of the National Law on the advertising of Chinese medicine health services, as well as knowing and understanding relevant national, state and territory consumer-protection legislation and, where applicable, legislation regulating the advertising of therapeutic goods.

Registered practitioners were reminded to 'check, correct and comply' with their professional and legal advertising obligations. For more information, see www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-advertising-regulated-health-services.

Improving processes

As per previous years, the Board reviewed its committee structures, meeting procedures and schedules. The Board closely manages and monitors processes and costs with a view to adequately preparing for current and future risks, to ensure the sustainability of its ongoing work.

Communication, engagement and stakeholder relations

Two newsletters were published during the year; one in October 2016 and one in March 2017. Board newsletters achieve an open rate of 74–78%, which is extremely good.

The Board also produces a communiqué after every Board meeting, which provides information about key decisions made.

Seven media releases were also published on the Board's website, which kept the profession up to date with the Board's work.

The Board maintains a collaborative working relationship with the Chinese Medicine Council in New South Wales (NSW).

Visit the [News section on our website](#) for newsletters, media releases, consultations and communiqués.

Planning and research

The Board is working closely with AHPRA's Risk-based Regulation Unit to implement a project to develop an evidence base from which to establish a risk profile for the profession of Chinese medicine. This work includes:

- ▶ a rapid literature review, and
- ▶ a 'deep dive' analysis of notifications previously lodged with AHPRA about Chinese medicine practitioners.

Accreditation

The Board established an accreditation committee to undertake the accreditation functions, per section 42 of the National Law.

The Chinese Medicine Accreditation Committee (CMAC) has an important function in the protection of the public. The terms of the previous sitting members ended on 30 June 2016. The Board, which is focused on efficient operations, decided to reduce the size of the committee and has appointed the following as members:

- ▶ Dr Meeuwis Boelen (Chair)
- ▶ Associate Professor Christopher Zaslowski
- ▶ Dr Jian Sheng (Jerry) Zhang
- ▶ Dr Wei Hong (Angela) Yang, and
- ▶ Mr David Schievenin.

Later, in accordance with the terms of reference for this committee, the Board appointed Dr Wei Hong (Angela) Yang as Deputy Chair of CMAC.

Approved registration standards, codes and guidelines

Registration standards review

As part of a cross-professional review of registration standards, work has begun on reviewing the Board's *Professional indemnity insurance arrangements registration standard*, *Continuing professional development registration standard* and *guidelines*, and *Recency of practice registration standard*.

The Board undertook preliminary consultations in late 2016 with key stakeholders on its draft revised standards. It received helpful feedback and is reviewing this and undertaking further work, including additional research. The Board is expecting to consult publicly on the revised standards in early 2018, and will publish further information about the consultation process on its website.

Minor amendments to the *Nomenclature compendium of commonly used Chinese herbal medicines*

An updated version of the *Nomenclature compendium of commonly used Chinese herbal medicines* (the compendium) was published on the Board's website on 18 July 2016.

It cross-references commonly used Chinese herbs by:

- ▶ authorised *pin yin* name
- ▶ simplified and traditional Chinese characters
- ▶ all the acceptable botanical/scientific (source species) names
- ▶ pharmaceutical/Latin name
- ▶ common English name
- ▶ type of ingredient, and
- ▶ extra information (e.g. restriction/ warnings).

The compendium is available to download via the Codes and Guidelines page on the Board website, under the subject *Guidelines for safe practice of Chinese herbal medicine*. The version published on the CMBA website is the authorised, current version and is updated each year.

See www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-safe-practice.

New guidelines for patient health records

Following wide consultation, the Board published new guidelines for creating and maintaining health records. Chinese medicine practitioners need to know and understand *Patient health records guidelines* to ensure their practices meet Board expectations.

The Board recognises that guidelines need to be practical and implementable in order to achieve compliance. For the Chinese medicine profession, the guidelines state that records should be kept entirely in English, with the exception of practitioners registered with English-language conditions under grandparenting provisions. These practitioners must, however, keep certain information in English, that being, patient identity and up-to-date emergency contact details. The Board respects the historical background of Chinese medicine, however patient safety is paramount. The Board revised the guidelines to ensure an adequate balance between public safety and workforce requirements.

See www.chinesemedicineboard.gov.au/Codes-Guidelines.

Quick reference guide: *Guidelines for safe Chinese herbal medicine practice*

The Board has developed a *Quick reference guide* for the *Guidelines for safe Chinese herbal medicine practice*. These guidelines come into effect from 12 November 2017.

The *Quick reference guide* contains information to remind Chinese medicine practitioners of the key aspects of the *Guidelines for safe Chinese herbal medicine practice*. It is:

- ▶ intended for the consumer audience as well as practitioners, and
- ▶ fits onto two pages, which can be printed and laminated for display in Chinese medicine clinics.

The *Quick reference guide* has also been translated into Chinese and is available to download as a PDF from www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-safe-practice.

Quick reference guide for registered Chinese herbal dispensers

A *Quick reference guide for registered Chinese herbal dispensers* was also developed, which contains information to remind Chinese medicine dispensers of key steps in the compounding and dispensing process.

This guide has also been translated into Chinese and is:

- ▶ intended for the consumer audience as well as dispensers and practitioners, and
- ▶ presented in simple flow-chart format that fits onto one page, which can be printed, laminated and displayed in Chinese medicine clinics and dispensaries.

The guide is available as a PDF under the *Guidelines for safe practice of Chinese herbal medicine* at www.chinesemedicineboard.gov.au/Codes-Guidelines.

Position statement on endangered species and Chinese medicine in Australia

The Board released a *Position statement on endangered species and Chinese medicine in Australia*. The statement is published at www.chinesemedicineboard.gov.au, under the *Codes and guidelines* section.

Update: Review of Infection prevention and control guidelines for acupuncture practice

The Board updated the Chinese medicine profession on reasons for its decision to delay a review of the *Infection prevention and control guidelines for acupuncture practice* (the guidelines). The Board discussed reviewing the guidelines and concluded that:

- ▶ current guidelines remain accurate and relevant, and
- ▶ there were considerations that weighed in favour of delaying.

The most important consideration is that the National Health and Medical Research Council (NHMRC), in collaboration with the Australian Commission on Safety and Quality in Healthcare, is now updating the 2010 *Australian guidelines for the prevention and control of infection in health care*, which are referenced in the Board's guidelines. The Board agreed that it should wait for release of the new NHMRC guidelines. Any substantive changes to that guidance would result in the Board reviewing its guidelines in any case, regardless of a review being due.

Update on the review of the Code of conduct

The *Code of conduct* (the Code) for Chinese Medicine is also used by 10 other National Boards (Aboriginal and Torres Strait Islander Health Practice, Chiropractic, Dental, Medical Radiation Practice, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy and Podiatry), with some minor profession-specific changes for some Boards.

The Code is a regulatory document that provides an overarching guide to support and inform good practice and to help practitioners, Boards, employers, healthcare users and other stakeholders to understand what good practice involves. It seeks to help and support practitioners to deliver safe and effective health services within an ethical framework.

As the Code was last published in March 2014, the Board has started a scheduled review that will draw on the best available research and data, and involve additional stakeholder consultation and engagement.

The Board is working on the review with other National Boards that use the shared Code.

Future work

The National Board Regulatory Plan is published as a schedule to the Health Professions Agreement (HPA) on the AHPRA website. The HPA sets out the partnership between the Board and AHPRA, and the services. See www.ahpra.gov.au/publications/health-profession-agreements.

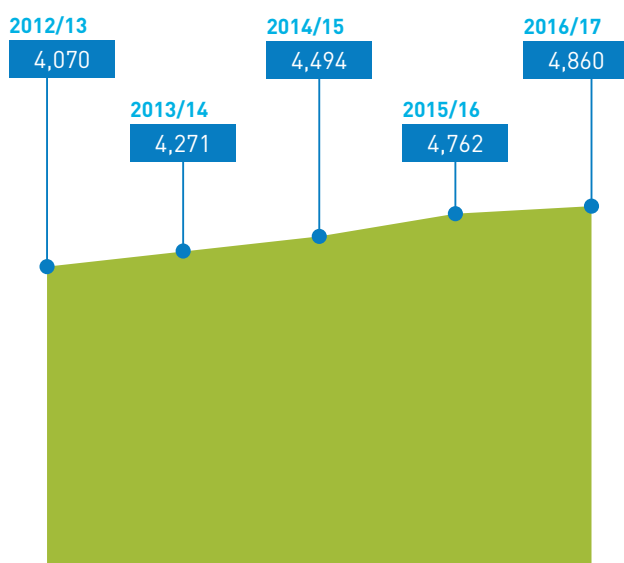
Following the success of a series of interstate practitioner forums in 2016/17, the Board is now planning to continue this in the next financial year.

Registering the Chinese medicine workforce in 2016/17

In brief: Registration of Chinese medicine practitioners

- ▶ 4,860 registered Chinese medicine practitioners in 2016/17; up 2.1% (from 4,762 in 2015/16)
- ▶ Chinese medicine practitioners comprise 0.7% of the total registrant base
- ▶ 1,515 registered Chinese medicine students; up 14.9% from the previous year
- ▶ 0.4% of the profession identified as being Aboriginal and/or Torres Strait Islander (19 Chinese medicine practitioners nationally), and
- ▶ Women comprised 55.2% of the profession.

Figure 1: Registration numbers for Chinese medicine practitioners, year by year, since the profession joined the National Scheme



Under the National Law, as in force in each state and territory, there is a range of categories under which a practitioner can be registered as a Chinese medicine practitioner in Australia:

- ▶ General registration
- ▶ Limited registration
- ▶ Non-practising registration, and
- ▶ Student registration (students undertaking an approved program of study).

Chinese medicine has three divisions of the register, and registered practitioners must be qualified in at least one of the following divisions:

- ▶ Acupuncturist
- ▶ Chinese herbal medicine practitioner, or
- ▶ Chinese herbal dispenser.

Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

Find out more about registration with the Chinese Medicine Board of Australia at www.chinesemedicineboard.gov.au/Registration.

Registration in 2016/17

As at 30 June 2017, there were 4,860 Chinese medicine practitioners registered under the National Scheme. This represents a 2.1% increase from the previous year. Almost all jurisdictions saw an increase in registrant numbers this year, with New South Wales (NSW), Victoria and Queensland being the principal place of practice for over 85.7% of all registered Chinese medicine practitioners.

Of the 678,938 registered health practitioners across the 14 professions, 0.7% were Chinese medicine practitioners.

Of the registrant base, 94.4% of all registered Chinese medicine practitioners held some form of practising registration. There was a 19.8% increase from the previous year in the number of Chinese medicine practitioners moving to non-practising registration.

Tables 1–4 show data relating to the registration of Chinese medicine practitioners in 2016/17.

Applications for registration

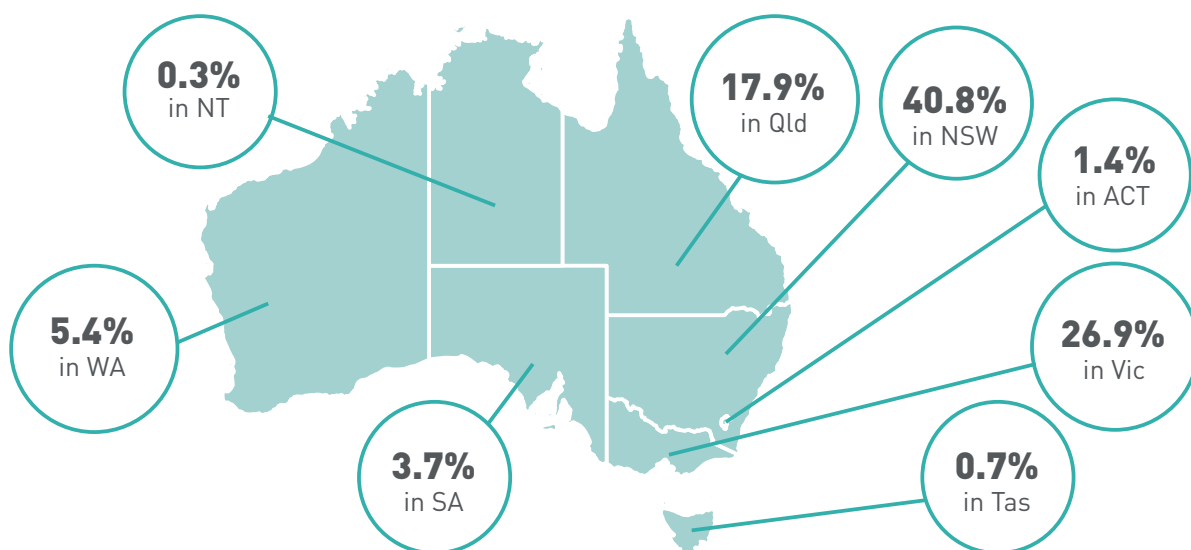
AHPRA received 629 new applications for registration as a Chinese medicine practitioner in 2016/17. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including qualifications, English language proficiency and checking whether the applicant has a relevant criminal history.

Only those Chinese medicine practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the regulatory principles of the National Scheme, the Board may decide to impose conditions on a practitioner's registration or to refuse the application.

Of 863 applications finalised during the year, 8.7% resulted in the refusal of registration (75), in order to protect the public, while 22.4% resulted in conditions being imposed on registration (193). In most cases, the conditions on registration related to English-language proficiency.

For more information about applications finalised, see page 39 of AHPRA and the National Boards' annual report. Visit www.ahpra.gov.au/annualreport/2017.

Figure 2: Percentage of Chinese medicine practitioners with a principal place of practice in each state and territory¹



Renewals

Once on the *Register of practitioners* (see box to right), Chinese medicine practitioners must apply to renew their registration each year and make declarations on the relevant registration requirements. As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 4,578 Chinese medicine practitioners renewed their registration in 2016/17, with 97.6% of practitioners renewing online; an increase of 0.9% from 2015/16.

Practitioner audits

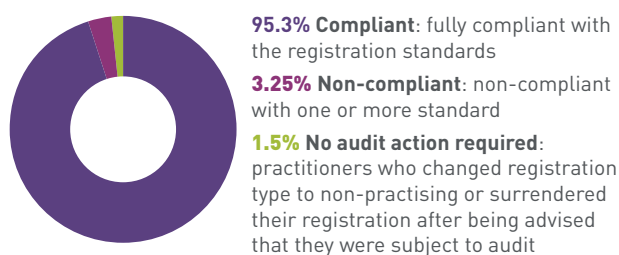
AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year's registration renewal application.

In 2016/17, AHPRA audited 6,314 practitioners across all 14 regulated health professions. For all audits initiated and completed this year, 95.3% of Chinese medicine practitioners were found to be in compliance with the registration standards being audited.

See AHPRA's [2016/17 annual report](#) for more information about the audit process.

Find out more about practitioner audits and other registration information on the Board's website: www.chinesemedicineboard.gov.au/Registration.

Figure 3: Audit outcomes for the Chinese medicine profession in 2016/17



The Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible *Register of practitioners* (the register) so that information about the registration of any health practitioner is easy to find.

The register has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. When decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the register is updated to inform the public about the current status of individual health practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a Register of cancelled practitioners.

¹ Chinese medicine practitioners with no principal place of practice (includes overseas registrants): 2.7% of total practitioners or 132 registrants.

Table 1: Registrant numbers as at 30 June 2017

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2016/17 total registered Chinese medicine practitioners	68	1,984	14	872	182	36	1,308	264	132	4,860
2015/16 total registered Chinese medicine practitioners	66	1,953	17	862	183	33	1,289	254	105	4,762
% change from 2015/16	3.0%	1.6%	-17.6%	1.2%	-0.5%	9.1%	1.5%	3.9%	25.7%	2.1%
All registered health practitioners in 2016/17	11,845	196,605	7,083	133,103	53,823	14,522	175,354	69,012	17,591	678,938

Table 2: Chinese medicine registrants, by division and state or territory

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2016/17	Total 2015/16
Acupuncturist	27	436	8	566	105	24	436	99	25	1,726	1,722
Acupuncturist and Chinese herbal dispenser	0	1	0	2	0	0	0	0	0	3	2
Acupuncturist and Chinese herbal dispenser, and Chinese herbal medicine practitioner	7	504	1	56	10	3	183	37	32	833	779
Acupuncturist and Chinese herbal medicine practitioner	34	973	5	236	64	9	660	126	71	2,178	2,147
Chinese herbal dispenser	0	34	0	2	1	0	5	2	1	45	45
Chinese herbal dispenser and Chinese herbal medicine practitioner	0	13	0	2	2	0	2	0	1	20	17
Chinese herbal medicine practitioner	0	23	0	8	0	0	22	0	2	55	50
Total 2016/17	68	1,984	14	872	182	36	1,308	264	132	4,860	
Total 2015/16	66	1,953	17	862	183	33	1,289	254	105		4,762

Table 3: Registered Chinese medicine practitioners, by age

Chinese medicine practitioners	U-25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	Total
2016/17	19	198	402	598	681	657	610	656	562	293	113	47	24	4,860
2015/16	39	266	414	618	673	593	668	614	484	251	82	46	14	4,762

Table 4: Registered Chinese medicine practitioners, by principal place of practice and gender

Chinese medicine practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
Total 2016/17	68	1,984	14	872	182	36	1,308	264	132	4,860
Female	36	1,072	9	473	100	21	738	161	73	2,683
Male	32	912	5	399	82	15	570	103	59	2,177
Total 2015/16	66	1,953	17	862	183	33	1,289	254	105	4,762
Female	36	1,048	10	460	100	20	723	155	50	2,602
Male	30	905	7	402	83	13	566	99	55	2,160

¹ No principal place of practice (No PPP) will include practitioners with an overseas address.

Regulating the workforce: Complaints about Chinese medicine practitioners in 2016/17

In brief: Notifications about Chinese medicine practitioners

- ▶ 36 notifications (complaints or concerns) were lodged with AHPRA about Chinese medicine practitioners in 2016/17.¹
- ▶ 1.2% of the Chinese medicine registrant base were the subject of a notification (compared with 1.6% of all registered health practitioners).²
- ▶ Immediate action was taken once, which resulted in the Board accepting an undertaking by the Chinese medicine practitioner concerning their registration while a notification was investigated.
- ▶ AHPRA did not receive any mandatory notifications about Chinese medicine practitioners in 2016/17.
- ▶ 34 notifications were closed.
- ▶ 944 Chinese medicine practitioners were being monitored for compliance with restrictions on their registration as at 30 June 2017. Most of these related to English-language proficiency.
- ▶ 72 statutory offence complaints were made about the profession – most related to advertising; 23 related to title protection.

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified of a concern or complaint about a practitioner, which AHPRA then manages in partnership with the relevant National Board. Most of the notifications received about individual Chinese medicine practitioners are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For information about statutory offences concerning Chinese medicine practitioners in 2016/17, see page 16.

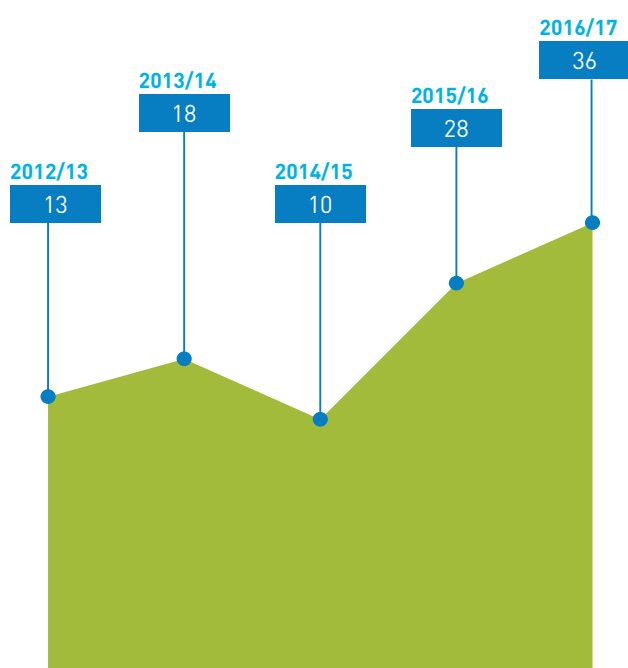
Keeping the public safe is the primary focus when the Board makes decisions about notifications.

Anyone can notify AHPRA about a Chinese medicine practitioner's health, performance or conduct. While registered Chinese medicine practitioners and employers have mandatory reporting obligations under the National Law, most of the complaints or concerns we receive are made voluntarily by other practitioners and patients or their families (see Figure 6).

AHPRA also receives some notifications about students who are studying to become Chinese medicine practitioners. However, in 2016/17, no such complaints were lodged with AHPRA. See [the 2016/17 annual report](#) for data relating to notifications about students across all regulated health professions.

For more information about the notifications process, visit the [AHPRA website](#).

Figure 4: Total notifications received by AHPRA about Chinese medicine practitioners, year by year, since the profession joined the National Scheme



¹ Note that 61 complaints were received in total about Chinese medicine practitioners in 2016/17, when data from the Health Professional Councils Authority (HPCA) are included.

² Includes complaints managed by the HPCA in NSW and the Office of the Health Ombudsman in Queensland. Refer to Table 7.

Notifications received in 2016/17

This year, AHPRA received the highest number of notifications (6,898) about health practitioners across all professions in any single reporting year since the National Scheme began. Just 0.5% (36) of all notifications received by AHPRA related to Chinese medicine practitioners in 2016/17.

Of all jurisdictions, Victoria (15) and Queensland (20) accounted for more than 97% of all notifications relating to Chinese medicine practitioners in 2016/17.

Of the registrant base, 1.2% of the registered Chinese medicine workforce had notifications made about them in 2016/17; a slight increase from the previous year.¹

See Tables 5–7 for data about notifications received in 2016/17.

Notifications closed in 2016/17

The Board assessed and completed 36% more notifications about Chinese medicine practitioners in 2016/17 than in 2015/16. This represents the highest number of closures (34) for the Board since the profession joined the National Scheme. These closures accounted for 0.5% of all closed notifications nationally across all professions. Of the notifications that were closed, 32.4% resulted in some form of regulatory action being taken by the Board against the practitioner.

As at 30 June 2017, there were 16 open notifications about Chinese medicine practitioners being managed by AHPRA and the Board.

Tables 10–13 show data about notifications closed in 2016/17.

Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting obligations under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered Chinese medicine practitioner or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

- ▶ practising while intoxicated by alcohol or drugs
- ▶ sexual misconduct in the practice of the profession
- ▶ placing the public at risk of substantial harm because of an impairment (health issue), or
- ▶ placing the public at risk because of a significant departure from accepted professional standards.

While AHPRA received 847 mandatory notifications in 2016/17 across all 14 regulated health professions, none of these related to notifiable conduct by a Chinese medicine practitioner.

For information about the *Guidelines for mandatory notifications*, visit the [Board's website](#).

Figure 5: How AHPRA and the Board manage notifications

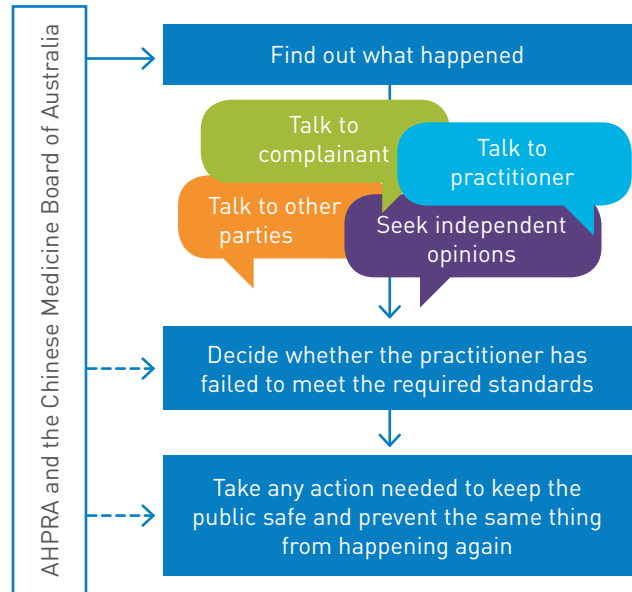
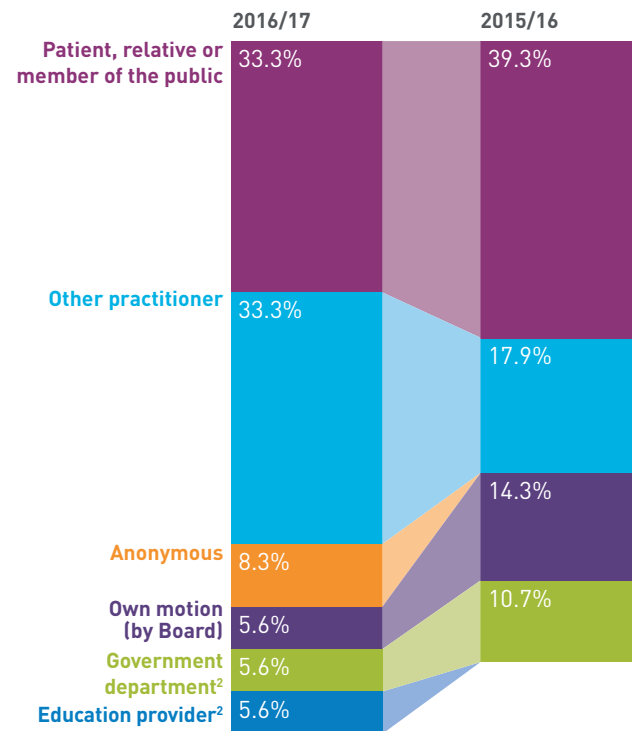


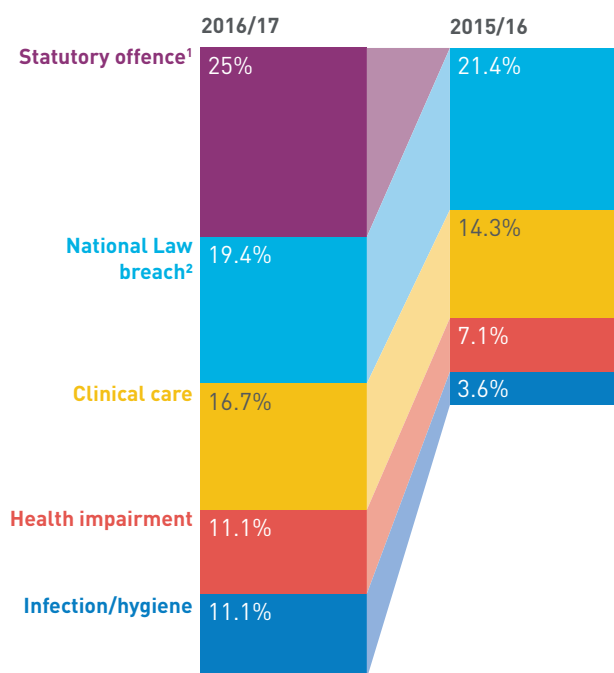
Figure 6: Six most common sources of notifications lodged with AHPRA about Chinese medicine practitioners



¹ Includes complaints managed by the HPCA in NSW and the Office of the Health Ombudsman in Queensland. Refer to Table 7.

² 0% in 2015/16.

Figure 7: Five most common types of complaint lodged with AHPRA about Chinese medicine practitioners



Taking immediate action

Immediate action is a serious step that the Board can take when it believes it is necessary to limit a Chinese medicine practitioner's registration in some way to keep the public safe. It is an interim measure that a Board takes only in high-risk cases while it seeks further information.

In 2016/17, the Board considered one case for immediate action and took immediate action by accepting an undertaking by the Chinese medicine practitioner. For example, an undertaking may be accepted to assure the Board that the Chinese medicine practitioner will not practise while a matter is being investigated, in order to protect the public.

See [AHPRA's annual report](#) for more information about immediate action taken in 2016/17, and Table 9 in this report for immediate action relating to Chinese medicine.

Tribunals, panels and appeals

Tribunals

The Board can refer a matter to a tribunal for hearing. Usually, this happens when the allegations involve the most serious of matters, such as when the Board believes a Chinese medicine practitioner has behaved in a way that constitutes professional misconduct.

Tribunals in each state and territory:

- ▶ **Australian Capital Territory** Civil and Administrative Tribunal
- ▶ **New South Wales** Civil and Administrative Tribunal
- ▶ **Northern Territory** Civil and Administrative Tribunal
- ▶ **Queensland** Civil and Administrative Tribunal
- ▶ **South Australia** Health Practitioners Tribunal
- ▶ **Tasmania** Health Practitioners Tribunal
- ▶ **Victoria** Civil and Administrative Tribunal
- ▶ **Western Australia** State Administrative Tribunal

In 2016/17, no Chinese medicine matters were decided by a tribunal.

Panels

The Board has the power to establish two types of panel depending on the type of notification:

- ▶ **Health panels**, for issues relating to a practitioner's health and performance, or
- ▶ **Professional standard panels**, for conduct and performance issues.

Under the National Law, panels must include members from the relevant health profession as well as community members. All health panels about Chinese medicine practitioners must include a Chinese medicine practitioner. Each National Board has a list of approved people who may be called upon to sit on a panel.

In 2016/17, no notifications received by AHPRA about Chinese medicine practitioners were decided by a panel.

¹ 0% in 2015/16. Breach of a statutory offence provision in the National Law, managed by the Board under Part 8 of the National Law in order to protect the public. See page 16 for more information on statutory offences.

² Breach of a non-offence provision in the National Law, which could result in regulatory action but not be prosecuted through a local or Magistrate's court. For example, a breach of conditions placed on a practitioner's registration or breach of registration standards.

Appeals

All regulatory decisions are evidence-based and guided by the regulatory principles of the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

- ▶ refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- ▶ impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by a registrant, or
- ▶ suspend registration or to reprimand a practitioner.

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

Three decisions by the Board were subject to appeal in 2016/17:

- ▶ Two appeals related to a decision to refuse to register a person, and
- ▶ One appeal related to a decision to impose or change a condition on a person's registration or the endorsement of the person's registration.

No appeals related to Chinese medicine practitioners were finalised in 2016/17.

The National Scheme's [regulatory principles](#) apply to all regulatory decision-making. The principles are designed to encourage a responsive, risk-based approach to regulation across all professions to ensure the public is safe. The low proportion of successful appeals that resulted in an amended/substituted decision demonstrates that the regulatory principles continue to have a positive impact on regulatory decision-making.

Please refer to [AHPRA's annual report](#) for data relating to appeals in 2016/17.

Compliance

On behalf of the Board, AHPRA monitors Chinese medicine practitioners and students who have 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 Board to manage risk to public safety.

As at 30 June 2017, there were 944 individual Chinese medicine practitioners being monitored (comprising 945 monitoring cases)¹.

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, and/or
- ▶ to make sure that any practitioner who was cancelled from the register did not practise.

The 945 monitoring cases of Chinese medicine practitioners represent 18.6% of all monitoring cases managed by AHPRA across all 14 regulated health professions. The majority of these cases were being monitored for suitability/eligibility, and related mostly to English-language proficiency.

It should be noted that despite increasing volumes of notifications received and high closure rates, this has not translated into a peak in active monitoring cases for the Board. For more information on monitoring and compliance, visit [the AHPRA website](#).

See Table 14 for active monitoring cases by stream.

Statutory offences

The National Law sets out four types of statutory offences:

- ▶ Unlawful use of protected titles
- ▶ Unlawful claims by individuals or organisations as to registration
- ▶ Performing a restricted act, and
- ▶ Unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. For more information, see [the AHPRA website](#).

AHPRA received 72 new statutory offence complaints about Chinese medicine practitioners in 2016/17, which is a significant increase when compared to the 26 received in 2015/16. Over 65% of offence complaints received about the profession related to the advertising of Chinese medicine services. The majority of the remaining complaints related to allegations of the improper use of a protected title. Statutory offence complaints about Chinese medicine practitioners accounted for 3.1% of all statutory offence complaints received by AHPRA nationally across all regulated health professions.

This year, there was a 216.7% increase in the number of statutory offence complaints closed relating to Chinese medicine (38; up from 12 in 2015/16).

See Table 15 for data about statutory offences relating to Chinese medicine practitioners in 2016/17.

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

Table 5: Notifications received about Chinese medicine practitioners in 2016/17, by state or territory¹

Chinese medicine practitioners	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	AHPRA subtotal	HPCA ⁵	Total
Total 2016/17	0	0	0	20	1	0	15	0	0	36	25	61
Total 2015/16	1	1	0	10	4	1	10	0	1	28	26	54

Table 6: Notifications received, by division and state or territory (excluding HPCA)

Division	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Total 2016/17	Total 2015/16
Acupuncturist	0	0	0	17	1	0	4	0	0	22	8
Acupuncturist and Chinese herbal medicine practitioner	0	0	0	3	0	0	11	0	0	14	20
Total 2016/17	0	0	0	20	1	0	15	0	0	36	
Total 2015/16	1	1	0	10	4	1	10	0	1		28

Table 7: Percentage of the profession with notifications received, by state or territory

Registrants	ACT	NSW (including HPCA)	NT	QLD (including OHO)	SA	TAS	VIC	WA	No PPP ⁴	Total ⁶
Chinese medicine practitioners 2016/17	0.0%	1.1%	0.0%	2.5%	0.5%	0.0%	1.1%	0.0%	0.0%	1.2%
Chinese medicine practitioners 2015/16	1.5%	1.4%	0.0%	1.2%	2.2%	3.0%	0.8%	0.0%	1.0%	1.1%
All registered practitioners 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	1.6%
All registered practitioners 2015/16	1.8%	2.2%	1.8%	1.5%	1.5%	1.7%	1.1%	1.1%	0.4%	1.5%

Table 8: Immediate action cases, by division and state or territory (excluding HPCA)

Division	ACT	NSW ²	NT	QLD	SA	TAS	VIC	WA	No PPP ⁴	Total 2016/17	Total 2015/16
Acupuncturist	0	0	0	0	1	0	0	0	0	1	0
Acupuncturist and Chinese herbal medicine practitioner	0	0	0	0	0	0	0	0	0	0	1
Unregistered practitioner ⁷	0	0	0	0	0	0	0	0	0	0	1
Total 2016/17	0	0	0	0	1	0	0	0	0	1	
Total 2015/16	0	0	0	0	0	0	2	0	0		2

1 Data relating to notifications (complaints or concerns) received by AHPRA are based on the state or territory of the practitioner's principal place of practice (PPP).

2 Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

3 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland (OHO).

4 No principal place of practice (No PPP) will include practitioners with an overseas address.

5 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

6 Total includes matters managed by AHPRA, the OHO in Queensland and the HPCA in NSW.

7 Practitioner's registration had lapsed at the time immediate action was taken.

Table 9: Outcomes of immediate actions (excluding HPCA)

Outcome	2016/17		2015/16	
	Chinese medicine practitioners	All practitioners	Chinese medicine practitioners	All practitioners
Not take immediate action	0	76	0	66
Accept undertaking	1	69	0	67
Impose conditions	0	147	1	229
Accept surrender of registration	0	1	0	6
Suspend registration	0	103	1	74
Decision pending	0	23	0	22
Total	1	419	2	464

Table 10: Notifications closed in 2016/17, by state or territory

Chinese medicine practitioners	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
Total 2016/17	0	0	0	17	4	0	13	0	0	34	31	65
Total 2015/16	1	1	0	9	3	1	9	0	1	25	11	36

Table 11: Notifications closed, by division and state or territory (excluding HPCA)

Division	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Total 2016/17	Total 2015/16
Acupuncturist	0	0	0	11	3	0	4	0	0	18	7
Acupuncturist and Chinese herbal medicine practitioner	0	0	0	6	1	0	9	0	0	16	17
Unknown practitioner ⁵	0	0	0	0	0	0	0	0	0	0	1
Total 2016/17	0	0	0	17	4	0	13	0	0	34	
Total 2015/16	1	1	0	9	3	1	9	0	1		25

Table 12: Notifications closed, by division and stage at closure (excluding HPCA)

Division	Assessment ⁶	Health or performance assessment ⁷	Investigation	Panel hearing	Tribunal hearing	Total 2016/17	Total 2015/16
Acupuncturist	15	0	3	0	0	18	7
Acupuncturist and Chinese herbal medicine practitioner	9	0	7	0	0	16	17
Unknown practitioner ⁵	0	0	0	0	0	0	1
Total 2016/17	24	0	10	0	0	34	
Total 2015/16	17	2	3	1	2		25

1 Matters managed by AHPRA about practitioners with a principal place of practice (PPP) in NSW, where the conduct occurred outside NSW.

2 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland (OHO).

3 No principal place of practice (No PPP) will include practitioners with an overseas address.

4 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

5 Practitioners are not always identified in the early stages of a notification.

6 Closed after initial assessment of the matter.

7 Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).

Table 13: Notifications closed, by division and outcome at closure (excluding HPCA)¹

Outcome at closure	Division			Total 2016/17	Total 2015/16
	Acupuncturist	Acupuncturist and Chinese herbal medicine practitioner	Unknown practitioner ²		
No further action ³	14	9	0	23	18
Health complaints entity to retain	0	0	0	0	0
Accept undertaking	0	0	0	0	1
Impose conditions	3	5	0	8	3
Caution	1	2	0	3	2
Reprimand	0	0	0	0	1
Suspend registration	0	0	0	0	0
Total 2016/17	18	16	0	34	
Total 2015/16	7	17	1		25

Table 14: Active monitoring cases as at 30 June 2017, by stream (excluding HPCA)

Stream ⁴	Total 2016/17	Total 2015/16
Conduct	4	5
Health	0	0
Performance	8	1
Prohibited practitioner/student	0	1
Suitability/eligibility	933	947
Total⁵	945	954

Table 15: Statutory offence complaints about Chinese medicine practitioners, received and closed in 2016/17, by type of offence and jurisdiction

Type of offence ⁶		ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ⁷	Total 2016/17	Total 2015/16
Title protections (s.113–120)	Received	0	2	0	9	1	0	1	0	10	23	8
	Closed	0	4	0	9	0	0	2	0	6	21	8
Practice protections (s.121–123)	Received	0	0	0	1	0	0	0	0	1	2	1
	Closed	0	0	0	1	1	0	0	0	1	3	0
Advertising breach (s.133)	Received	0	20	0	11	1	0	6	2	7	47	7
	Closed	0	2	0	3	0	0	4	1	3	13	3
Other offence	Received	0	0	0	0	0	0	0	0	0	0	0
	Closed	0	0	0	0	0	0	1	0	0	1	0
Total 2016/17	Received	0	22	0	21	2	0	7	2	18	72	
	Closed	0	6	0	13	1	0	7	1	10	38	
Total 2015/16	Received	0	7	2	7	1	0	4	1	4		26
	Closed	0	3	1	0	0	0	1	0	7		12

1 Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.

2 Practitioners are not always identified in the early stages of a notification.

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

4 AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. As at 30 June 2017, there were 945 cases about Chinese medicine practitioners, which relate to 944 individual registrants.

5 These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

6 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.

7 AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

The Chinese Medicine Board of Australia: www.chinesemedicineboard.gov.au

Phone

Within Australia, call **1300 419 495**

From outside Australia, call **+61 3 9275 9009**

Opening hours: Monday to Friday 9:00am–5:00pm (Australian Eastern Standard Time)

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For more information about AHPRA and the National Boards' work in 2016/17, please see the annual report, available from the [AHPRA website](#).

Useful links

Register of practitioners: www.ahpra.gov.au/registration/registers-of-practitioners

Complaints portal: www.ahpra.gov.au/About-AHPRA/Complaints

Court and tribunal outcomes: www.ahpra.gov.au/Publications/Tribunal-Decisions

National restrictions library: www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library

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